

Applicant Information

Contact Information

Address:	123 Main Street	Home Phone:	123-456-7890
City:	Boston	Work Phone:	555-666-7777
State:	Massachusetts	Cell Phone:	999-999-999
Country:	United States	Preferred Phone:	Home
Zip:	02130	Phone # on APPIC Match Day:	123-456-7890
Primary Email:	janedoe@mailinator.com	Fax:	
Secondary Email:	janedoe@mymail.com		

Personal Information

Citizenship Status:	U.S. Citizen	Do you Hold a Visa?	No
Country of Citizenship:	United States	Visa Type:	
Other Citizenship Country:		Visa Number:	
		City of Visa Issue:	
Veteran:		Visa Current and Valid?	
		Visa Permits Work?	

General

Applicant's Preferred Name or Nickname:

Do you have any materials under another name: Yes
 If Yes, Specify Other First Name Used: Jane
 If Yes, Specify Other Last Name Used: Smith

Language(s) other than English (including American Sign Language) in which you are FLUENT enough to conduct therapy. Spanish

Certifications/Publications/Presentations

License 1	Marriage Family Therapist	Jurisdiction 1	Massachusetts
License 2	Professional Clinical Counselor	Jurisdiction 2	Massachusetts
License 3	Temporary Psychologist	Jurisdiction 3	Massachusetts
License 4		Jurisdiction 4	

Number of articles published in refereed journals: 1

Number of chapters or books: 2

Number of professional presentations made at regional, state, national, or international meetings/conferences:

Professional Conduct

Professional Conduct

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? No

If 'Yes', please elaborate :

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

If 'Yes', please elaborate :

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

If 'Yes', please elaborate :

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

If 'Yes', please elaborate :

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? No

If 'Yes', please elaborate :

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

If 'Yes', please elaborate :

Have you ever been convicted of a felony? No

If 'Yes', please elaborate :

Colleges Attended

Other College(s) Attended

006656 COLLEGE OF DUPAGE (-)

Type:	Undergraduate
Major:	PSYCHOLOGY
Minor/Second Major:	
Degree:	B.S. Bachelor of Science
Degree Status:	Degree Awarded
Degree Date:	
GPA:	
Highest Degree Earned in a Mental Health Field?	No

Current Graduate Program Information

Suffolk University

Department:	Psychology
Program Name:	Counseling Psychology Program
College Name:	College of Medicine

Designated Subfield of Doctoral Program in Psychology:	Counseling
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If Combined, Please Specify:
 If Other, please specify the field you are currently enrolled and why you are applying to a Psychology internship:

Degree Seeking:	Psy.D
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If Respecialization, Please Specify:
 If Other, Please Specify:

CGPA:
 Have you earned or are you in the process of earning a Master's Degree in any field at your current university? Yes

Doctoral Program Accreditation Status:

APA Accreditation:	Accredited
CPA Accreditation:	Accredited

If not APA/CPA-Accredited, regionally accredited/provisionally chartered?
 If Yes, Please Specify:

Department's Training Model:	Practitioner-Scholar
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If Other, Please Specify:

Dissertation/Research title or topic:
 The contribution of expectations, attention and emotional states to the perception of pain

Type of Research Involved?	Critical literature review / theoretical
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If Other, Please Specify:

If no dissertation is required, describe the status of any major project:

Dissertation / Doctoral Advisor's Name:	John Williams
Co-Supervisor Advisor's Name:	Jim Jones
Advisor's Phone:	999-999-9999
Advisor's Email Address:	johnwilliams@mymail.com

Summary of Doctoral Training

Doctoral Program Information

Current University/School Name: Suffolk University
Department Name: Psychology

Doctoral Program Information	Status	Date Completed or Expected (MM / YYYY)	Required to participate in APPIC match?	Required to attend an internship?
Did you complete your academic Coursework? (Excluding dissertation and internship hours)	Completed	5/2012	Yes	Yes
Have you successfully completed your program's comprehensive/ qualifying examinations?	Completed	2/2011	Yes	Yes
Master Thesis:	Completed	3/2009	Yes	Yes

What is the current status of your dissertation/doctoral research project?	Status	Date Completed or Expected (MM / YYYY)	Required to participate in APPIC match?	Required to attend an internship?
Proposal Approved	Completed	4/2016	Yes	Yes
Data Collected	Completed	5/2016	Yes	Yes
Data Analyzed	Completed	4/2016	Yes	Yes
Data Defended	Completed	6/2016	Yes	Yes

Summary of Practicum Experience

Terminal Masters Hours (if any) Verified by Director of Clinical Training (DCT)? Yes

Intervention Hours		Assessment Hours		Supervision Hours	
Doctoral Hours:	1899	Doctoral Hours:	457	Doctoral Hours:	472
Terminal Masters Hours:	1783	Terminal Masters Hours:	40	Terminal Masters Hours:	213
Total Completed Hours:	3682	Total Completed Hours:	497	Total Completed Hours:	685

Anticipated Practicum Experience

Number of Hours Anticipated

200

Description of the Anticipated Practicum Experience

Responsible for case management, case conceptualizations, and treatment of a wide variety of clinical cases including mood disorders, anxiety disorders, personality disorders, eating disorders, and substance use disorders. Compiled and conducted comprehensive, outpatient neuropsychological assessment batteries on patients with brain injuries and with learning disabilities. Scored assessments, conducted chart reviews and clinical interviews, and wrote integrative neuropsychological testing reports. Conducted comprehensive, outpatient psychodiagnostic assessments and provided consultation for treatment planning and diagnostic impressions. Collaborated with the university to assess, determine the treatment needs, resources available, and develop treatment plans for students at high-risk for severe psychopathology or chemical dependency. Responsible for identifying, assessing, and intervening in high-risk circumstances both at the center and as an on-call therapist.

Contact Information for Academic DCT/TD

DCT Name: Sarah Barnes
Phone: 222-222-2222
Address: 14 Elm St

City: Boston
State/Province: Massachusetts
Zip: 02130
Email Address: sarahbarnes@mailinator.com

Intervention Experience

Intervention Experience

Degree of Terminal Masters: MS

If Other , Please specify

Area of Concentration of Terminal Masters Degree: Counseling Psychology

If Other , Please specify

Individual Therapy	Doctoral		Terminal Masters	
	Total Hours Face-to-Face:	# of Different Individuals:	Total Hours Face-to-Face:	# of Different Individuals:
Older Adults (65+)	112	32	35	10
Adults (18-64)	983	278	872	412
Adolescents (13-17)	225	32	278	67
School-Age (6-12)	91	6	55	4
Pre-School Age (3-5)				
Infants/Toddlers (0-2)				

Career Counseling	Total Hours Face-to-Face:	# of Different Individuals:	Total Hours Face-to-Face:	# of Different Individuals:
Adults				
Adolescents (13-17)				

Group Counseling	Total Hours Face-to-Face:	# of Different Groups:	Total Hours Face-to-Face:	# of Different Groups:
Adults	302	27	50	5
Adolescents (13-17)				
Children (12 and under)				

Family Therapy	Total Hours Face-to-Face:	# of Different Families:	Total Hours Face-to-Face:	# of Different Families:
Family Therapy	91	13	213	32

Couples Therapy	Total Hours Face-to-Face:	# of Different Couples:	Total Hours Face-to-Face:	# of Different Couples:
Couples Therapy	70	9	220	23

School Counseling Interventions	Total Hours Face-to-Face:	# of Different Individuals:	Total Hours Face-to-Face:	# of Different Individuals:
Consultation				
Direct Intervention				
Other				
If other, please specify:				

Intervention Experience

Intervention Experience (continued)

Other Psychological Interventions	Doctoral		Terminal Masters	
	Total Hours Face-to-Face:	# of Different Individuals:	Total Hours Face-to-Face:	# of Different Individuals:
Sport Psychology/ Performance Enhancement				
Medical/Health-Related Interventions				
Intake Interview/ Structured Interview				
Substance Abuse Interventions				
Consultation				
Other Interventions				

Describe the nature of the experience in "Other Interventions":

Other Psychological Experience with Students and/or Organizations	Total Hours Face-to-Face	
	Doctoral:	Terminal Masters:
Supervision of other students performing intervention and assessment activities		60
Program Development/Outreach Programming	25	
Outcome Assessment of programs or projects		
Systems Intervention/Organizational Consultation/Performance Improvement		
Other		
If other, please specify:		

Comments

Psychological Assessment Experience

Summary of Psychological Assessment Experience

	Total Hours Face-to-Face	
	Doctoral:	Terminal Masters:
Psychodiagnostic test administration (include symptom assessment, projectives, personality, objective measures, achievement, intelligence, and career assessment), and providing feedback to clients/patients.	352	40
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	105	0

Integrated Psychological Reports

Adults: 140
Children/Adolescents: 12

Adult Assessment Instruments

Symptom Inventories	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Beck Depression Inventory	310	21	0
Beck Anxiety Inventory	225	10	0

Diagnostic Interview Protocols	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
SCID	15	0	0

General Cognitive Assessment	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Wechsler Adult Intelligence Scale (WAIS-III)	65	60	0
Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV)	55	50	0

Visual-Motor Assessment	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Bender Gestalt	10	10	0

Commonly Used Neuropsychological Assessment Measures	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Boston Diagnostic Aphasia Exam	32	30	0
California Verbal Learning Test Version: CVLT-II	50	43	0
Rey-Osterrieth Complex Figure	29	24	0
Trailmaking Test A and B	32	30	0
Wechsler Memory Scale III	54	48	0
Wisconsin Card Sorting Test	15	11	0

Psychological Assessment Experience

Commonly Used Measures of Academic Functioning	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Wechsler Individual Achievement Test (WIAT)	22	20	0

Behavioral/Personality Inventories	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Millon Clinical Multi-Axial III (MCMI)	135	60	0
Minnesota Multiphasic Personality Inventory	200	75	0
Personality Assessment Inventory	5	0	0

Measures of Malingering	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Rey 15-Item Test	8	8	0

Psychological Assessment Experience

Child Assessment Instruments

Symptom Inventories	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Conner's Rating Scales	60	10	0
General Cognitive Assessment	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
WISC-IV	12	10	0
Commonly Used Neuropsychological Assessment Measures	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Continuous Performance Test Version: Computer administration	3	3	0
Rey-Osterrieth Complex Figure	3	3	0
Commonly Used Measures of Academic Functioning	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Wechsler Individual Achievement Test (WIAT)	8	8	0
Woodcock Johnson-III (Achievement; Cognitive)	4	3	0
Behavioral/Personality Inventories	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Minnesota Multiphasic Personality Inventory - Adolescent (MMPI-A)	12	3	0
Projective Assessment	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Roberts Apperception Test for Children (RATC)	2	2	1

Supervision Received

Supervision Received

Supervised By:	Doctoral Total Hours		Terminal Masters Total Hours	
	Individual	Group	Individual	Group
Licensed Psychologists	163	212	30	80
Allied Mental Health Professionals			27	76
Others*	51	46		

* For example, supervision provided by an advanced graduate student who is supervised by a licensed psychologist

Optional Comments about Other Supervisors:

Post Doctoral Fellowship Supervisor

Total Supervision Hours

Individual Total Hours: 271
Group Total Hours: 414

Have you made recordings of clients/patients and reviewed them with your supervisor?

Audio Tape: Yes
Video Tape/Digital Recording: Yes
Live/Direct Observation by Supervisor: Yes

Description of Support Activities

Total Doctoral Support Hours 327
Total Terminal Masters Support Hours 359

Description of Support Activities:

Charting, report writing, reviewing recorded sessions, preparing interventions, and coordinating outside care.

Additional Information about Practicum Experience

Additional Information about Practicum Experience

	Doctoral		Terminal Masters		Total	
	Intervention	Assessment	Intervention	Assessment	Intervention	Assessment
Child Guidance Clinic						
Community Mental Health Center	237	356	693		930	356
Department Clinic	315	21			315	21
Forensic/Justice Setting						
Inpatient Psychiatric Hospital	125	50			125	50
Medical Clinic/Hospital						
Outpatient Psychiatric Clinic / Hospital						
Partial Hospitalization/ Intensive Outpatient Programs	202	20			202	20
Private Practice						
Residential/Group Home						
Schools						
University Counseling Center / Student Mental Health Center	1110		1120		2230	
VA Medical Center						
Other						

If other, please specify

I have ran CBT, ACT, Process, Chemical Dependency, and Skill Building groups. Group typically lasted from 1 to 1.5 hours. The group averaged 8-10 people per group. I lead groups in inpatient, partial hospitalization and outpatient settings.

Have you led or co-led any type of groups?

Primary Theoretical Orientation

- Behavioral
- Biological
- Cognitive Behavior 1
- Eclectic
- Humanistic/Existential 2
- Integrative
- Interpersonal
- Psychodynamic/Psychoanalytic
- Systems 3
- Other

If other, please specify:

Additional Information about Practicum Experience

Additional Information about Practicum Experience (Continued)

Race/Ethnicity	Intervention	Assessment
African-American/Black/African Origin	12	5
Asian-American/Asian Origin/Pacific Islander	15	1
Latino-a/Hispanic	56	20
American Indian/Alaska Native/Aboriginal Canadian	0	0
European Origin/White	275	96
Bi-racial/Multi-racial	20	8
Other		
If other, please specify		

Sexual Orientation	Intervention	Assessment
Heterosexual	284	123
Gay	18	1
Lesbian	3	0
Bisexual	2	0
Other		
If other, please specify		

Disabilities	Intervention	Assessment
Physical/Orthopedic Disability	3	0
Blind / Visually Impaired	1	0
Deaf/Hard of Hearing	2	2
Learning/Cognitive Disability	10	60
Developmental Disability	1	3
Serious Mental Illness	57	42
Other		
If other, please specify		

Gender	Intervention	Assessment
Male	74	46
Female	308	84
Transgender	0	0
Other		
If other, please specify		

Non-Practicum Clinical Work Experience

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.

Electronic Signature: Jane Doe
Electronic Signature Date: 08/10/2016