



2038 North Bartlett Avenue  
Milwaukee, WI 53202  
414-271-2565  
Fax: 414-271-0102

**Cathy Arney, MSW, LCSW, LMFT,**  
**Director of the Counseling Program**  
*A United Way Agency*

***Application for the Training Program***

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work/Other \_\_\_\_\_

**For Student Applicants Only:**

Semester(s) applied for: (Check all you plan to achieve)

Summer 20 \_\_\_\_  Fall 20 \_\_\_\_  Spring 20 \_\_\_\_

Academic Program \_\_\_\_\_  
*(Social Welfare, Psych, Ed. Psych, Other)*

University \_\_\_\_\_

Number of hours required by your academic program \_\_\_\_\_

How many credits have you completed in graduate school? \_\_\_\_\_

Liaison or contact person from your academic program:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Undergraduate degree: \_\_\_\_\_ Year: \_\_\_\_\_

Graduate degree: \_\_\_\_\_ Year: \_\_\_\_\_

Other Credentials: \_\_\_\_\_

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Any previous work or other counseling experience including other field placements: (describe briefly)

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What are your present/current professional goals?

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What courses have you had that impact on your clinical skills, (i.e. Essentials of Counseling, Social Treatment, Personality, Psychopathology, etc.)? Please include a brief description of each course you list along with the name of your professor.

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Describe what strengths, interests, and skills you bring to the field of counseling:

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What do you wish to accomplish during your training at TCCM and how do you think TCCM can be helpful? In what areas would you like to see yourself improve?

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Have you ever been accused of unethical conduct and/or inappropriate behavior toward a client?  
( ) Yes or ( ) No

Have you ever received disciplinary action or lost a job due to unethical conduct and/or inappropriate behavior toward a client?  
( ) Yes or ( ) No

Have you ever been censured or lost professional license or credentials due to unethical conduct and/or inappropriate behavior toward a client?  
( ) Yes or ( ) No

Have you ever been disciplined for late or tardy paperwork and/or clinical reviews?  
( ) Yes or ( ) No

Any restrictions on your availability? ( ) Yes or ( ) No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please list three references:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Our screening process is competitive. After receiving your application, we will schedule an interview. In making our selection, we'll consider your past education and experiences and your potential to be a competent counselor who will make significant contributions to the field of counseling.

Return this application to: Cathy Arney, MSW, LCSW, LMFT  
The Counseling Center of Milwaukee, Inc.  
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Milwaukee, WI 53202