



Applicant Name: _____

Phone Number: _____

Email Address: _____

School: _____

Program: _____

School Internship Coordinator:

- Name: _____
- Email Address: _____
- Phone Number: _____

Academic Level: Bachelors Masters Other:

Year in Program: _____

When would you like your internship to start? _____

When do you expect your internship to end? _____

How many internship hours are required? _____

How many hours per week are you seeking? _____

Are you currently or have you ever been an employee of Brightwater Health (formerly HDC)?

Yes No

If yes, please explain: _____

Do you have a preferred location?

Duluth Two Harbors Cloquet Superior No preference

Are there certain requirements for your internship supervisor (Education level, license type etc.)?

Are there specific populations you are interested in working with (i.e. ages, diagnoses, housing status, etc.)?

Please explain the types of activities you'll need to complete as a part of your internship (i.e. psychotherapy, case management, clinical assessments, resource connection, policy work, shadowing, independent caseload etc.)

