

**NEW ENGLAND PASTORAL INSTITUTE, INC.**  
**130 Main Street – Suite #204**  
**Salem, New Hampshire 03079-3173**  
**(603) 890-6767**

**APPLICATION FOR CLINICAL POSITION**

All items in this application must be completed to be considered for a position with the New England Pastoral Institute, Inc. (N.E.P.I., Inc.) A resume does not substitute for this application, although a resume may be attached to provide additional information.

FULL NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE (home) (\_\_\_\_\_) \_\_\_\_\_ (office) (\_\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_  
CURRENT EMPLOYMENT \_\_\_\_\_  
(Agency/Company) (Position/Title)  
POSITION FOR WHICH YOU ARE APPLYING \_\_\_\_\_ SS# \_\_\_\_\_

Please describe your therapeutic orientation and the way you prefer to work in treatment.

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

**1. DEGREES HELD OR EXPECTED**

<u>Institution</u>	<u>Major Field</u>	<u>Degree</u>	<u>Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**2. LICENSURE/CERTIFICATION STATUS** present and past - list each separately indicating state(s) where held and expiration date(s)

A. Level or type (e.g., Licensed Psychologist, L.P.P., L.I.C.S.W., L.M.H.C., L.M.F.T)

\_\_\_\_\_  
Areas of Competency or Professional Practices for which Licensed/Certified  
\_\_\_\_\_  
\_\_\_\_\_

B. Level or type (e.g., Licensed Psychologist, L.P.P., L.I.C.S.W., L.M.H.C., L.M.F.T)

\_\_\_\_\_  
Areas of Competency or Professional Practices for which Licensed/Certified  
\_\_\_\_\_  
\_\_\_\_\_

C. Has your license or certification ever been limited, suspended, or revoked in any jurisdiction; or have you ever surrendered your license or certification; or ever been placed on probation by a professional licensing body?  
NO \_\_\_\_\_ YES \_\_\_\_\_ N.A. (Never Licensed) \_\_\_\_\_. If "Yes" attach an explanation to the end of this application form.

D. Have charges of unprofessional conduct ever been brought against you? NO \_\_\_\_\_ YES \_\_\_\_\_. If "YES" please indicate what, if any, action was taken against you and attach an explanation to the end of this application form.

**3. Litigation History**

A. Have you ever been named as a defendant in a malpractice suit? NO \_\_\_\_\_ YES \_\_\_\_\_. If "YES" attach an explanation to the end of this application form.

B. Have you ever been convicted of a criminal charge and/or had a judgment against you as a defendant in a civil action within the last three years? (excluding bankruptcy). NO \_\_\_\_ YES \_\_\_\_\_. If "YES" attach an explanation to the end of this application form.

**4. TRAINING AND CLINICALLY RELEVANT EXPERIENCE**

A. Internship and Practicum Placement(s)

<u>Agency</u>	<u>Dates</u>	<u>Approximate Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Supervised Individual Counseling/Psychotherapy Experience

1. <u>Description</u> (Setting, Client Population, Treatment Modalities)	<u>Approximate Hours</u>
_____	_____
_____	_____
_____	_____
2. <u>Description</u> (Setting, Client Population, Treatment Modalities)	<u>Approximate Hours</u>
_____	_____
_____	_____
_____	_____

**5. JOB HISTORY**

A. Current or Most Recent Employment in Clinical Setting

Agency/Clinic Name \_\_\_\_\_ Phone \_\_\_\_\_  
Description (Job Title, Setting, Duties, Dates and Length of Employment, Supervisor's name, title, and phone number) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Past employment in Clinical Settings (list most recent first). If more space is needed, please attach additional page.

1. Agency/Clinic Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Description (Job Title, Setting, Duties, Dates and Length of Employment, Supervisor's name, title, and phone number) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Agency/Clinic Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Description (Job Title, Setting, Duties, Dates and Length of Employment, Supervisor's name, title, and phone number) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Have you ever been asked to resign; or been terminated; or been placed on probation by a training program or employer? NO \_\_\_\_ YES \_\_\_\_\_. If "YES" attach an explanation at the end of this application form.

D. Experience in Providing Clinical Supervision

<u>Description</u> (Setting, Type of People Supervised, Client Population, Treatment Modalities)	<u>Approximate Hours</u>
_____	_____
_____	_____
_____	_____
_____	_____

2. Description (Setting, Type of People Supervised, Client Population, Treatment Modalities) Approximate  
Hours

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E. Experience with short-term, brief, or problem-focused therapy and/or experience in a chemical-dependence outpatient treatment program.

1. Description (Setting, Type of People Supervised, Client Population, Treatment Modalities) Approximate  
Hours

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2. Description (Setting, Type of People Supervised, Client Population, Treatment Modalities) Approximate  
Hours

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F. Please describe whatever training you have received in short-term, brief, or problem-focused therapy, assessment techniques, and chemical-dependence therapy.

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## 6. BACKGROUND INFORMATION

A. Please describe any volunteer work, other job history not in mental health, hobbies, or leisure activities that you believe contribute to your knowledge, perspective, or effectiveness as a clinician.

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B. Areas of special knowledge (e.g., sign language, foreign languages, knowledge of working with special client populations, knowledge of special therapy techniques, etc.)

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## 7. EXPECTATIONS REGARDING NEW ENGLAND PASTORAL INSTITUTE, INC.

Please explain your reasons for wanting to work with N.E.P.I., Inc. Include information on where you learned of N.E.P.I., Inc., what your expectations are, and how you believe you would fit in at N.E.P.I., Inc.

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**8. REFERENCES** Give the names, agency/institution affiliations and phone numbers of three people who are familiar with or who have supervised your clinical work over the last five years.

	<u>Name</u>	<u>Agency/Institution</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**9. STATEMENT OF APPLICANT: *Please read carefully before signing.***

All information submitted by me in this application is true to the best of my knowledge. I understand that any significant misstatement in, or omission from, this application may be cause for denial of my application or cause for dismissal from N.E.P.I., Inc.

By applying for appointment to N.E.P.I., Inc. I acknowledge that I have the responsibility to read the "Ethics Code" of my professional and licensure status. I agree to act in accordance with these ethical guidelines and any other rules or regulations adopted by N.E.P.I., Inc. I understand that if employed, retained, or contracted for services, I will be expected to read the policy manual of N.E.P.I., Inc. and abide by those policies. I further understand that on a yearly basis I will be expected to renew my knowledge of policies and to sign a yearly statement that I have read through them and that I will continue to act in accordance with the ethical guidelines.

I authorize N.E.P.I., Inc. its staff and their representative to consult with persons or institutions with which I have been associated and with others, including past and present employers, who may have information regarding my professional competence, conduct, character, ethics and other qualifications. I release from liability all representatives of N.E.P.I., Inc. for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and I release from liability all individuals and organizations who provide information to N.E.P.I., Inc. in good faith and without malice concerning my professional competence, conduct, character, ethics and other qualifications.

I understand and agree that I will notify N.E.P.I., Inc. of any changes in my job or training status, licensure, censure or sanction by professional bodies or licensing organizations, or any other information relating to my ability to perform as an employee, retained, or contracted member of N.E.P.I., Inc.

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Type of Association: (check one)

Director

Clinical Staff

Return this form to	Dr. Dayl Hufford, Clinical Director New England Pastoral Institute 130 Main Street, Suite 204 Salem, New Hampshire 03079
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NEPI: 9/01