

Application Process for Clinical Master's level Internship Range Mental Health Center Inc.

Range Mental Health Center Inc. is invested in providing a quality educational and learning environment to maintain a standard of professional experience for those we serve as well as those we supervise. Accepting a position at a clinical Master's level internship signifies a formal agreement of supervised experience that will prepare the individual for licensure as well as prepare them for sound, ethical independent clinical practice. Range Mental Health Center Inc., and its licensed employees take great pride in maintaining a high standard of professional conduct and quality of service within their respected fields, as well as giving back to the profession and community by mentoring future generations of qualified professionals. Applications for Master's level internship positions will be accepted one time per year coinciding with the fall semester session at most educational institutions. Special circumstances and applicants wishing to apply outside of these dates and times will be at the discretion of the Chief Executive Officer. Applicants may apply for as many settings and experiences as meet their professional needs and requirements. Positions will be allocated based upon goodness of fit between professional educational goals, availability of supervisors/positions, and that year's projective budget and needs. Range Mental Health Center is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, national origin, gender, sexual preference, age, or disability.

Application Check list

1. Completed Internship application form which can be found on Range Mental Health website. Rangementalhealth.org/employment
2. Cover Letter/Letter of interest or intent
3. Curriculum Vitae
4. Copy of official transcripts
5. Letter from Educational institution indicating readiness and endorsement for participation in Clinical Master's level Internship
6. Minimum of Two letters of professional reference (previous employers with working knowledge of clinical practice and or character, professors, or applicable Volunteer coordinator)

Internship Application



Contact Information

Name	
Street Address	
City St Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for Internship placement?

_____ Monday _____ Thursday _____ Sunday
_____ Tuesday _____ Friday
_____ Wednesday _____ Saturday

Interests

Tell us in which areas of the agency are you interested in being placed, please rate by top interest

- | | |
|---|---|
| <input type="checkbox"/> Outpatient Virginia | <input type="checkbox"/> Housing/Outreach |
| <input type="checkbox"/> Outpatient Hibbing | <input type="checkbox"/> ADAPT/Schools |
| <input type="checkbox"/> Wellstone Crisis Center | <input type="checkbox"/> Psychiatry/Nursing |
| <input type="checkbox"/> Mobile Crisis | <input type="checkbox"/> Clubhouse Virginia |
| <input type="checkbox"/> Merritt House | <input type="checkbox"/> Clubhouse Hibbing |
| <input type="checkbox"/> Detox/Inpatient Chemical dependency unit | |
| <input type="checkbox"/> Outpatient Chemical dependency | |
| <input type="checkbox"/> Community Support program | |

Summarize your Educational Institutions requirements

Summarize your educational institutions required activities, hours, and goals during the course of your Internship including length, Supervisor requirements (licensure, degree type, number of direct hours individual/group supervision etc.) In addition, if selected for a position formal, written guidelines provided by your educational institution will be required (may attach and submit in lieu of completing this section).

Goals for Practicum Participation

Summarize your professional and educational goals for choosing RMHC as a potential internship placement please feel free to use attachment or include as a portion of your cover letter, please specify placement of information in this section

Person to Notify in Case of Emergency

Name	
Street Address	
City St Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Internship student, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. All placement are pending customary background checks, eligibility as determined by accrediting bodies, and drug screen.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in working with us.