



Meridian
BEHAVIORAL HEALTH SERVICES
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Internship Questionnaire

Name:	Phone:	Personal Email:

1) What is the name of the college/university/technical school you are currently enrolled in that is requiring an internship?

2) Where is the institution located? Online? City/State?

3) What academic degree are you pursuing? What is the field of study?

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4) What is the name of the program you are enrolled in?

5) Is the program online?

6) Is the program accredited? If yes, what is the accrediting body?

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7) What is the name and contact information for the above program?

8) What is the total number of hours that you are expected to obtain?



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9) Is there a minimum number of hours per week required?

10) Internship dates:

Start Date

End Date

<input type="text"/>	<input type="text"/>
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11) What is the date that you must have your internship arrangements confirmed by?

12) How did you come to consider Meridian for an internship?

13) Do you have a program/service of interest?

14) In what counties are you willing to intern?

15) Have you verified that your degree is license eligible?

16) Do you plan to become licensed or certified in North Carolina, upon graduation? Which licensing board?

<input type="text"/>	<input type="text"/>
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IMPORTANT NOTE:

For internship requests outside of Western North Carolina University, please attach a copy of any program documents related to the internship requirements, including liability insurance, description of the program's expectations for the intern and the internship site, as well as examples of any contracts or agreements that Meridian would be asked to sign.

Return to: torrie.justus@meridianbhs.org