



VALLEY | CITIES

Behavioral Health Care

33405 8th Ave. S, Suite 200, Federal Way, WA 98003
Mailing Address: 325 West Gowe Street, Kent, WA 98032
Valley Cities Main Line: 253-833-7444
Human Resources Fax: 253-661-8644
Website: www.valleycities.org
E-Mail: internships@valleycities.org

OUTPATIENT CLINICAL INTERNSHIP APPLICATION

VALLEY CITIES INTERNSHIP OVERVIEW

This application is for a clinical internship position at one of our outpatient clinics, which provide mental health and substance use disorder treatment throughout King County. Internship requirements below.

For MH Interns: Minimum commitment of 16HRS/Week for 9-12 months

For SUD Interns: Minimum commitment of 16HS/Week for 6 months.

Valley Cities accepts master's-level clinicians-in-training who are in their final year and completing a 9-month (minimum), 16-hours-per-week internship experience. Some MSW programs refer to this as a "practicum." We do not offer shorter, semester-long practicum placements.

If you have any questions about internships or require assistance in completing this application, please contact Valley Cities' Outpatient Clinical Internship Coordinator at internships@valleycities.org.

For more information about:

- *Employment opportunities, please e-mail employment@valleycities.org*
- *Volunteer opportunities, please e-mail volunteer@valleycities.org*
- *Nursing preceptorships or medical student rotation opportunities, please e-mail employment@valleycities.org*
- *Internships or fellowships at the Cohen Clinic, please e-mail cohenclinic@valleycities.org*

It is the policy of Valley Cities Behavioral Health Care to provide equal opportunities to all applicants without regard to any legally protected status, such as race, religion, gender, sexual orientation, national origin, age, disability, or veteran status.

All information provided is private among Valley Cities Hiring Committee and Human Resources Department.

CONTACT INFORMATION

First Name:	Last Name:	Preferred Name:
Date of Birth:	Gender:	Pronouns:
Street Address:		
City:	State:	Zip Code:
Phone:	E-Mail:	

INTEREST IN VALLEY CITIES

How did you hear about our internship opportunities?



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What do you hope to learn during your internship?

Why are you interested in interning at Valley Cities?

Will you need the ability to record your sessions?

☐

NO

☐

YES

****NOTE****

- Your manager/supervisor will need to contact the IT Helpdesk and request the recording feature be turned on. The request will need to include the anticipated internship end date.
 - Valley Cities IT Department only provides support for OnCall and Microsoft Teams. If another recording platform was approved for use, ensure a BAA is signed and filed with HR and proceed with that option.

What licensure are you working towards? _____

Is there any other information that you would like us to know in reviewing your internship application?

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EDUCATIONAL PROGRAM INFORMATION

Anticipated Start Date of Internship:		Anticipated End Date of Internship:	
University/College:		Program/Degree Sought:	
Concentration/Specialization (if applicable):		Anticipated Graduation Date:	
Advisor Name:	Advisor Phone:	Advisor E-Mail:	
Total Internship Hours Needed:	Direct/Clinical Hours Needed (if applicable):	Relational Hours Needed (if applicable):	
Days of the Week & Hours Available for Internship:			
Again, please note we require a minimum commitment of 16 hours a week for 9 months to be considered for an internship.			
Supervision/Supervisor Requirements:			
Other Requirements:			
Clinical Areas of Interest (e.g., trauma, LGBTQ+, CBT, group co-facilitation, assessments, youth, adults, older adults, couples, families, etc.):			
Notable Certifications, Trainings, or Coursework (if applying for SUD internship, please note if you have SUDPT credential already):			

FOR CURRENT EMPLOYEES ONLY

Current employees interested in completing their internship hours with Valley Cities <i>must first speak to their direct supervisor before applying for an internship position</i> . Consideration will be given on a case-by-case basis (in coordination with your direct supervisor, Human Resources, and the Outpatient Clinical Internship Coordinator) if your school allows you to use your current employment/employer for internship hours, or if you are looking to reduce your FTE for your current position to intern with another program/clinic.	
What is your current job title?	What is your primary location/program?
Who is your current supervisor?	What is your current work schedule?



OUTPATIENT CLINICAL INTERNSHIP APPLICATION

CLINICS OF INTEREST

Please select all clinics that are within your radius of commute. Please note that not all locations may have open internship opportunities or supervisors who meet your school requirements.

All of our outpatient clinics are currently open Monday through Thursday 8:30AM to 6:30PM, and Fridays 8:30AM to 5:00PM (varies slightly per clinic).

- ☐ Auburn | 2704 I Street NE, Auburn, WA 98002
- ☐ Bitter Lake (North Seattle) | 929 North 130th Street, Suite 3, Seattle, WA 98133
- ☐ Enumclaw | 1335 Cole Street, Enumclaw, WA 98022
- ☐ Federal Way | 1336 South 336th Street, Federal Way, WA 98003
- ☐ Kent | 325 West Gowe Street, Kent, WA 98032
- ☐ Meridian (North Seattle) | 10521 Meridian Avenue North, Seattle, WA 98133
- ☐ Midway (Des Moines) | 26401 Pacific Highway South, Des Moines, WA 98198
- ☐ Pike Place (Downtown Seattle) | 1537 Western Avenue, Seattle, WA 98101
- ☐ Rainier Beach (South Seattle) | 8444 Rainier Avenue South, Seattle, WA 98118
- ☐ Renton | 221 Wells Avenue South, Renton, WA 98057
- ☐ Steven A. Cohen Clinic Military Clinic | 6103 Mt Tacoma Dr SW, Lakewood, WA 98499

PROFESSIONAL REFERENCES

Please list two people who would be willing to provide a professional reference for you. *Please include at least one current or former supervisor or school instructor.*

Name:	Relationship:
Phone Number:	E-Mail:
Name:	Relationship:
Phone Number:	E-Mail:

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DISCLAIMER AND SIGNATURE

Please read before signing:

I certify that all answers and statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, might affect this application unfavorably. I understand that any falsification, misrepresentation, or material omission of information submitted on this application will constitute grounds for denial or immediate dismissal from internship.

I understand that, if selected for an internship placement, I could be required to take a Tuberculosis (TB) test and have my fingerprints taken by Valley Cities Behavioral Healthcare.

I understand that nothing in this application is intended or should be construed as an offer or agreement for internship.

I understand that this application, if submitted electronically, is not valid unless I enter my name in the signature field below and such action shall constitute an electronic signature. I certify that I have read the above.

***Please send a copy of this completed application along with your resume and cover letter to internships@valleycities.org for review and consideration for an interview.*

Signature:

Date: