

**RESIDENCY IN PSYCHOTHERAPY AND SPIRITUALITY
CARENET COUNSELING**

APPLICATION

Please return this completed application by email to:

Russell Siler Jones, Th.D., Director of Clinical Training CareNet Counseling
rsjones@wakehealth.edu

Please type your application. We are not able to receive handwritten applications.

Personal Information

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Email address _____

Home phone _____

Work or cell phone _____

Applying for Full-time Part-time Either

CareNet Center preference _____

Education

Name of Institution	Dates Attended	Degree Earned	Major Field of Study
---------------------	----------------	---------------	----------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did you earn any special academic honors or other distinctions?

In your graduate education, what clinical theories did you learn? What clinical theories resonate most fully with you?

Please have an official copy of all undergraduate and graduate transcripts mailed directly to CareNet by the institution.

Employment History

Please include a copy of your resume. (Resume must show education and work history in month/year format. Any gaps in work history greater than 90 days must be explained. Education section must list undergraduate and graduate degrees in month/year format, showing both start and end dates for graduate degree. This is per insurance panel requirements.)

Have you ever been disciplined by any mental health licensure or certification board or any other professional association?

Yes No If yes, please provide details on an attached sheet.

Have you ever been convicted of any violation of law other than a traffic violation?

Yes No If yes, please provide details on an attached sheet.

Have you ever faced allegations or convictions of sexual harassment or misconduct?

Yes No If yes, please provide details on an attached sheet.

Please note: CareNet requires a criminal background screening of all employees. If accepted into the residency, CareNet will request your permission for the screening.

Professional Affiliations, Certifications, or Licenses

Relation to the Church

Present Denomination _____

How long _____ Are you ordained? _____

Other Denominations in background _____

Personal Therapy Experience

If you have had personal therapy (individual, couple, or family) or other growth experiences, please describe that experience briefly. Include how long you were in therapy, what the theoretical orientation of the therapist was (if identifiable), whether your experience was positive or negative, and if positive, what you gained from it.

Professional Plans

Toward what licensures or certifications are you wanting to work in this residency?

LPC LMFT LCSW OTHER _____

NC Certified Fee-Based Practicing Pastoral Counselor

How many hours of counseling experience that count towards these licensures do you presently have?

How many more hours of counseling experience do you need to meet requirements for licensure?

How many hours of supervision do you presently have?

How many more hours of supervision do you need? Please identify how many hours need to be individual and how many can be group?

What are your professional plans after completion of the program?

References

Please list three personal references. Each reference should be provided a copy of the Reference Form found with this application. (Please duplicate as needed.) All forms should be returned to CareNet at the address provided. References should mail or email Reference Form directly to CareNet.

1. Reference from a person in your profession, preferably a supervisor.

Name _____

Address _____

Relationship _____

2. Reference from one of your professors.

Name _____

Address _____

Relationship, including subject taught _____

3. Someone of your own choice.

Name _____

Address _____

Relationship _____

Personal Statement

Write a personal statement (of not more than 3 single-spaced typed pages) that addresses the following:

1. A brief autobiography, including what you believe to be the most significant formative experiences in your life.
2. Your spiritual history.
3. Ways your personal history is a resource and/or a challenge for you as a therapist.
4. Your reasons for making application for this training, including why spiritual formation and theological integration are important to you in your work as a therapist.
5. Any special interests you hope to address or develop during this training.
6. Anything else you believe it is important for us to know about you.

Clinical Summary

Write a two-page (single-spaced) summary of your work with a client. Include the following: client identifying information (other than name), presenting issue, number of sessions, clinical diagnosis, spiritual assessment of the client, the theoretical perspective that helped you work with the client, summary of the therapy, how working with this client affected you (personally, spiritually, educationally, etc.).

If you have not worked in a context that allowed you to do counseling, write a two-page (single-spaced) summary of a situation in which you were in the role of helper. Include as much of the information from the above paragraph as you can.

For Office Use Only

Date Application Received _____

Date Return Letter Sent _____

Date Interview Scheduled _____

Transcripts Received: Dates _____

Interview Date	_____
Interviewer(s)	_____

Decision	_____

