



COUNTY OF YOLO

Health and Human Services Agency

Karen Larsen,
Mental Health
Director

137 N. Cottonwood Street • Woodland, CA 95695
(530) 661-2750 • www.yolocounty.org

STUDENT INTERN APPLICATION

Agency/Organization: _____ Date: _____

Contact Person: _____ Phone: _____

I attest that I, _____, am a student at an accredited college or university participating in a field placement at this agency. I understand that I may provide services as a Licensed Professional of the Healing Arts (LPHA), with the exception of the privilege of co-signing for other staff, throughout this placement.

Name of college or university: _____

- Medical Student:** I understand that all of my documentation must be co-signed by a psychiatrist.
- Doctoral Level Student:** I understand that all of my documentation must be co-signed by a licensed Ph.D. or MD.
- Graduate Student:** I understand that all of my documentation must be co-signed by an LCSW, MFT, Ph.D. or MD.
- Undergraduate Student:** I understand that all of my documentation must be co-signed by an LCSW, MFT, Ph.D. or MD.

My internship begins on _____ and ends on _____
Date *Date*

Supervisor's Name: _____ Discipline: _____ License No.: _____
Print Name

Applicant: _____
Signature *Date*

Agency/Organizational Representative: _____
Signature *Date*

Reviewed by Quality Management: _____
Signature *Date*