

**Training and Counseling Center Resident Application Form**

The Clinical Director or Program Manager will contact you if you are selected for an admissions interview with Training and Counseling Center at St. Luke’s. Please be advised that not all applicants are selected for interviews.

All completed applications will be reviewed by Training and Counseling Center at St. Luke’s in order to conduct an evaluation of the applicant's qualifications. Only qualified applicants will be invited to complete an admissions interview as part of the application process.

We prefer applications to be **emailed** at this time to either Nineshia Mont-Reynaud at [nmont-reynaud@taccatstlukes.com](mailto:nmont-reynaud@taccatstlukes.com) or Lauren Ellis at [lellis@taccatstlukes.com](mailto:lellis@taccatstlukes.com). However, if you do **mail** an application to TACC, c/o Nineshia Mont-Reynaud, Clinical Director at TACC at St. Luke’s, 435 Peachtree St, Atlanta, GA 30308. In the physical application packet, please enclose a $60.00 check or money order and note the subject as “Residency Application”. Otherwise, your application payment will be taken over the phone and there will be an additional $2.00 processing fee.

TACC at St. Luke’s does not discriminate against any qualified individual in an admissions decision for reasons of race, color, national origin, gender, age, physical disability, sexual orientation, or faith group.

I understand that neither my submission of this application, nor any subsequent invitation for an interview by a representative of TACC, constitutes an offer of enrollment in the TACC at St. Luke’s Residency Program.

In the event that my application in the Residency Program is denied, I understand that TACC is not obligated to provide me with a reason for its denial.

Please note: It is not acceptable to sign your application electronically. We must receive your signature page via snail mail, fax, or as a scanned document via email.

I hereby give my consent to the Training and Counseling Center at St. Luke’s to access my references about matters pertaining to this current application.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print or type responses; email or mail completed application and other supporting application materials to the Training and Counseling Center at St. Luke’s.

**Directory Information:**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different from Home Address):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education:**

College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certifications/License if applicable:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What licensure are you wanting to work in this residency?

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**Employment History** (please also attach resume/curriculum vitae)

Current Employment and Date Began:

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Position at employment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plans to continue with current employer (Y/N)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical Experience**

Please list all places of employment where you have counseling experience.

Have you ever been disciplined by any mental health licensure or certification board or any other professional association? If yes, please explain.

Where did you complete your Practicum/Internship?

Date it began/ended:

Name of your Practicum/Internship Supervisor:

Please share your treatment approach, populations you enjoy serving, and areas where you would like to grow as a clinician.

**Please include the following with your application and have it sent directly to the Training and Counseling Center at St. Luke’s Attn: Clinical Director Nineshia Mont-Reynaud at 435 Peachtree St NE Atlanta, GA 30308**

* Graduate transcript (can be unofficial copy)
* Current Resume
* Autobiography or Cover letter which includes reasons and hopes in pursuing the Training and Counseling Center Residency program.
* Two reference forms completed by former or current supervisors at place of employment who can evaluate your clinical skills.
* Once reference form completed by peer/colleague who has worked with you in a clinical setting who can share information about your work with a team.
* Current professional liability insurance (if applicable)
* $60 Non-refundable application fee