



CTS Clinical Experience

Applicant's Name _____

1. Field work, practicum, internship, etc.

Organization & Phone	From	To	Immediate Supervisor
Describe Your Learning Experience			

2. Post-Master's clinical experience (attach additional sheets if necessary)

Organization & Phone	From	To	Immediate Supervisor
Describe Your Learning Experience			

Total number of years Post Masters' experience? _____

Post Doctoral experience? _____

3. Other Educational Experiences

List any courses, seminars, institutes, workshops, etc. for the past three (3) years (Attach additional sheets if necessary)

Class Name	Sponsoring Organization	Date
1.		
2.		
3.		
4.		

4. Professional Organizations and Associations

Please list any professional groups or organizations to which you belong.

1.	3.
2.	4.

5. What attracts you to working in a social service setting and Wellspring Family Services in particular?

6. What specific problems and client groups are you experienced in dealing with?

- Are you available to work evenings if the position requires it? Yes No
- Do you have an automobile available if the position requires it? Yes No
- Do you have a valid Washington State Driver's License? Yes No
- Do you currently have a private practice? Yes No