

Creating Change Psychological Services, PLLC

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Licensed Clinical Psychologist
State of New York (No. 018917)

Application For Internship

Name:

Phone Number:

Email Address:

Mailing Address:

Street:

City:

State:

Zip Code:

Employment, Volunteer Experience and/or Relevant Classes

(As it pertains to mental health - please include dates, locations, and descriptions)

1.

2.

3.

References (Please have at least one that is a Clinical Professor or Supervisor)

Name:

Title:

University/Company:

Phone:

Name:

Title:

University/Company:

Phone:

Educational Background

Undergraduate Degree

School Name:

Location:

Years Attended:

Degree Earned:

Major:

Graduate Degree

School Name:

Location:

Years Attended:

Degree Earned:

Major:

Notable and Pertinent Licenses, Certifications, Awards, and/or Degrees

Have you ever been convicted of a felony, misdemeanor, suspension, or expulsion?

If yes, please explain.

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to an internship position, I understand that false or misleading information in my application or interview may result in my internship being terminated.

Printed Name:

Date:

Signature: