



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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Application for the Training Program

Page Two

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

What are your present/current professional goals?

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.

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

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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**Application for the Training Program
Page Three**

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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