

**APPIC APPLICATION FOR PSYCHOLOGY INTERNSHIP (AAPI)
2008-2009**

Approved by APPIC Board July 8, 2008

**READ THE INSTRUCTIONS DOCUMENT BEFORE YOU COMPLETE THIS
APPLICATION**

PART 1

Participants in the APPIC Match, including applicants and internship programs, may not communicate, solicit, accept, or use any ranking-related information prior to the release of the Match results.

Application Date:

SECTION 1: BACKGROUND AND EDUCATIONAL INFORMATION

A. BACKGROUND

1. Name	
First Name:	
Last Name:	
Other Names Used (Transcript):	

- 2. Applicant Code Number (APPIC Match):**
(Please note: If you do not have your applicant code number at this time, you may provide it to internship sites at a later date, once you receive it from National Matching Services.)

3. Home Address:	
Street Address 1:	
Street Address 2:	
City:	
State/Province:	
Zip/Postal Code:	

4. Work Address:	
Street Address 1:	
Street Address 2:	
City:	
State/Province:	
Zip/Postal Code:	

5. Phone (Home):	
6. Phone (Work):	
7. Phone (Cell):	
8. FAX:	
9. Email:	

10. What is your country of citizenship? (put an "X" next to one choice)

COUNTRY OF CITIZENSHIP	
<input type="checkbox"/>	U.S.
<input type="checkbox"/>	Canada
<input type="checkbox"/>	Other (Specify: _____)

11. Non-citizen visa status:

12. Is this visa current and valid? Yes No

13. Does this visa permit you to work? Yes No

(If you are applying to a country other than one for which you hold citizenship, you may need to begin the process of researching these issues now.)

14. Are you a veteran? Yes No

15. On APPIC Match Day, most Internship Training Directors will call the applicants with whom they have been matched. Please specify the phone number where you may be reached between 11:00 AM and 1:00 PM EST on that day.

B. EDUCATION

Current Academic Work

1. What is the name of your graduate program (e.g., Clinical, School, etc.), the name of the department in which it is located (e.g., Department of Psychology, Division of Behavioral Foundations in Educational Psychology), the name of the College in which the department resides, and the address of the university/institution in which your graduate department is located?

GRADUATE PROGRAM INFORMATION	
Graduate Program Name:	
Department Name:	
College Name:	
University Name:	
Street Address:	
City, State/Province, Zip/Postal Code:	

2. What is the designated subfield of your doctorate in Psychology? (Check One):

GRADUATE PROGRAM INFORMATION		
<input type="checkbox"/> Clinical	<input type="checkbox"/> School	<input type="checkbox"/> Other
<input type="checkbox"/> Counseling	<input type="checkbox"/> Respecialization	
<input type="checkbox"/> Combined	Specify, if Combined:	

If "Other," please explain why you are applying to a psychology internship.

3. What is your primary theoretical orientation? Choose up to 3 and please rank order.

PRIMARY THEORETICAL ORIENTATION					
<input type="checkbox"/>	Behavioral	<input type="checkbox"/>	Biological	<input type="checkbox"/>	Cognitive Behavioral
<input type="checkbox"/>	Integrative	<input type="checkbox"/>	Interpersonal	<input type="checkbox"/>	Humanistic/Existential
<input type="checkbox"/>	Eclectic	<input type="checkbox"/>	Systems	<input type="checkbox"/>	Other
<input type="checkbox"/>	Psychodynamic/Psychoanalytic				

4. What degree are you seeking?
(Check one choice below):

GRADUATE PROGRAM INFORMATION		
<input type="checkbox"/> Ph.D.	<input type="checkbox"/> Psy.D.	<input type="checkbox"/> Ed.D.
<input type="checkbox"/> Ph.D./J.D.	<input type="checkbox"/> Respecialization	<input type="checkbox"/> Other
Specify Respecialization or Other:		

5. Who is your Training Director and what is his or her contact information?

TRAINING DIRECTOR INFORMATION	
Training Director Name:	
Training Director Email:	
University/School Phone #:	
University/School Fax #:	

6. **What is the status of your doctoral training program?** (Put an “X” next to all that apply):

ACCREDITATION STATUS	
<input type="checkbox"/>	APA-Accredited
<input type="checkbox"/>	CPA-Accredited
<input type="checkbox"/>	APA-Accredited, probation
<input type="checkbox"/>	CPA-Accredited, probation
<input type="checkbox"/>	APA-Accredited, inactive
<input type="checkbox"/>	CPA-Accredited, inactive
<input type="checkbox"/>	Not Accredited

7. **If not APA / CPA-accredited, is the school regionally accredited/provincially chartered?**

<input type="checkbox"/>	Yes, regionally accredited / provincially chartered
<input type="checkbox"/>	No, it is not regionally accredited / provincially chartered

8. **What is your Department’s Training Model** (ask your Training Director if unsure):

DEPARTMENT’S TRAINING MODEL	
<input type="checkbox"/> Clinical Scientist	<input type="checkbox"/> Practitioner-Scholar
<input type="checkbox"/> Scientist-Practitioner	<input type="checkbox"/> Practitioner
<input type="checkbox"/> Other - specify: (e.g., Developmental, Specialty, Local Clinical Scientist)	

9. **When did you begin graduate level study in your current program?** If you received your baccalaureate from the same department, provide the date on which you started **GRADUATE** work (e.g., a start date of January, 2004 in the graduate program would be 01 / 2004.). If you earned a Master’s degree in the same program in which you are currently enrolled, indicate this date in your answer (i.e., the date you started your combined Master’s/Doctoral program).

/	(mm / yyyy)
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10. **When did you complete (or do you expect to complete) your doctoral coursework, excluding dissertation and internship hours (if applicable)?**

/	(mm / yyyy)
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Comments:

11. **Have you successfully completed your program’s comprehensive / qualifying examination?** (Put an “X” next to only one choice).

COMPLETED COMPS/QUALIFYING EXAMINATION	
<input type="checkbox"/> Yes – Date of Completion:	/ / (mm / yyyy)
<input type="checkbox"/> No	Dated Expected to Complete: / /
<input type="checkbox"/> Not Applicable	

12. **What is your dissertation / research title or topic?**

13. **What type of research is involved in question 12 above?** (Put an “X” next to only one choice)

TYPE OF RESEARCH
<input type="checkbox"/> Critical literature review / theoretical
<input type="checkbox"/> Original data collection
<input type="checkbox"/> Use of existing database
<input type="checkbox"/> Other
If Other, Specify:

14. **What is the current status of your dissertation / doctoral research project?**
 (Please indicate the date, in mm/yyyy format, that each of the following was completed or is expected to be completed:

CURRENT STATUS OF DISSERTATION		
	Date Expected to be Completed (mm / yyyy)	Date Completed (mm / yyyy)
Proposal approved:	/ /	/ /
Data collected:	/ /	/ /
Data analyzed:	/ /	/ /
Defended:	/ /	/ /

15. **If no dissertation is required, describe the status of any major project (if applicable):**

16. Who is your dissertation/doctoral research advisor, and what is his or her contact information?

DISSERTATION / DOCTORAL RESEARCH ADVISOR	
Dissertation / Doctoral Advisor's Name:	
E-Mail:	
Phone #:	

Previous Academic Work

17. What is the highest degree that you have completed in any mental health field?

HIGHEST DEGREE COMPLETED	
<input type="checkbox"/> Ph.D.	<input type="checkbox"/> Psy.D.
<input type="checkbox"/> Ed.D.	<input type="checkbox"/> M.S.W.
<input type="checkbox"/> M.A./M.S.	<input type="checkbox"/> B.S.W.
<input type="checkbox"/> B.A./B.S.	<input type="checkbox"/> Ed.S.
<input type="checkbox"/> Other (Specify: _____)	

18. When did you complete the above degree? (Do not respond to this item if this is an undergraduate degree.)

/ (mm / yyyy)

19. Please complete the following table for each undergraduate school attended:
(list in chronological order).

UNDERGRADUATE SCHOOLS ATTENDED			
School/University	Major	Degree Earned	GPA

Recommendation #1:

Name:
Street Address:
City:
State: Zip:
Phone:
Email Address:

Recommendation #2:

Name:
Street Address:
City:
State: Zip:
Phone:
Email Address:

Recommendation #3:

Name:
Street Address:
City:
State: Zip:
Phone:
Email Address:

Recommendation #4 (optional):

Name:
Street Address:
City:
State: Zip:
Phone:
Email Address:

SECTION 2: DOCTORAL PRACTICUM AND TERMINAL MASTERS DOCUMENTATION

Before completing Section 2, be sure to review the AAPI Instructions for this section, Items 6 and 7.

1. INTERVENTION AND ASSESSMENT EXPERIENCE - How much experience do you have with different types of psychological interventions and assessment?

	DOCTORAL* (to Nov. 1, 2008)		TERMINAL MASTERS	
	Total hours face-to-face	# of different INDIVIDUALS	Total hours face-to-face	# of different INDIVIDUALS
a. Individual Therapy				
1) Older Adults (65+)				
2) Adults (18-64)				
3) Adolescents (13-17)				
4) School-Age (6-12)				
5) Pre-School Age (3-5)				
6) Infants / Toddlers (0-2)				
b. Career Counseling	Total hours face-to-face	# of different INDIVIDUALS	Total hours face-to-face	# of different INDIVIDUALS
1) Adults				
2) Adolescents				
	Total hours face-to-face	# of different GROUPS	Total hours face-to-face	# of different GROUPS
c. Group Counseling				
1) Adults				
2) Adolescents (13-17)				
3) Children (12 and under)				
	Total hours face-to-face	# of different FAMILIES	Total Hours face-to-face	# of Different FAMILIES
d. Family Therapy				

***Remember that hours accrued while earning a master’s degree as part of a doctoral program should be counted as doctoral practicum hours.**

INTERVENTION AND ASSESSMENT EXPERIENCE (continued)				
	Total hours face-to-face	# of different COUPLES	Total hours face-to-face	# of different COUPLES
e. Couples Therapy				
	Total hours face-to-face	# of different INDIVIDUALS	Total hours face-to-face	# of different INDIVIDUALS
f. School Counseling Interventions				
1) Consultation				
2) Direct Intervention				
3) Other:				
	Total hours face-to-face	# of different INDIVIDUALS	Total hours face-to-face	# of different INDIVIDUALS
g. Other Psychological Interventions				
1) Sport Psychology / Performance Enhancement				
2) Medical / Health – Related Interventions				
3) Intake Interview / Structured Interview				
4) Substance Abuse Interventions				
5) Consultation				
6) Other Interventions (e.g., milieu therapy, treatment planning with the patient present.)				
Please describe the nature of the experience in g-6:				

- h. Psychological Assessment Experience:** This is the estimated total number of face-to-face client contact hours administering and providing feedback to clients/patients. This does not include the activity of scoring and/or report writing, which should be included under item 5, below (“Support Activities”). You will provide information about numbers of tests administered in Section 3 of the AAPI.

PSYCHOLOGICAL ASSESSMENT EXPERIENCE		
	DOCTORAL* Total hours face-to-face	TERMINAL MASTERS Total hours face-to-face
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 :)		

- i. Other Psychological Experience with Students and/or Organizations:**

OTHER PSYCHOLOGICAL EXPERIENCE WITH STUDENTS AND/OR ORGANIZATIONS		
	DOCTORAL* Total hours face-to-face	TERMINAL MASTERS Total hours face-to-face
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 :)		

TOTAL INTERVENTION AND ASSESSMENT HOURS:

Add the number of hours included in 1a through 1i above.

DOCTORAL*	TERMINAL MASTERS
Total hours face-to-face	Total hours face-to-face

Total Intervention & Assessment Hours:

2. SUPERVISION RECEIVED – Review AAPI Instructions Document, Item 8.

	DOCTORAL* Total Hours		TERMINAL MASTERS Total Hours		Total Supervision Hours
	Supervision Provide by Licensed Psychologists/ Allied Mental Health Professionals	Supervision Provided by Advanced Grad Students Supervised by Licensed Psychologists	Supervision Provide by Licensed Psychologists/ Allied Mental Health Professionals	Supervision Provided by Advanced Grad Students Supervised by Licensed Psychologists	
a. Individual Supervision Received					
b. Group Supervision Received					

3. SUMMARY OF PRACTICUM HOURS - This section summarizes the total number of practicum hours described above. In columns one and two, please include the total hours as designated in items 1 - 2 above. Please total these in column three for Total Completed Hours

	DOCTORAL* to Nov. 1, 2008	TERMINAL MASTERS	Total Completed Hours
a. Total Interventions and Assessment Hours (item 1):			
b. Total Supervision Hours (item 2):			

*** Hours accrued while earning a master’s degree as part of a doctoral program should be counted as doctoral practicum hours.**

4. INFORMATION ABOUT YOUR PRACTICUM EXPERIENCES

- a. **TREATMENT SETTINGS - How many hours have you spent in each of the following treatment settings?** Please indicate the estimated total number of hours (intervention and assessment and supervision hours ONLY) spent in each of the following treatment settings to November 1, 2008.

	DOCTORAL to Nov. 1, 2008	TERMINAL MASTERS	Total Intervention, Assessment, and Supervision Hours
Child Guidance Clinic			
Community Mental Health Center			
Department Clinic (psychology clinic run by a department or school)			
Forensic / Justice setting (e.g., jail, prison)			
Medical Clinic/Hospital			
VA Medical Center			
Inpatient Psychiatric Hospital			
Outpatient Psychiatric Clinic/Hospital			
University Counseling Center / Student Mental Health Center			
Schools			
Other (Specify:)			

- b. What types of groups have you led or co-led? Please describe, include the type of group, approximate duration and average number of clients at each group session.

- c. Do you have experience with Managed Care Systems in a professional therapy / counseling / assessment capacity? Yes No

- d. Have you audiotaped, videotaped, or made digital recordings of clients/patients and reviewed these with your clinical supervisor?
 Audio tape review: Yes No
 Videotape/digital recording review: Yes No
 Live/direct observation by supervisor: Yes No
- e. In which languages other than English (including American Sign Language) are you FLUENT enough to conduct therapy?
- f. What is your practicum or program sanctioned work 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 assessments 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.

RACE/ETHNICITY	Number of Different Clients/Patients Seen	
	Intervention	Assessment
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: _____)		

SEXUAL ORIENTATION (This information may not be known for all clients; Please indicate only when known.)	Number of Different Clients/Patients Seen	
	Intervention	Assessment
Heterosexual		
Gay		
Lesbian		
Bisexual		
Other (Specify: _____)		

DISABILITIES	Number of Different Clients/Patients Seen	
	Intervention	Assessment
Physical / Orthopedic Disability		
Blind / Visually Impaired		
Deaf / Hard of Hearing		
Learning / Cognitive Disability		
Developmental 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: _____)		

GENDER	Number of Different Clients/Patients Seen	
	Intervention	Assessment
Male		
Female		
Transgender		

Comments:

5. SUPPORT ACTIVITIES – This item involves describing the activities in which you engaged that supported your intervention and assessment experience.

Please review AAPI Instructions Document, Item 9.

	DOCTORAL	TERMINAL MASTERS
Total Support Hours:		

You can indicate the primary activities in which you participated that comprise your support hour activities here:

If you feel that your support hours include any activities that are unusual or unique to your program that you would like to highlight, please describe those activities here (200 words or less).

6. PRACTICUM EXPERIENCE ANTICIPATED (NOV. 1ST TO START OF INTERNSHIP) - This section summarizes and describes anticipated practicum experience. Please include type of experience anticipated, approximate hours per week, supervision hours anticipated on a weekly basis, duration of the training, as well as a description of the duties.

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

Please review AAPI Instructions Document, Item 10.

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

SECTION 3: TEST ADMINISTRATION

Review AAPI Instructions, Item 11.

1. ADULT TESTS NAME OF TEST	# ADMINISTERED AND SCORED	# OF REPORTS WRITTEN
Bender Gestalt		
Benton Visual Retention Test		
Boston Naming Test		
California Verbal Learning Test (specify version:)		
Delis-Kaplan Executive Function System (DKEFS)		
Dementia Rating Scale-II		
Millon Clinical Multi-Axial Inv. III (MCMI)		
MMPI-II		
Multilingual Aphasia Exam		
Myers-Briggs Type Indicator		
Personality Assessment Inventory		
Projective Sentences (includes Rotter Sentence Completion and other Sentence Completion Tests)		
Projective Drawings (includes Draw-a-Person Test and Kinetic Family Drawing Test)		
Rey-Osterrieth Complex Figure		
Rorschach (scoring system:)		
SCID		
K-SADS		
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 Individual Achievement Test (WIAT)		
Wechsler Memory Scale-III		
Wisconsin Card Sorting Test		
Other Tests (Specify:)		
Other Tests (Specify:)		
Other Tests (Specify:)		
Other Tests (Specify:)		

2. CHILD AND ADOLESCENT TESTS	# ADMINISTERED	# OF REPORTS
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NAME OF TEST	AND SCORED	WRITTEN
Barkley-Murphy Checklist for ADHD		
Bayley Scales of Infant Development (specify version:)		
Behavior Assessment System for Children (BASC)		
Behavior Rating Scale of Executive Function (BRIEF)		
Bender Gestalt		
Children's Memory Scale		
Conner's Scales (ADHD assessment)		
Continuous Performance Test (specify version:)		
Delis Kaplan Executive Function system		
Diagnostic Interviews (e.g., DISC, Kiddie-SADS)		
Human Figure Drawing		
Kinetic Family Drawing		
Millon Adolescent Personality Inventory (MAPI)		
MMPI-A		
Parent Report Measures (e.g., Child Behavior Checklist)		
Peabody Picture Vocabulary Test		
Roberts Apperception Test for Children (RATC)		
Rorschach (scoring system:)		
Self report measures of symptoms / disorders (e.g., Children's Depression Inventory)		
TAT		
Wechsler Individual Achievement Test (WIAT)		
Wide Range Assessment of Memory and Learning (specify version:)		
WISC-IV		
Woodcock Johnson-III (Achievement; Cognitive)		
WPPSI-III		
WRAT (specify version:)		
Other Tests (Specify:)		
Other Tests (Specify:)		
Other Tests (Specify:)		
Other Tests (Specify:)		

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 at least two tests from one or more of the following categories: personality assessments (objective, self-report, 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.

3. INTEGRATED REPORT WRITING	# INTEGRATED REPORTS
a. Adults	
b. Children/Adolescents	

4. TESTING EXPERIENCE IN WORK SETTINGS

If you have extensive assessment experience in work settings, describe it here. This would include experience that is not considered sanctioned work experience or practicum experience. You may also describe any extensive experience you have had, whether in a practicum or work setting, in administering, scoring, and interpreting partial tests or subtests of psychological instruments.

SECTION 4: PROFESSIONAL CONDUCT

Please answer ALL of the following questions with “YES” or “NO”: (If you answer yes to any question, please elaborate in the space provided)

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? Yes No

2. Are there any complaints currently pending against you before any of the above bodies? Yes No

3. Has there ever been a decision in a civil suit rendered against you relative to your professional work, or is any such action pending? Yes No

4. Have you ever been put on probation, suspended, terminated, or asked to resign by a graduate or internship training program, practicum site, or employer? Yes No

5. Have you ever reneged on an APPIC internship match agreement (i.e., refused to attend or left an internship program that you obtained through the APPIC Match or Clearinghouse) without prior approval from APPIC and the internship site? Yes No

6. Have you ever been convicted of an offense against the law other than a minor traffic violation? Yes No

7. Have you ever been convicted of a felony? Yes No

SECTION 5: APPLICATION CERTIFICATION

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 an intern or dismissal from an intern position. I authorize the internship 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 internship 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 internship site in good faith and without malice concerning my professional competence, ethics, character, and other qualifications now or in the future. I authorize the internship site and my doctoral program to release evaluative information about me to each other, now or in the future. In addition, I authorize the internship site and my doctoral program to consult with APPIC should the need arise.

I further understand that it is my responsibility to inform the internship sites to which I have applied if a change in my status with my academic program, (e.g., being placed on probation, being dismissed, etc.) occurs subsequent to the submission of my application. In addition, I understand I have the same responsibility to inform the internship site to which I match if a change in status occurs after the match has occurred.

If I am accepted and become an intern, I expressly agree to comply fully 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 an intern.

I understand and agree that, as an applicant for the psychology internship 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.

I hereby agree that personally identifiable information about me, including but not limited to my academic and professional qualifications, performance, and character, in whatever form maintained, may be provided by my academic program to any internship training site to which I have applied and/or will match. I further agree that, following any internship match, similar information may be provided by the internship site to my graduate program and by my graduate program to the internship site. I understand that such exchange of information shall be limited to my graduate program, any internship site, and/or representatives of APPIC, and such information may not be provided to other parties without my consent. This authorization, which may be revoked at any time, supersedes any prior authorization involving the same subject matter.

Applicant's Electronic Signature:
(Typing your name is your electronic signature)
Date:

SECTION 6: ESSAYS

Instructions: The contents of your essays must be your original writing, which is solely authored by you. Plagiarism of any kind is not acceptable. Please answer each question in 500 words or less. Do **NOT** use your **TAB key** when entering your response to the essay questions. We recommend that you develop your essay responses in a separate document (for ease of editing) and then paste the completed essays into the space provided below.

- 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.**

- 3. Please describe your experience and training in work with diverse populations. Your discussion should display explicitly the manner in which multicultural / diversity issues influence your clinical practice and case conceptualization.**

- 4. Please describe your research experience and interests.**

**APPIC APPLICATION FOR PSYCHOLOGY INTERNSHIP (AAPI)
2008-2009**

Approved by APPIC Board July 8, 2008

PART 2

Academic Program's Verification of Internship Eligibility and Readiness

NOTE: This form is to be completed and submitted separately from Part 1 of the AAPI.

Instructions to the Applicant: In consultation with your graduate school training director, please complete questions 1 - 7. Please do not complete questions 8 - 19. You should then print out a copy of this form and provide it to your graduate school training director along with instructions about how this form is to be submitted to internship sites (some sites' materials will describe their requirements for submission). **It is acceptable to APPIC to submit photocopies of this form with the signature photocopied. However, please consult the application instructions for each site for more information, in the event that this is not acceptable to a specific site.**

Instructions to the Training Director: *It is your responsibility to ensure that the information on this form is accurate.* Please review and verify the information filled in by the applicant for questions 1 - 7 (and correct it, if necessary), complete questions 8 - 19, and sign and date this form. This form may either: (a) be sent directly to the internship site by you, or (b) be returned to the applicant (to be sent to the internship site by the applicant along with the AAPI and any other application materials). **It is acceptable to APPIC to submit photocopies of this form with the signature photocopied. The applicant should consult the application instructions for each site for more information in the event that this is not acceptable to a specific site. It is their responsibility to inform you of any exceptions.**

APPLICANT INFORMATION	
1. Applicant's Name:	
2. Doctoral Program / Department:	
3. University / School:	
4. Director of Training:	
5. Director of Training's Street Address:	
City:	
State/Province; Zip/Postal Code	
Phone:	
E-Mail:	

6. Academic Requirements: It is understood that many applicants may still have comprehensive exams to complete prior to February 1, 2009 and coursework to complete prior to June 30, 2009. Please enter the dates that the following items were completed. Also, please list any requirements, as of today's date, which must still be completed before the student will be ready to go on internship, along with the expected date of completion.

In Column 1, enter the date completed or the expected completion date in mm/yyyy format. If not applicable, instead enter “Not Applicable.”

In Column 2, indicate with a “Yes” or “No” if the completion of the task is required by your program for a student to be able to accept an internship.

In Column 3, indicate with a “Yes” or “No” if the completion of the task is required by your program for a student to be able to attend an internship.

ACADEMIC REQUIREMENTS			
	COLUMN 1	COLUMN 2	COLUMN 3
	Date Completed or Expected (mm / yyyy)	Required to accept an internship?	Required to attend an internship?
a. Comprehensive / Qualifying Exam / Task	/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Academic Coursework (excluding dissertation and internship hours if applicable)	/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Master’s Thesis	/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Dissertation / Doctoral Research Project			
Proposal approved	/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Data collected	/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Data analyzed	/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Defended	/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			

7. **Practicum Hours:** The above-named applicant has completed the following practicum hours as of November 1, 2008 (the hours listed below should be identical to the hours listed in the “Doctoral to Nov. 1, 2008” and the Terminal Masters columns in Section 2 of the AAPI, item 3).

PRACTICUM HOURS INFORMATION	
Doctoral Hours to Nov. 1, 2008	
a.	Total Intervention and Assessment Hours (item 1):
b.	Total Supervision Hours (item 2):

TERMINAL MASTERS HOURS INFORMATION*	
a. Total Intervention and Assessment Hours (Item 1)	
b. Total Intervention and Assessment Hours (Item 2)	

*Directors of Training: Please review Part 2, Item 7, page 10, in the Instructions and Clarifying Documents at www.appic.org.

8. The student has described anticipating the following additional practicum experience prior to the start of the internship. (This summary should match what was presented on Part 1 of the AAPI.)

a. I verify that plans are in place for this student to obtain this anticipated practicum.
 Yes No

9. **Academic Standing:** Please answer the following questions regarding the above named student's academic standing. *This item is to be completed by the Training Director.*

ACADEMIC STANDING	
a. Is this student in good standing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	
b. Is this student currently on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
c. Are any complaints currently pending against this student, or were any filed in the past and found to be legitimate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

10. **What is the student's designated subfield of his or her doctorate in Psychology?**
(Please check) *This item is to be completed by the Training Director.*

DESIGNATED SUBFIELD FOR DOCTORATE IN PSYCHOLOGY		
<input type="checkbox"/> Clinical	<input type="checkbox"/> School	<input type="checkbox"/> Other
<input type="checkbox"/> Counseling	<input type="checkbox"/> Respecialization	
<input type="checkbox"/> Combined:	Specify, if Combined:	

If "Other," please explain why this student is applying for an internship.

11. **Department's Training Model:** (Please check) *This item is to be completed by the Training Director.*

DEPARTMENT'S TRAINING MODEL	
<input type="checkbox"/> Clinical Scientist	<input type="checkbox"/> Practitioner-Scholar
<input type="checkbox"/> Scientist-Practitioner	<input type="checkbox"/> Practitioner
<input type="checkbox"/> Other - specify: (e.g. Developmental, Specialty, Local Clinical Scientist)	

12. **APA / CPA Accreditation:** (Please check) *This item is to be completed by the Training Director.*

ACCREDITATION STATUS
<input type="checkbox"/> APA-Accredited
<input type="checkbox"/> CPA-Accredited
<input type="checkbox"/> APA-Accredited, probation
<input type="checkbox"/> CPA-Accredited, probation
<input type="checkbox"/> APA-Accredited, inactive
<input type="checkbox"/> CPA-Accredited, inactive
<input type="checkbox"/> Not Accredited

13. Has this student ever reneged on an APPIC internship match agreement (i.e., refused to attend or left an internship program that was obtained through the APPIC Match or Clearinghouse) without prior approval from APPIC and the internship site? *This item is to be completed by the Training Director.*

Yes No

If yes, please explain:

14. **Evaluation of Applicant:** Please answer the following statements. If you do not have sufficient information to rate the applicant, please check with other faculty, supervisors, etc. in order to complete this section. *This item is to be completed by the Training Director.*

EVALUATION OF APPLICANT	
a) This applicant has possessed the emotional stability and maturity to handle the challenges of graduate training to this point.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) This applicant possesses the theoretical / academic necessary foundation for effective counseling / clinical work.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) This applicant possesses the skills necessary for translating theory into integrated practice.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) This applicant demonstrates awareness of, and practices according to, the current ethical guidelines for psychologists.	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) This applicant demonstrates the capacity to participate in supervision constructively and can modify his / her behavior in response to feedback.	<input type="checkbox"/> Yes <input type="checkbox"/> No

15. **Additional comments:** Please identify areas of particular strength and areas of potential further development while on internship. If you do not have direct knowledge of this student, please gather the appropriate information from relevant parties. *This item **must be***

completed by the Training Director. (If you are referring to an attached letter, please be sure that the letter addresses particular strengths and areas in which the student needs further development.)

16. **The faculty agrees that this student is ready to apply for internship.** (Please check)
This item is to be completed by the Training Director.

Yes No

If no, please explain:

17. **Once the student is on internship:** Who will serve as the contact person between your department and the internship program? (e.g., Training Director, Academic Advisor) *This item is to be completed by the Training Director.*

Name:	
Street:	
City/State/Province/Zip/Postal Code	
Phone:	
E-Mail:	

18. APPIC does not endorse the need for additional contracts between the academic program and the internship site. APPIC believes the contract implicit in the Match is an adequate and binding contract between the applicant and the site. If your program will request any additional contracts from the internship site, please indicate and describe.

Yes No

If yes, please describe:

19. APPIC strongly supports quality communication between the academic program and the internship site; however, APPIC does NOT require its member programs to complete evaluation forms/materials requested by the academic program in addition to those created by the internship program itself. If your academic program requests additional evaluation materials from the internship site, please indicate and describe.

Yes No

If yes, please describe:

Signature of the Director of Training: _____
or Electronic (Typed & Must be emailed from their email account):

Date signed: