



Application to Post-Degree Institute

1. First & Last Name: _____ Pronoun: _____
2. Mailing Address: _____
3. Cell Phone: _____
4. Date of Birth: _____
5. Projected date to begin Post-Degree Fellowship: _____
6. Projected date to complete Post-Degree Fellowship: _____
7. What COAMFTE or CACREP accredited program did you graduate from?
 - a. Program name & location: _____
8. How many hours of practicum experience did you receive during your graduate program?
 - a. Number of hours: _____
9. Have you passed the LMFT/LPC national board exam? ___yes ___no
 - a. If not, when are you scheduled to take the exam? Date: _____
10. Please describe your past clinical experiences:

11. Describe your goals for the clinical internship:

12. What areas are you interested in specializing in?

13. What special skills can you offer to EMERGE?

14. Please complete a succinct statement (1-2 pages typed) considering the following pertinent issues:

1. Life experiences that have helped prepare you to enter the fellowship (including cultural, ethnicity, gender, sexual orientation, spiritual or other contextual issues that have helped prepare you to see clients).
2. Any anticipated barriers to seeing a specific client population.
3. A clear rationale from your perspective attesting to your readiness to enter the post degree component of your licensure process.

Requirements of Fellowship:

1. Obtain a passing score on the licensure exam.*
2. Obtain personal professional liability insurance policy.
3. Maintain a caseload of at least 15/week EMERGE clients.
4. Attend yearly clinical meetings and monthly fellows' meetings during the annual year.
5. Presentations- Present one (3-hour) CEU event and two 1-hour CEU events per year with EMERGE.
6. Fellowship duties (approx.- 5 hours/week)
7. Adhere to 65%-35% client fee split.

Email application to:

applications@emergetc.org