



## Department of Intellectual and Developmental Disabilities

### STUDENT INTERN APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_ Work Phone: \_\_\_\_\_

University: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Professor: \_\_\_\_\_ Professor's Phone: \_\_\_\_\_

*The purpose of this application is to provide information that will enable our staff to evaluate your qualifications for an internship experience in our Department. We want to be sure that you are prepared for the experience so that it will be a meaningful part of your professional development. Please answer the following questions to the best of your ability (add additional sheets if necessary). Include any information which might help us understand or evaluate your readiness for this placement.*

1. How would you describe your goals for this internship at this time? \_\_\_\_\_

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

2. How many internship hours per week are you applying for at DIDD? \_\_\_\_\_

3. a. How many credit hours will you be taking in addition to your internship during the period of the internship? \_\_\_\_\_

b. What are your current major and minor fields of study? \_\_\_\_\_

\_\_\_\_\_

4. What other work or professional obligations will you have during this internship? (i.e., volunteer work, part-time job, etc.) \_\_\_\_\_

\_\_\_\_\_

5. a. Has disciplinary action of any sort ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing certification board?

YES

NO

- b. Are you currently listed on any of the following registries?

Department of Health Abuse Registry?

YES

NO

Tennessee Felony Offender Registry?

YES

NO

Tennessee Sexual Offender Registry?

YES

NO

Office of Inspector General (OIG) List of Excluded Entities/Individuals?

YES

NO

- c. Have you ever had a civil suit brought against you relating to your professional work?

YES

NO

- d. Have you ever been suspended, asked to resign or been terminated by a training program, internship program, or employer?

YES

NO

6. Is there anything else you would like us to know or take into account as we consider your application?

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If you answered "YES" to any of the above questions, please attach an explanation on a separate sheet of paper. If at any time prior to or during a placement at your internship site the answer to one of the questions above changes from "NO" to "YES," **you must notify your supervisor at the internship site immediately.**

I affirm that all of the information contained in my application is true to the best of my knowledge.

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Signature

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Date

Along with your application, please provide the following:

- Current curriculum vitae, including educational history, work history, previous internship experience, and any other clinically relevant experience (e.g., volunteer work, workshops)
- Writing sample, preferably one produced from your assessment coursework
- List of names, titles, addresses, and telephone numbers of two professional references who are familiar with your work

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

Please email these materials to: [didd.internship@tn.gov](mailto:didd.internship@tn.gov)