



CREOKS Practicum & Internship Application Form

Personal Information

Name:		
Address:		
City:	State:	Zip Code:
Best Contact Number:		Email Address:

Academic Information

College/University's Name:		Contact Person:
Phone Number:		Phone Number:
Website:		Email Address:
Mailing Address:		
City:	State:	Zip Code:
Degree:		Major:
Anticipated Semester/ Year of Graduation:		

University's Name (Undergraduate Studies):		
Phone Number:		
Website:		
Mailing Address:		
City:	State:	Zip Code:
Degree:		Major:
Anticipated Semester/ Year of Graduation:		

Practicum/Internship Information

What do you anticipate to gain from your practicum/internship experience?	
Total Practicum or Internship Hours Required:	Date Available to Start:
Are you going to complete all your practicum or internship hours at CREOKS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please answer the following questions: List other agencies at which you are planning to do your internship: How many hours will you complete at CREOKS?	

Please indicate the times you are available for your practicum or internship:

Monday	Tuesday	Wednesday	Thursday	Friday



Professional Liability Insurance (Please make a copy of this insurance coverage prior to the commencement of your practicum or internship.)

Name of Insurance Company:
Coverage Dates:
Amount of Coverage:

Professional References

Name:	Phone Number:	How do you know this person?	How long have you known this person?

PLEASE SCAN/E-MAIL THIS COMPLETED APPLICATION TO:

jane.france@creoks.org

Jane A. France, MA
 CREOKS Vice President – Training & Practicums/Internships
 (918) 740-2245 – Business Cell Phone