

APPIC APPLICATION OF RPSYCHOLOGY INTERNSHIP (AAPI)
Adapted for use by: The Menninger Clinic Postdoctoral Fellowship

Application Date: _____

SECTION 1: BACKGROUND AND EDUCATIONAL INFORMATION

A. BACKGROUND

1. **Name:** _____
2. **Social Security No. or** _____ **(**optional)**
Social Insurance No. : _____ **(**optional)**
3. **Home Address:**
Street Address: _____
City, State, Zip code: _____
4. **Work Address:**
Street Address: _____
City, State, Zip code: _____
5. **Phone (Home):** _____
6. **Phone (Work):** _____
7. **Phone (Cell):** _____
8. **FAX:** _____
9. **E-Mail:** _____
10. **What is your country of citizenship?**
 U.S.
 Canada
 Other (Specify) _____
11. **Non-citizen visa status:** _____
12. **Is this visa current and valid?** _____
13. **Does this visa permit you to work?** _____
(If you are applying to another country; you may need to begin the process of researching these issues now.)
14. **Are you a veteran?** _____

B. EDUCATION

Current Academic Work

1. What is the name and address of the university / institution in which your graduate department was located?

Name: _____
Street Address: _____
City, State, Zip code: _____

2. What was the name of your doctoral department? (e.g. Department of Psychology, Division of Behavioral Foundations in Educational Psychology)

3. What was the name of your graduate program? This will likely be the same as or similar to the subfield of your degree (see the next question) but it could be different (e.g. Clinical, School, etc.)

4. What is the designated subfield of your doctorate in Psychology? (Only choose one)

- | | |
|---|--|
| <input type="checkbox"/> Clinical (adult track) | <input type="checkbox"/> Health |
| <input type="checkbox"/> Clinical (child track) | <input type="checkbox"/> Neuropsychology |
| <input type="checkbox"/> Clinical (general) | <input type="checkbox"/> School |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Respecialization Program |
| <input type="checkbox"/> Developmental | <input type="checkbox"/> Combined (Specify: _____) |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Other (Specify: _____) |

5. What is your primary theoretical orientation? (only choose one)

- | | |
|---|---|
| <input type="checkbox"/> Behavioral | <input type="checkbox"/> Integrative |
| <input type="checkbox"/> Biological | <input type="checkbox"/> Interpersonal |
| <input type="checkbox"/> Cognitive Behavioral | <input type="checkbox"/> Psychodynamic / Analytic |
| <input type="checkbox"/> Eclectic | <input type="checkbox"/> Systems |
| <input type="checkbox"/> Humanistic / Existential | <input type="checkbox"/> Other (Specify: _____) |

6. What degree did you obtain? (only choose one)

- Ph.D.
 Psy.D.
 Ed.D.
 Ph.D./J.D.
 Certificate / Respecialization (Specify: _____)
 Other (Specify: _____)

7. Name of Training Director: _____

8. Training Director E-mail: _____

9. University / School Phone #: _____

10. University / School Fax #: _____

19. Please list names, addresses, phone numbers, and e-mail addresses of individuals who will be forwarding letters of recommendation: (only 3 required)

- A. _____
- B. _____
- C. _____
- D. _____

SECTION 2: ESSAYS

Instructions: Please answer each question in 500 words or less.

1. **Please provide an autobiographical statement.** (There is no “correct” format for this question. Answer this question as if someone had asked you; “tell me something about yourself.” It is an opportunity for you to provide the internship site with some information about yourself. It is entirely up to you to decide what information you wish to provide along with the format in which to present it.

2. **Please describe your theoretical orientation and how this influences your approach to case conceptualization and intervention.** You may use de-identified case material to illustrate your points if you choose.

SECTION 3: DOCTORAL PRACTICUM & INTERNSHIP DOCUMENTATION

1. INTERVENTION AND ASSESSMENT EXPERIENCE – How much experience do you have with different types of psychological interventions and assessment? Please state hours of direct client / patient contact in each of the following areas:

a. Individual Therapy

- 1) Older Adults (65+): _____
- 2) Adults (18-65): _____
- 3) Adolescents (13-17): _____
- 4) School-Age (6-12): _____
- 5) Pre-School Age (3-5): _____
- 6) Infants/Toddlers (0-2): _____

b. Group Therapy

- 1) Adults: _____
- 2) Adolescents (13-17): _____
- 3) Children (12 and under): _____

c. **Family Therapy:** _____

d. **Couples Therapy:** _____

e. **Other Psychological Interventions:** _____

1) Sports Psychology/Performance Enhancement: _____

2) Medical/Health – Related Interventions: _____

3) Intake Interview/Structured Interview: _____

4) Substance Abuse Interventions: _____

5) Other interventions (e.g., milieu therapy, treatment planning with the patient present): _____

f. **Psychological Assessment Experience:**

1) **Psychodiagnostic test administration** (Include – symptom assessment, projectives, personality, objective measures, achievement, intelligence, and career assessment, and providing feedback to clients/patients.) _____

2) **Neuropsychological Assessment** (Include intellectual assessment in this category only when it was administered in the context of neuropsychological assessment involving evaluation of multiple cognitive, sensory and motor functions). _____

3) **Other** (Specify): _____

g. **Other Psychological Experience with Students and/or Organizations**

1) Supervision of other students performing intervention and assessment activities

2) Program Development/Outreach Programming

3) Outcome Assessment of programs or projects

4) Systems Intervention/Organizational Consultation/Performance Improvement

5) Other (Specify):

2. TOTAL INTERVENTION AND ASSESSMENT HOURS:

SUPERVISION RECEIVED – How much time have you spent in supervision? Supervision is divided into one-to-one, group and peer supervision / consultation. Supervision provided to less advanced students should be counted in item 1g-1 above.

Item 2a: Hours are defined as regularly scheduled, face-to-face individual supervision with specific intent of overseeing the psychological services rendered by the student.

Items 2b and 2c: The hours recorded in the group supervision category should be actual hours of group focus on specific cases. Many excellent practicum courses incorporate both didactic and experimental components in the course activity.

- a. **Hours spent in one-on-one, face-to-face supervision:** _____
- b. **Hours spent in group supervision:** _____
- c. **Hours of peer supervision/consultation and case discussion on specific cases:** _____

Total Supervision hours (add 2a, 2b and 2c): _____

3. CLINICAL WORK EXPERIENCES – What other clinical experiences have you had?

Some students may have had work experience outside of their master’s and doctoral training. This section is to include professional work experiences separate from practica, internship or program sanctioned work experience. Use this section to describe settings and activities that are not included in items a-g above under Section 3-1, “Intervention and Assessment Experience”. You may simply provide this information in narrative form or you may present this information in a format similar to that used above (i.e., using the format from one or more items a-g above). If you choose to identify hours, please use the same criteria for intervention and assessment hours, support hours and supervision hours:

4. INFORMATION ABOUT YOUR PRACTICUM AND WORK EXPERIENCE

- a. **TREATMENT SETTINGS – How many hours have you spent in each of the following treatment settings?** Please indicate the estimated total number of hours (including intervention and assessment, support and supervision) spent in each of the following treatment settings.

Child guidance Clinic: _____

Community Mental Health Center: _____

Department Clinic (psychology clinic run by a department or school): _____

Forensic/Justice setting (e.g., jail, prison): _____

Inpatient Hospital: _____

Military: _____

Outpatient Medical/Psychiatric: _____

Clinic & Hospital: _____

University Counseling Center/Student Mental Health Center: _____

Schools: _____

Other (Specify): _____

Total Hours in all Treatment Settings: _____

- b. What type of groups have you led or co-led? Please describe. _____
- c. Have you audio or videotaped clients/patients and reviewed these tapes with your clinical supervisor?

Audio tape review
 Yes No

Videotape review
 Yes No

- d. In which languages other than English (including American Sign Language), are you FLUENT enough to conduct therapy? _____
- e. What is your experience with diverse populations in a professional therapy/counseling or an assessment capacity? Please indicate the number of clients/patients seen for each of the following diverse populations. You may provide additional information or comments in the space provided. Include under the assessment column clients/patients for whom you performed assessment and/or intake interviews. For this section, you may include a single client/patient in more than one category and/or more than one column, as appropriate. For families, couples and/or groups please count each individual as a separate client or patient.

	Number of Different Clients/Patients seen	
<u>Race / Ethnicity</u>	<u>Assessment</u>	<u>Intervention</u>
African-American/Black/African Origin	_____	_____
Asian –American/Asian Origin/Pacific Islander	_____	_____
Latino-a/Hispanic	_____	_____
American Indian/Alaska Native/Aboriginal Canadian	_____	_____
European Origin/White	_____	_____
Bi-racial/Multi-racial	_____	_____
Other (Specify below)	_____	_____

Sexual Orientation (Please indicate only for those clients where this information is know.)

Heterosexual	_____	_____
Gay	_____	_____
Lesbian	_____	_____
Bisexual	_____	_____
Other (Specify below)	_____	_____

Disabilities

Physical/Orthopedic Disability	_____	_____
Blind/Visually Impaired	_____	_____
Deaf/Hard of Hearing	_____	_____
Learning/Cognitive Disability (Including Mental Retardation and Autism)	_____	_____
Serious Mental Illness (e.g., primary psychotic disorders, major mood disorders that significantly interfere with adaptive functioning)	_____	_____
Other (specify below)	_____	_____

Gender

Male	_____	_____
Female	_____	_____
Transgendered	_____	_____

Comments: _____

5. TEACHING EXPERIENCES – What is your teaching experience? Please summarize any teaching experience that you have. Include both undergraduate and graduate courses taught.

SECTION 4: TEST ADMINISTRATION

What is your experience with the following instruments? Please indicate all instruments used by you in your assessment experience, excluding practice administrations to fellow students. You may include any experience you have had with these instruments such as work, research, practicum, etc., other than practice administrations. Please indicate the number of tests that you administered and scored in the first column and of these, please indicate in the second column, the number of reports that include an interpretation of this test. Please designate your experiences of the instruments listed below, without changing the sequence in which they are listed. Then, you may add as many additional lines (under “Other Tests”) as needed for any other test that you have administered.

1. ADULT TESTS

<u>Name of Test</u>	# Administered and Scored	# of Reports Written
Bender Gestalt	_____	_____
Millon Clinical Multi-Axial Inv. III (MCMI)	_____	_____
MMPI-II	_____	_____
Myers-Briggs Type Indicator	_____	_____
Personality Assessment Inventory	_____	_____
Projective Sentences (includes Rotter Sentence Completion and other Sentence Completion Test)	_____	_____
Projective Drawings (includes Draw-a-Person Test and Kinetic Family Drawing Test)	_____	_____

<u>Name of Test</u>	# Administered and Scored	# of Reports Written
Rorschach (scoring system: _____)	_____	_____
Self-report measures of symptoms / disorders (e.g., Beck Depression Inventory)	_____	_____
Strong Interest Inventory	_____	_____
Structured Diagnostic Interviews (e.g., SADS, DIS)	_____	_____
TAT	_____	_____
Trail Making Test A & B	_____	_____
WAIS-III	_____	_____
Wechsler Memory Scale III	_____	_____
<u>Other Tests:</u> (list below)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. CHILD AND ADOLESCENT TESTS

<u>Name of Test</u>	# Administered and Scored	# of Reports Written
Connors Scales (ADD assessment)	_____	_____
Diagnostic Interviews (e.g., DISC, Kiddie-SADS)	_____	_____
MMPI-A	_____	_____
Parent Report Measures (e.g., Child Behavior Checklist)	_____	_____
Peabody Picture Vocabulary Test	_____	_____
Rorschach (scoring system: _____)	_____	_____
Self report measures of symptoms / disorders (e.g., Children's Depression Inventory)	_____	_____
WISC-III	_____	_____
WPPSI-R	_____	_____
WRAT	_____	_____
<u>Other Tests:</u> (list below)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. INTEGRATED REPORT WRITING

How many supervised integrated psychological reports have you written for each of the following populations? An integrated report includes a history, an interview, and as least two tests from one or more of the following categories: personality assessments (objective and/or projective), intellectual assessment, cognitive assessment, and/or neuropsychological assessment. These are synthesized into a comprehensive report providing an overall picture of the patient/client.

- a. Adults: _____
- b. Children/Adolescents: _____

SECTION 5: PROFESSIONAL CONDUCT

Please answer ALL of the following questions with “YES or “NO”: (If yes, please elaborate)

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

2. Are there any complaints currently pending against you before any of the above bodies?

3. Has there ever been a decision in a civil suit rendered against you relative to your professional work, or in any such action pending?

4. Have you ever been suspended, terminated or asked to resign by a graduate or internship training program, practicum site or employer?

5. Have you ever, in your lifetime, been convicted of an offense against the law other than a minor traffic violation?

6. Have you ever, in your lifetime, been convicted of a felony?

SECTION 6: APPLICATION VERIFICATION

I certify that all of the information submitted by me in this application is true to the best of my knowledge and belief. I understand that any significant misstatement in, or omission from, this application may be cause for denial of selection as a fellow or dismissal from a fellowship position. I authorize the training site to consult with persons and institutions with which I have been associated who may have information bearing on my professional competence, character and ethical qualifications now or in the future. I release from liability all fellowship staff for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications. I also release from liability all individuals and organizations who provide information to the fellowship site in good faith and without malice concerning my professional competence, ethics, character and other qualifications now or in the future. I authorize the fellowship site to consult with APPIC should the need arise.

If I am accepted and become a fellow, I expressly agree to comply full with the Association of Psychology Postdoctoral and Internship Centers (APPIC) policies, the Ethical Principles of Psychologists and Code of Conduct and the General Guidelines for Providers of Psychological Services of the American Psychological Association, and with the standards of the Canadian Psychological Association which are applicable. I also agree to comply with all applicable state,

provincial and federal laws, all of the Rules and Code of Conduct of the state or Provincial Licensing Board of Psychology and the rules of the institution in which I am a fellow.

I understand and agree that, as an applicant for the psychology fellowship program, I have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubts about such qualifications.

Applicant's Signature: _____

Date: _____