



Instructions for Completing Traineeship Application

Thank you for your interest in our Traineeship Programs.

We suggest you do the following:

1. Download the descriptions and the application form. Be sure to read the descriptions thoroughly as there is important and time-sensitive information on the last page.
2. Once you have decided which Traineeship(s) you will be applying for, fill in the application form. If you are interested in more than one Traineeship, please number your order of preference.
3. Please be sure to attach both a small recent picture of you (pictures will not be returned) and a resume to the application. Passport size photos are recommended. Do not submit a photocopy of a picture.
4. Submit your application in person in the designated folder *located on a table just outside the Student Lounge*. If you are attending a school other than Phillips Graduate University, you may email your application to jsears@pgu.edu or mail your application to:

Intake Coordinator
Phillips Graduate University
David H. Fox Counseling Center
19900 Plummer St.
Chatsworth, CA 91311

5. **APPLICATION DEADLINE IS SATURDAY, FEBRUARY 10, 2018.** You must turn in your application before you can sign up for a group interview. Sign-up sheets will be posted Thursday, January 27, and can be found *on a table just outside the Student Lounge*. Expect to participate in the interview process for 2 hours and 15 minutes. Please be aware you are setting up your own interview and the number of people per interview is limited to 6; it is on a first-come, first-serve basis. Individuals mailing in their applications will be called to set up an interview time.
6. **For all Non-PGI students: A letter from your school authorizing your participation in a traineeship is required. This document should be attached to this application.**

Attach

Photo

Here

For office
use only:

- 1.
- 2.
- 3.



APPLICATION DEADLINE IS SATURDAY, FEBRUARY 10, 2018

Application for MFT Traineeship

If interested in more than one traineeship, please indicate 1st, 2nd, and 3rd choices

____ Co-Occurring Disorders ____ Early Childhood Therapy ____ Family Therapy
____ Latino Family Therapy ____ Postmodern Therapy ____ School-Based Child Therapy

Complete ALL sections of this application. A copy of your resume and a recent photograph are required with your completed application.

Today's Date: _____

Name: _____

Address: _____
Street City State Zip Code

Telephone Numbers: Cell: _____ Work: _____ Home: _____

Email Address: _____

Undergraduate Degree(s) and Granting Institution(s): _____

Graduate Degree (s) and Granting Institution(s): _____

Are you currently enrolled in a Masters Program ☐ No ☐ Yes If yes, where: _____

Anticipated Graduation Date: _____ School Day (PGU Students Only) _____

Non-PGU students: A letter from your school authorizing your participation in a traineeship is required. This document should be attached to this application. If you are unable to obtain this letter prior to the application due date, it will be due prior to the signing of your contract.

Have you ever, under your name or another name, been convicted of (or plead guilty or no contest to) any crime which conviction has not been judicially ordered sealed, expunged or statutorily eradicated, including but not limited to those involving a DUI, abuse of a child, adult, or elder/senior? If yes: What was the charge? When was the charge? Did you meet the requirements of the court? When were they completed?

Please initial next to the following four statements acknowledging your understanding:

☐ I understand that depending on which traineeship I am chosen for, I may have to go to Downey, CA to the Los Angeles County Department of Probation for a background check for an offsite placement.

☐ I understand that depending on which traineeship I am chosen for, there may be other background checks I am required to complete.

☐ I understand that there are fees associated with the traineeship programs at The David H. Fox Counseling Center.

☐ I understand that I may not participate in therapy as a client at the Counseling Center if selected for a traineeship, nor have an immediate family member in therapy at the Counseling Center for the duration of my training.

☐ By signing this application I understand that all information (excluding name, address, social security number and phone numbers) contained within this application and all Counseling Center documentation can be used by Phillips Graduate University for the purpose of data collection, program analysis and program evaluation.

IMPORTANT NOTICE

I hereby authorize Phillips Graduate University to contact my references, current employer, former employers and educational institutions regarding my work record, education and other matters related to my suitability for Traineeship(s), and I agree to defend, indemnify, and hold the Phillips Graduate University harmless for its investigation of my background. In addition, I hereby release, and waive the right to hold liable, any references, former employers and/or educators and the institutions they represent, from any and all claims, damages, demands or liabilities that may arise out of any related investigation and/or any disclosure regarding the Traineeship position(s) for which I am applying. I authorize a copy of this document to be furnished to my references, current employer, former employer(s), and/or educators. I acknowledge by signing this application that I have not engaged in conduct or acts that would disqualify me for a California License as a Marriage and Family Therapist. I hereby verify and certify under penalty of perjury under the laws of the state of California that all the information stated above is true and correct as executed by me on the date entered below.

Falsification of information on this application will be considered grounds for immediate termination of Traineeship contract and/or dismissal from program.

Applicant Signature

Date