



# the Maryland Anxiety Center

CENTER FOR THE TREATMENT OF ANXIETY & RELATED DISORDERS

## Internship Application

Name \_\_\_\_\_

Term (check one)    \_\_\_ Spring    \_\_\_ Summer    \_\_\_ Fall    20\_\_\_

Where did you learn about this internship? \_\_\_\_\_

What year in school will you be during the term for which you are applying? (check one)

\_\_\_ Freshman    \_\_\_ Sophomore    \_\_\_ Junior    \_\_\_ Senior    \_\_\_ BA Completed    \_\_\_ Graduate Student

Are you planning on doing this internship for school credit? (check one)    \_\_\_ Yes    \_\_\_ No

Long-term, what field do you hope to be in? (check one)    \_\_\_ Research    \_\_\_ Clinical    \_\_\_ Academia

What population are you interested in working with? \_\_\_\_\_

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

Why are you interested in learning more about anxiety and related disorders? \_\_\_\_\_

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

**Applications ONLY accepted during the following time frames:**

**Spring - Oct 15 to Nov 15    Summer - Feb 15 to Mar 15    Fall - April 15 to May 15**

**Please email completed application and resume to [swoodrow@marylandanxietycenter.com](mailto:swoodrow@marylandanxietycenter.com)**