

**Centre for Addiction and Mental Health**  
APA/CPA Clinical Psychology Internship  
Application Form (2003-2004)

*(Applications are due on or before November 15, 2002)*

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Office Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Preferred Mailing Address: Home: \_\_\_\_\_ Office: \_\_\_\_\_

Preferred Telephone: Home: \_\_\_\_\_ Office: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Sex: \_\_\_\_\_

APPIC Match Identification Number: \_\_\_\_\_

2. Please check which track of our programs interests you most:

\_\_\_\_\_ Child Track (Clarke Division)

\_\_\_\_\_ Adult Track (Clarke Division)

\_\_\_\_\_ Combined Adult and Child Tracks (Clarke Division)

\_\_\_\_\_ Addictions Track (Addiction Research Foundation Division)

\_\_\_\_\_ Combined Adult and Addictions Tracks

3. Current Education

University: \_\_\_\_\_ Programme: \_\_\_\_\_

CPA Accredited? \_\_\_\_\_ APA Accredited? \_\_\_\_\_

Expected Date of Completion of Ph.D. or Psy.D. \_\_\_\_\_

**4. Educational Background**

University	Dates	Major	Degree Granted/Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 5. Current Status of Dissertation:** \_\_\_\_\_ A. Pre-proposal  
(check one only) \_\_\_\_\_ B. Proposal Accepted  
\_\_\_\_\_ C. Data Collected  
\_\_\_\_\_ D. Dissertation Completed

- 6. Anticipated Status of Dissertation:** \_\_\_\_\_ A. Pre-proposal  
By September 1 (check one only) \_\_\_\_\_ B. Proposal Accepted  
\_\_\_\_\_ C. Data Collected  
\_\_\_\_\_ D. Dissertation Completed

**7. Name, Address, and Telephone Number of Director of Clinical Training:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Names, Addresses, and Telephone Numbers of Individuals from whom letters of reference are being sent:**

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

9. Based on the descriptions provided in the brochure, please rank order each of the following rotations (e.g., 1 = 1st choice, 2 = 2nd choice, 3 = 3rd choice, etc.)

- \_\_\_\_\_ Child Psychiatry Programme
- \_\_\_\_\_ Cognitive Behaviour Therapy: Depression
- \_\_\_\_\_ Cognitive Behaviour Therapy: Anxiety Disorders
- \_\_\_\_\_ Psychological Assessment Service
- \_\_\_\_\_ Adult Forensic Outpatient Service (Law and Mental Health Program)
- \_\_\_\_\_ Assessment and Triage Unit (Law and Mental Health Program)
- \_\_\_\_\_ Clinical Sexology Programme (Phallometric Laboratory)
- \_\_\_\_\_ Clinical Sexology Programme (Gender Identity Clinic)
- \_\_\_\_\_ Concurrent Disorders Service (Dialectical Behavior Therapy Clinic, Anger and
- \_\_\_\_\_ Addiction Clinic or Eating Disorder and Addiction Clinic *circle preference*)

**PRACTICUM EXPERIENCE (AS OF NOVEMBER 15, 2002)**

1. Direct Services:

a. Number of actual hours of direct intervention with clients/patients by format listed below:

- \_\_\_\_\_ (1) Individuals      \_\_\_\_\_ (2) Couples
- \_\_\_\_\_ (3) Families      \_\_\_\_\_ (4) Groups

b. Number of actual hours in direct assessment of clients/patients by format listed below:

- \_\_\_\_\_ Hours of formal psychometric testing
- \_\_\_\_\_ Hours of interview/observation-based assessment

c. Number of actual hours of formal consultation or psychoeducation rendered: \_\_\_\_\_

2. Indirect Services:

a. Number of actual hours spent in activities supporting direct intervention (e.g., report writing, consulting with other professionals about specific cases, video/audio tape review, assessment reports): \_\_\_\_\_

b. Number of actual hours of supervision rendered to other students: \_\_\_\_\_

3. Supervision:

a. Number of actual hours spent in one-on-one, face-to-face supervision: \_\_\_\_\_

b. Number of hours spent in group supervision and case conferences: \_\_\_\_\_

\_\_\_\_\_ Total Hours of Direct Services

\_\_\_\_\_ Total Hours of Indirect Services

\_\_\_\_\_ Total Hours of Supervision

\_\_\_\_\_ TOTAL PRACTICUM HOURS

\_\_\_\_\_ Additional Practicum Hours Anticipated by September 1, 2003:

**CLINICAL TREATMENT EXPERIENCE (AS OF NOVEMBER 15, 2002)**

A. In the first two columns, please indicate the number of patients seen for each condition and age group. In the last two columns, please indicate how many of these patients were seen in short term therapy (less than 10 sessions total) and the number seen in long term therapy (over 10 sessions).

	<b>ADULTS</b>	<b>CHILDREN</b>	<b># short-term &lt;10 sessions</b>	<b># long-term &gt;10 sessions</b>
Psychotic Disorders	_____	_____	_____	_____
Personality/Conduct Disorders	_____	_____	_____	_____
Mood Disorders	_____	_____	_____	_____
Anxiety Disorders	_____	_____	_____	_____
Substance Abuse Disorders	_____	_____	_____	_____
Sexual Disorders	_____	_____	_____	_____
Cognitive Disorders	_____	_____	_____	_____
Number of Couples/ Families	_____	_____	_____	_____

B. Please list the number of individuals that you have treated using each of the following modalities:

- \_\_\_\_\_ 1 Cognitive/Behavioural
- \_\_\_\_\_ 2 Psychodynamic
- \_\_\_\_\_ 3 Integrative or Eclectic
- \_\_\_\_\_ 4 Other (specify) \_\_\_\_\_

**ASSESSMENT EXPERIENCE (AS OF DECEMBER 1, 2000)**

Please specify the number of times you have administered, scored, and interpreted each of the following instruments in your assessment experience.

Intellectual

- \_\_\_\_\_ WAIS-III or WAIS-R
- \_\_\_\_\_ WISC-III
- \_\_\_\_\_ WPPSI-R
- \_\_\_\_\_ Other  
(specify) \_\_\_\_\_

Personality

- \_\_\_\_\_ MMPI-2
- \_\_\_\_\_ MCMI-II/III (Millon Clinical)
- \_\_\_\_\_ Rorschach (specify  
system) \_\_\_\_\_
- \_\_\_\_\_ California Personality Inventory
- \_\_\_\_\_ Personality Assessment Inventory
- \_\_\_\_\_ Child Behavior Checklist
- \_\_\_\_\_ Other  
(specify) \_\_\_\_\_

Neuropsychological

- \_\_\_\_\_ WMS-R
- \_\_\_\_\_ California Verbal Learning
- \_\_\_\_\_ Boston Aphasia
- \_\_\_\_\_ Dementia Rating Scale
- \_\_\_\_\_ Rey Complex Figure
- \_\_\_\_\_ Mini Mental Status
- \_\_\_\_\_ Other  
(specify) \_\_\_\_\_

Forensic

- \_\_\_\_\_ Hare Psychopathy Checklist-Revised
- \_\_\_\_\_ Violence Risk Appraisal Guide
- \_\_\_\_\_ Structured Interview of Reported Symptoms
- \_\_\_\_\_ STATIC-99
- \_\_\_\_\_ Other  
(specify) \_\_\_\_\_

Other Assessments

- \_\_\_\_\_ SCID
- \_\_\_\_\_ SADS
- \_\_\_\_\_ Psychophysiological Assessment
- \_\_\_\_\_ Other  
(specify) \_\_\_\_\_
- \_\_\_\_\_ Other  
(specify) \_\_\_\_\_