



Ohlone College Student Health Center

Mental Health Intern/Trainee Program

Contact Information

Name:

Today's Date:

Address:

Home Phone:

Cell Phone:

Email:

University Information

Name of University:

Address:

Field Advisor/Liaison Name:

Field Advisor/Liaison Office Phone:

Field Advisor/Liaison Email:

Field Advisor/Liaison Cell:

Undergraduate Degree and Institution:

Year Conferred:

Academic Program:

Additional Information

Bilingual: Yes No

Language(s):

Verbal: Yes No

Written: Yes No

Please send your resume/vitae to: Sang Leng Trieu, STEP Up Ohlone Project Director, strieu@ohlone.edu
Attn: MH Intern/Trainee Program



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Level of Training

Expected Date of Degree Completion:

Expected Date of Coursework Completion:

Degree Sought:

If MSW Student: 1st Year 2nd Year

Desired Placement Dates:

Please tell us why you think Ohlone College would be a good fit for you. What are you hoping to get out of the placement? How does a placement at Ohlone College fit with your career Goals? (800 characters limit)

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