University of Washington Counseling Center
Supplement to Internship Application, Page 1

Applicant's Name _____ Match Number _____

Email Address. _____

Area of Study	Course Title	Quarter / Semester and Year Taken	Grade in Course
Clinical Skill Proficiency (e.g., Psychopathology, Counseling Theory and Technique, Group Therapy, Couples Therapy, Diagnosis and Treatment Planning, Crisis Intervention and Suicidality, Career Assessment and Counseling, Consultation, Clinical Supervision, etc.)			
Area of Study	**Course Title**	**Quarter / Semester and Year Taken**	**Grade in Course**
Ethics (e.g., Legal and Ethical Issues, Ethics and Professional Issues, etc.)			
Area of Study	**Course Title**	**Quarter / Semester and Year Taken**	**Grade in Course**
Educational / Psychological Testing (e.g., Intelligence Assessment, Objective Assessment, Projective Assessment, MMPI, Test Administration, Psychometric Theory, etc.)			

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Applicant's Name ______________________________________ Match Number _________________________________

Area of Study	Course Title	Quarter / Semester and Year Taken	Grade in Course
Individual and Cultural Difference / Social Justice (e.g., Human Diversity, Sexual Diversity, Clinical Intervention: Diversity, Integrative Issues: Cross-Cultural, etc.)			

Area of Study	Course Title	Quarter / Semester and Year Taken	Grade in Course
Other coursework completed			