

**CHICAGO AREA CHRISTIAN TRAINING CONSORTIUM
INTERNSHIP IN PROFESSIONAL PSYCHOLOGY
APPLICATION FACE SHEET**

(Must be included as a part of Application Supplemental Materials)

NAME:

DATE:

ADDRESS:

PHONE:

EMAIL:

GRADUATE INSTITUTION:

(including your program's training model)

DISSERTATION TOPIC/EXPECTED STATUS OF DISSERTATION (as of 8/1):

EXPECTED GRADUATION DATE:

PRESENTATIONS/PUBLICATIONS (at professional conferences):

Please complete in full

Please indicate (with an "X", do not rank) which CACTC sites you wish to be considered for internship placement:

____ Lawndale Christian Health Center
____ Cornerstone Cnlg Center of Chicago

____ Lydia Home Association
____ Outreach Community Ministries