

ST. LUKE'S ROOSEVELT HOSPITAL CENTER

1090 Amsterdam Avenue, 16th Floor • New York, NY 10025 • (212) 523-5089

Application for Internship in Clinical Psychology • Start Date: July 1, 2008

Last Name _____ First Name _____ Middle _____

Address _____
(Street) (City) (State) (Zip Code) (Telephone)

Place of Birth _____ Date of Birth _____ Social Security # _____

US Citizen? _____ Nationality _____

If not a US citizen, do you have: 1. An Immigrant Visa? # _____

2. Exchange or Visitor Visa? # _____

Education:

<i>Current Graduate School and Location</i>	<i>Dates of Attendance</i>	<i>Area of Specialization (Clinical, School, Counseling)</i>	<i>Highest Degree to Date</i>
<i>Undergraduate School and Location</i>	<i>Dates of Attendance</i>	<i>Area of Specialization</i>	<i>Highest Degree to Date</i>

Is your graduate program APA approved? _____

Expected Supporting Letters of Recommendation:

<i>Name</i>	<i>Professional Affiliation</i>	<i>Position</i>

This application and related communications should be addressed to **Barbara R. Cohn, PhD, SLRHC, Department of Psychiatry, 1090 Amsterdam Avenue, New York, NY 10025.**

Date _____ Signed _____

PLEASE INDICATE TRACK YOU ARE INTERESTED IN: ADULT _____ CHILD _____