# DEL MAR COLLEGE COUNSELING CENTER GRADUATE TRAINING APPLICATION

### **Contact Information**

Full Name:		Date:
Address:		
Home Phone:	Mobile:	Office:
Email:		

## **Current Graduate Education**

University	Degree	Major	Expected Graduation	GPA

#### What is your area of specialty?

Addictions Counseling
Clinical Mental Health Counseling
Marriage, Family and Couples Counseling
Other:

Please indicate if you are seeking Practicum or Internship Training and the semester for which you are applying:

PRACTICUM
INTERNSHIP I
INTERNSHIP II

FALL
SPRING
SUMMER

#### Prior practicum, volunteer or work experience:

Agency:		Dates:
Hours/Week:	Supervisor(s):	
Population:		
Responsibilities:		

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Hours/Week:	Supervisor(s):	
Population:		
Responsibilities:		

## Additional clinical work experience, if applicable:

# Please indicate the number of hours you need to attain for each semester:

SEMESTER	Total Hours Required by Program	Total Direct Hours during semester	Intended Number of Hours Per Week of Semester
Fall			
Spring			
Summer			

# What interests you about the Del Mar College Counseling Center as a training site?

What led you to pursue a career in mental health?

What experience/training have you had with working with diverse populations?

What skills and strengths would you bring as a trainee to the Del Mar College Counseling Center?

What are some areas of personal and professional growth you would seek out during your training here?

Describe your ideal training supervisor. What are your goals for supervision?

How do you manage stress and what are some things you enjoy when not in school or at work?

Is there anything else you would like us to know to better review your application?

#### For questions, please contact:

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