



PONESSA

BEHAVIORAL HEALTH

Corporate Office: 410 N. Prince St. • Lancaster, PA 17603 • Phone: (717) 560-7917 • Fax: (717) 560-6452 • www.ponessa.com

Clinical Internship Application For Advanced Practicum, Master's, and Doctoral Level Interns

Ponessa Behavioral Health has a formal internship program for graduate students in psychology and/or social work. Internships are available for pre-doctoral and post-doctoral psychology students. Interested graduate students should complete the following application requirements to be considered for an internship, this information can also be found at our website, www.ponessa.com.

1. Please submit your resume, transcripts, and two letters of recommendation (one academic and one professional). Master's students should be in the final year of their program. All applicants must have a minimum of a 3.5 GPA. Applicants must have already completed a degree (undergraduate or graduate) in psychology, counseling, or social work.
2. Please identify specialized skills that you have (i.e. certificates, trainings, or research projects).
3. Please include a personal goals statement for the internship.
4. Please include total number of hours, expected experiences, start and end dates, and percentages of direct client hours. Name your school field coordinator or internship supervisor with contact information.
5. Please identify two theories of therapy that you want to develop during the internship (Master's).
6. Upon acceptance, clearances will be required prior to the date of orientation (PA Criminal Background Check, Child Abuse History, and FBI Fingerprint). More information will be provided regarding how recent each clearance must be in order to be approved.

Master's level interns are required to attend weekly individual and group supervision sessions. Group supervisions are held on Wednesdays (2pm-3:30pm) and Fridays (10:30am-12pm) and interns are required to attend one each week. Interns are also expected to attend departmental clinical training, which occurs on the third Friday of each month (9am-11am). The supervisor must approve any exceptions.

Once accepted, there are pre-internship responsibilities; to attend documentation training and other meetings so interns are ready to meet with clients early in the process.

Please refer all questions and send materials to:

Gene Nelson, Psy.D.,
Psychologist | Internship Director
Ph: (717) 560-7917
Fax: (717) 560-6452
Email: gene.nelson@ponessa.com

Chester County

390 Waterloo Blvd., Suite 120
Exton, PA 19341
Phone (610) 363-5500
FAX (610) 363-6499

Cumberland/Perry Counties

11 Sprint Drive, Suite 4
Carlisle, PA 17015
Phone (717) 386-5237
FAX (717) 386-5243

Dauphin County

900 North 6th St.
Harrisburg, PA 17102
Phone (717) 233-4027
FAX (717) 233-4047

Lebanon County

15 South 9th St.
Lebanon, PA 17042
Phone (717) 273-5992
FAX (717) 273-5995

York County

160 Roosevelt Ave.
York, PA 17401
Phone (717) 845-2425
FAX (717) 845-2682

PONESSA BEHAVIORAL HEALTH APPLICATION FOR PRACTICUM/INTERNSHIP

NAME: _____ DATE: _____
LAST FIRST MI

PRESENT ADDRESS: _____
STREET CITY STATE ZIP CODE

PHONE #: _____
HOME CELL PHONE

EMAIL ADDRESS: _____

What level of internship are you applying for? Graduate (Master's/Doctorate) Undergraduate

PROGRAM INTEREST(S) (**Graduate-level only***): Mental Health Outpatient School Based Outpatient
 Substance Use Disorder Outpatient Partial Hospital Program

**all Undergraduate-Level interns are placed in the Intensive Behavioral Health Services (IBHS) program*

How Did You Learn About Us? Advertisement Job Fair (Specify): _____ Ponessa Website

Relative/Friend Ponessa Employee _____ Walk-In Other: _____

Date Available to Start: _____ Are there limitations to your schedule? YES NO

Please state day/time available for work: _____

Have you ever filed an application with us before? YES NO If yes, give date: _____

Have you ever been employed with us before? YES NO If yes, give date: _____

Do you have a valid driver's license? YES NO

Do you have a dependable vehicle available for work if a vehicle is required? YES NO

List any professional license(s): _____ License number(s): _____

If you have a professional license, has your professional license ever been revoked? YES NO

If yes, please explain: _____

List any relevant certifications or special skills (Ex- CPR, Sign Language, etc.): _____

List any foreign languages you can speak, read and/or write: _____

GENERAL INFORMATION:

1. Have you ever been an adjudicated delinquent of any offense and/or convicted (or plead guilty) of a summary, misdemeanor, or felony offense in this state or any other state? YES NO

If yes, please explain: _____

(Information regarding convictions will not necessarily disqualify you for practicum/internship, but will be reviewed in light of duties and responsibilities of the position being sought.)

2. Have you ever received Accelerated Rehabilitative Disposition (ARD) for any offense? YES NO

3. Have you ever been terminated from any job for any reason? YES NO

4. To your knowledge, are you related to a current employee of Ponessa Behavioral Health? YES NO

If yes, please state the name of the individual: _____

What is your relationship to him/her? _____

5. To your knowledge, do you, a family member, or anyone living in your household currently receive services at Ponessa Behavioral Health? YES NO

6. To your knowledge, have you, a family member, or anyone living in your household previously received services at Ponessa Behavioral Health? YES NO

If yes, who was the individual: _____ and when: _____

7. Are you a US citizen, US national, lawful permanent resident, lawful temporary resident, asylee, or refugee? YES NO

(The term "Lawful Temporary Resident" refers to aliens granted temporary resident status under amnesty programs, not to aliens holding short-term visas such as the H-1B, J, or F).

If "Yes", do not answer question 8. If "No", please answer question 8.

8. a) What is your current immigration status? _____

When does this status expire? _____
Month/Day/Year

b) Do you have an Employment Authorization Document? YES NO

If "yes", when does it expire? _____
Month/Day/Year

My signature below reflects my agreement that the above information is true to the best of my knowledge. I understand that any false answers, statements or representations made by me in this application shall constitute sufficient cause for dismissal. I understand that, if accepted for practicum/internship, I must abide by the rules and policies of Ponessa Behavioral Health.

Signature

Date