Submit Print Form

County of San Bernardino – Department of Behavioral Health

Marriage and Family Therapist Intern Program Initial Interest Form

Identifying/Contact Information

Name: _____ **Date:** _____

Address: _____

_____

Home Phone: _____ **Cell Phone:** _____

E-mail: _____

University Information

Name of University: _____

Address: _____

_____

Practicum Director _____

Practicum Director Phone: _____ **Cell Phone:** _____

MFT Programs: 1st Year: _____ **2nd Year:** _____

Forensic Programs: ☐ **Yes** ☐ **No** **Expected Date of Graduation:** _____

Miscellaneous Information:

Bilingual: ☐ **Yes** ☐ **No** **Language:** _____

Verbal: ☐ **Yes** ☐ **No** **Written:** ☐ **Yes** ☐ **No**

Please send your resume/vitae to: internprograms@sbc.sbcounty.gov or Department of Behavioral Health 1950 South Sunwest Lane Ste 200., San Bernardino, CA 92415 Attn: DBH Intern Programs

You will be contacted by the Intern Program to further discuss your clinical training options.

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Supplemental Questions

Please tell us why you think a trainee position at the County of San Bernardino would be a good fit for you. What are you hoping to get out of the placement? How does a placement at the County of San Bernardino fit with your career goals?

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Supplemental Questions

Please provide a brief autobiographical statement about yourself. You can answer this question as though someone has asked you to "tell me something about yourself". It is entirely up to you to decide what information to present.

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