



**Adult Services
Internship /Practicum Application**

Name: _____

Address: _____

Phone: _____ Email: _____

School Affiliation: _____

Class requirement and Course title: _____

- Requesting / observation / level one type option. Hours required : _____
- Requesting internship/ practicum, please explain:

Specify any specific requirements not mentioned or concerns: _____

***Please attach any documents from college or university**

Signature	Date
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Approved: Assignment: _____

Not approved (Rationale, if desired) _____

Background checks for interns will be at the applicant’s (or academic institution) expense. Intern must complete required trainings before entering the program. Trainings will be facilitated by Elim training Department (Elim Academy) and Adult Service Supervisors.