

ST. LUKE'S ROOSEVELT HOSPITAL CENTER

**1090 Amsterdam Avenue, 16th Floor, New York, NY 10025
(212) 523-7682**

**Application for Internship in Clinical Psychology* Start Date:
July 1, 2010**

Last Name: _____ **First Name:** _____ **MI:** _____

Address: _____

Telephone: (H) _____ **(cell)** _____

Place of Birth: _____ **DOB:** _____ **Soc. Sec. #** _____

US Citizen? _____ **Nationality:** _____ **Best E-mail address:** _____

If not a US citizen, do you have: 1.) **An Immigrant Visa:** _____ # _____
2.) **Exchange or Visitors Visa:** _____ # _____

Education:

Current Grad. School And Location:	Dates of Attendance:	Area of Specialization:	Highest Degree To Date:
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Undergraduate School And Location:	Dates of Attendance:	Area of Specialization:	Highest Degree
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_____	_____	_____	_____
_____	_____	_____	_____

Is your graduate program APA approved? _____

**For questions, please contact: Susan Tross, Ph.D., Director, Psychology Education
and Training at stross@chpnet.org**

Date: _____

Signed: _____

PLEASE INDICATE TRACK YOU ARE INTERESTED IN: ADULT _____ CHILD _____