

**MASTER'S TRAINING PROGRAM**

**2024-2025**

**APPLICATION PROCEDURES**

1. Forward the completed application form (included on the next page) and a current CV to us in electronic format. Please submit all forms in **PDF format** to ccolbert@wcu.edu. Applications should be submitted **by 5:00 PM EST on Friday, March 1, 2024.**
2. Arrange to have two (2) completed *WCU CAPS Master’s Training Program Reference Forms* (see separate document) e-mailed to ccolbert@wcu.edu **by 5:00 PM EST on Friday, March 1, 2024.** *Reference writers must complete the provided WCU CAPS reference forms* (not a standard letter of recommendation).
3. Applicants selected for interviews will be contacted by **Friday, March 8, 2023.** If you are selected for an interview, additional details regarding the interview process will be given to you at that time. Interviews will be held **Tuesday, March 12, 2024,** and candidates will be notified of acceptance by end of day on **Wednesday, March 13, 2024**.

**Please submit application, CV, and recommendation forms to:**

Calista Colbert, MA, LCMHCA, NCC

Master’s Training Coordinator

ccolbert@wcu.edu

WCU Counseling & Psychological Services

225 Bird Building

Cullowhee, NC 28723

828.227.7469

Questions may also be directed to the Master’s Training Coordinator, using the contact information listed above.

Thank you for your interest. We look forward to considering your application!

 **APPLICATION FOR 2024-2025 MASTER'S TRAINING PROGRAM**

 **WCU Counseling & Psychological Services (CAPS)**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name you go by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pronouns (optional): \_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have approval from your academic department to apply for this practicum/internship/field placement?

Yes\_\_\_ No\_\_\_

Please describe your reasons for applying specifically to our site.

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What are your goals for your training experience at CAPS?

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We want to get to know you more as a person! What is something we wouldn’t know about you by reading your materials?

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*Optional:* Please expand on any relevant clinical or volunteer experience mentioned on your CV.

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Please list the names of two references. Reference writers listed must complete the provided WCU CAPS reference forms (not a standard letter of recommendation) and send via email to the CAPS Master’s Training Coordinator at address listed on the first page of this application

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

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

 Applicant's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please save file in PDF format and return to Calista Colbert, Master’s Training Coordinator, (******ccolbert@wcu.edu******).***