

ARCH Practicum & Internship Application

ATRIUM HEALTH WAKE FOREST BAPTIST MEDICAL CENTER

Application Information

Full name:	_____	Date:	_____		
	Last	First	M.I.		
Address:	_____	Street address	Apt/Unit #		
	City	State	Zip Code		
Anticipated Start Date:	_____	School:	_____		
		Degree/Program:	_____		
Faculty Director of Internship	_____	Name	Title	Phone Number	Email

Rate your confidence (1-5) in these areas:

1 = No confidence / Not yet developed
2 = Limited confidence / Beginning to develop
3 = Moderate confidence / Emerging competence
4 = Strong confidence / Consistent competence
5 = Very strong confidence / Highly skilled and comfortable

Active Listening	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Empathy and Rapport-building	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Case Conceptualization	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Ethical Decision-making	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Cultural Responsiveness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Willingness to Seek Supervision	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Openness to Feedback	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Reflections

Which skill do you feel most confident in and why?

Which skill do you most want to develop during internship?

Attachments

1. Cover Letter
Include:
 - a. Your personal and professional goals for internship
 - b. Your interest in an internship in a hospital setting that serves severely injured individuals and those with substance-use-related medical complications
 - c. Your previous experience, if any, in counseling in a hospital, medical, or addiction care setting
2. CV or Résumé
3. Professional Liability Insurance Policy (copy)
4. Transcripts of Graduate Work (unofficial and in-progress accepted)

Email completed application and attachments to:

Liz White, MA, LCMHCS, LCAS, CCTP, CCS
Manager, Student Training Center
ARCH Team
Department of Surgery Trauma
Atrium Health Wake Forest Baptist Medical Center
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