



Charlotte Behavioral Health Care

1700 Education Avenue
Punta Gorda, FL 33950

Phone: (941) 639-8300

Fax: (941) 639-6831

www.CBHCfl.org

Potential Internship Placement Application

General Information:

Service Location

1700 Education Ave. Punta Gorda, Florida 33950

Expected Time Commitment

- Welcome/orientation week- first week of placement will be five consecutive eight hours days (8:30am-5:00pm) for orientation/training which will take place the second week of the month internship starts.
- Interns are expected to commit a minimum of eight hours per week and at least one week day. Days and time constraints will be based on different program needs/requirements.
- All placements are expected to be for two consecutive semesters.

Instructions:

1. Please complete all parts of this application form (even if it duplicates information contained in your resume).

2. Please attach a resume to this application.

Applications will be accepted on a rolling basis but close on May 1st for Fall semester start/October 1st for Spring semester start or when all positions have been filled.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Languages Spoken: _____

Referred By: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Additional Qualification/Expertise

Trainings, certifications, relevant volunteering, etc.

Have you participated in CBHC's PIVOT program? YES ☐ NO ☐ If yes, when? _____

College Information

College/University Name: _____

Current Degree Program: ☐ BSW ☐ MSW ☐ MFT ☐ MHC ☐ Other: _____

Internship Coordinator: _____

Email Address: _____ Phone Number: _____

Clinical Hours Needed: _____

Site Supervisor Requirements: _____

Anticipated Start: _____ Anticipated End: _____ Semester(s): _____

References

Please list two professional references.

Full Name: _____ Relationship: _____

Phone: _____ Email Address: _____

Full Name: _____ Relationship: _____

Phone: _____ Email Address: _____

May we contact your references? YES ☐ NO ☐

Placement(s) of Interest

For program descriptions, please visit: <https://www.cbhcf.org/overview-of-all-services/>

- | | |
|---|--|
| <input type="checkbox"/> Adult Substance Use Department | <input type="checkbox"/> Integrated Response for Intervention & Support (IRIS) |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Medication Services |
| <input type="checkbox"/> Central Receiving Facility (CRF) | <input type="checkbox"/> Outpatient Therapy (Adult/Child) |
| <input type="checkbox"/> Children's Community Action (C.A.T.) Team | <input type="checkbox"/> Recovery Center (RC) |
| <input type="checkbox"/> Family Intensive Treatment Team (FITT) | <input type="checkbox"/> Self-Help and Recovery Exchange (S.H.A.R.E.) Spot |
| <input type="checkbox"/> Family Intervention Specialist (FIS) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Florida Assertive Community Treatment (FACT) | |

Availability Schedule

****Please mark all time slots in which you are available. Please remember that some evenings and weekends will be required, based on client availability.**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00-9:00							
9:00-10:00							
10:00-11:00							
11:00-12:00							
12:00-1:00							
1:00-2:00							
2:00-3:00							
3:00-4:00							
4:00-5:00							
5:00-6:00							
6:00-7:00							
7:00-8:00							

Statement of Interest

Please choose at least one question to answer. Check the box(es) for the question(s) you are answering and use the space below:

- ☐ Reason(s) for applying for an internship at Charlotte Behavioral Health Care.
- ☐ Describe your long term professional goals.
- ☐ Describe why personal therapy may be beneficial for therapists.
- ☐ Describe your particular interest in one or more of the following:
 - 1) Early Childhood Mental Health
 - 2) Trauma Informed Care
 - 3) Adverse Childhood Experiences
 - 4) Working with At-Risk Populations

Disclaimer and Signature

Your signature below indicates that you have answered all of the above questions fully and to the best of your knowledge; that you have read and understand the expected time commitment; and that you grant permission to Charlotte Behavioral Health Care to contact your references and to verify any information provided in this application.

Signature: _____ Date: _____

Please submit this application and your resume to:

Shannon Effing, MSW, RCSWI
Child Outpatient and Internship Supervisor
941-639-8300 x 2259
SEffing@cbhcf.org

Charlotte Behavioral Health Care is a private, non-profit 501(c)3 corporation. CBHC is a United Way of Charlotte County Agency, and it's programs and services are CARF accredited. It is funded in part through contracts with the Florida Department of Children and Families and in part through contracts with Charlotte County.

