

**APPIC APPLICATION FOR PSYCHOLOGY INTERNSHIP (AAPI)
2004-2005**

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: 10/15/2004

SECTION 1: BACKGROUND AND EDUCATIONAL INFORMATION

A. BACKGROUND

1. **Name:** NAME, Psy.M.
2. **Social Security No. or Social Insurance No.:** ##
(Optional, recommended if applying to a federal agency, e.g. VA, Federal Bureau of Prisons)
3. **Match I.D. Number:** ##
(Please note: If you do not have your match ID number at this time, you may provide it to internship sites at a later date, once you receive it from National Matching Services.)
4. **Home Address:** PLACE
5. **Work Address:** Same as above
6. **Phone (Home):** ##
7. **Phone (Work):** ##
8. **Phone (Cell)** ##
9. **FAX:** ##
10. **E-Mail:** ##
11. **What is your country of citizenship?** (put an "X" next to one choice)
 - X U.S.
 - Canada
 - Other (Specify:)

12. **Non-citizen visa status:** Not Applicable
 13. **Is this visa current and valid?** Not Applicable
 14. **Does this visa permit you to work?** Not Applicable
(If you are applying to another country, you may need to begin the process of researching these issues now.)
15. **Are you a veteran?** No.
16. **On APPIC Match Day, many 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 ET on that day.

##

B. EDUCATION

Current Academic Work

1. **What is the name and address of the university/institution in which your graduate department is located?**
- Rutgers, The State University of New Jersey
 Graduate School of Applied and Professional Psychology – Busch Campus
 152 Frelinghuysen Road
 Piscataway, NJ 08854-8085
2. **What is the name of your department?** (e.g. Department of Psychology, Division of Behavioral Foundations in Educational Psychology)?
- Department of Clinical Psychology
3. **What is 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.)
- The Graduate School of Applied and Professional Psychology
4. **What is the designated subfield of your doctorate in Psychology?** (Put an “X” next to only one choice):
- | | | |
|---|------------------------|--------------------------|
| | Clinical (adult track) | Health |
| | Clinical (child track) | Neuropsychology |
| X | Clinical (general) | School |
| | Counseling | Respecialization Program |
| | Developmental | Combined (Specify:) |
| | Educational | Other (Specify:) |
5. **What is your primary theoretical orientation?** (Put an “X” next to only one choice)

| | |
|------------------------|--------------------------------|
| Behavioral | Integrative |
| Biological | Interpersonal |
| Cognitive Behavioral | X Psychodynamic/Psychoanalytic |
| Eclectic | Systems |
| Humanistic/Existential | Other (Specify:) |

6. What degree are you seeking? (Put an “X” next to only one choice)

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

7. Name of Training Director: Dr. Brenna H. Bry, Ph.D.
8. Training Director E-Mail: bbry@rci.rutgers.edu
9. University / School Phone #: (732) 445-2000 x114
10. University / School Fax #: (732) 445-4888

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

APA-Accredited
 APA-Accredited, on probation
 Not Accredited
 CPA-Accredited
 CPA-Accredited, on probation

12. If not APA / CPA-accredited, is the school regionally accredited?

Not Applicable

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

Clinical Scientist
 Scientist-Practitioner
 Other - specify:
 (e.g. Developmental, Specialty, Local Clinical Scientist)

Practitioner-Scholar
 Practitioner

14. 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, 1996 in the graduate program would be 01 / 1996.). **DO INCLUDE** any master’s work that preceded or counted toward the doctoral degree, **IF IN THE SAME PROGRAM.**

##

15. When did you complete (or do you expect to complete) your doctoral coursework, excluding dissertation and internship hours (if applicable)?

##

- 16. Have you successfully completed your program's comprehensive / qualifying examination?** (Put an "X" next to only one choice).

X Yes - Date of completion: 08 / 2003
 No
 Not applicable

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

Title

- 18. What type of research is involved in question 17 above?** (Put an "X" next to only one choice)

Critical literature review / theoretical
 X Original data collection
 Use of existing database
 Other (Specify:)

- 19. 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; if not applicable, instead enter "Not Applicable"):

Date Completed or Expected
 (mm / yyyy)

| | |
|-------------------|-----------|
| Proposal approved | 06 / 2003 |
| Data collected | 02 / 2004 |
| Data analyzed | 08 / 2004 |
| Defended | 03 / 2005 |

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

Not Applicable

- 21. Name of dissertation / doctoral research advisor:**

Name.

- 22. Phone Number:**

(732) 445-2000 x

- 23. E-Mail:**

Previous Academic Work

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

- Ph.D.
 Psy.D.
 Ed.D.
 M.S.W.
 M.A. / M.S. (Psy.M.)
 B.S.W.
 B.A. / B.S.
 Ed.S.
 Other (Specify:)

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

08 / 2002

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

| <u>School / University</u> | <u>Major</u> | <u>Degree Earned</u> | <u>GPA</u> |
|----------------------------|------------------------|-----------------------------|------------|
| University | History and Literature | A.B. <i>Magna Cum Laude</i> | 3.55 |

- 27. Please complete the following table for each graduate school or university attended:** (list in chronological order)

| <u>School / University</u> | <u>Major</u> | <u>Degree Earned</u> | <u>Dates of Attendance</u> | <u>GPA</u> |
|----------------------------|---------------------|----------------------|----------------------------|------------|
| Columbia University | Psychology | Post-Baccalaureate | 1/99-12/99 | 3.9 |
| Rutgers University | Clinical Psychology | Psy.M. | 9/00-8/02 | 4.0 |
| Rutgers University | Clinical Psychology | Psy.D. | expected 5/06 | 4.0 |

- 28. Licensure / Certification:** Some applicants may be licensed or certified at the master's level. If you are, please list any current and valid licenses or certifications in mental health fields (list type and jurisdiction, e.g., state or province):

Not Applicable

29. Please list any honors received:

- | | |
|-----------|---|
| 2000-2004 | Rutgers University Letter of Commendation. |
| 2001 | Travel Award Recipient, Wisconsin Symposium on Emotion, HealthEmotions Research Institute. |
| 2000-2001 | Graduate School of Applied and Professional Psychology Clinic Coordinator Fellowship, with full tuition remission and benefits. |

30. Please list names, addresses, phone numbers, and e-mail addresses of individuals who will be forwarding letters of recommendation:

Stanley Messer, Ph.D.
Dean, The Graduate School of Applied and Professional Psychology
Rutgers University – Busch Campus
152 Frelinghuysen Road
Piscataway, NJ 08854
(732) 445-2000 x110
Smesser@rci.rutgers.edu

Nancy McWilliams, Ph.D.
Rutgers University – Busch Campus
152 Frelinghuysen Road
Piscataway, NJ 08854
(908) 902-3455
Nancymcw@aol.com

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.)

ESSAY ONE HERE

- 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.**

ESSAY TWO HERE

- 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.**

ESSAY THREE HERE

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

ESSAY FOUR HERE

- 5. How do you envision our internship site meeting your training goals and interests?** (Note: this question requires you to address site-specific issues and training opportunities; thus, you may wish to submit different responses to different sites. If you are addressing these issues in a cover letter, please feel free to refer the reader to the cover letter and do not repeat here).

ESSAY FIVE HERE

SECTION 3: DOCTORAL PRACTICUM DOCUMENTATION

This form was created to allow applicants to document their experience in therapy and other psychological interventions. While this form lists a wide range of experiences that one might have had, **no applicant is expected to have experience in all, or even most, of these areas.** In fact, most internship programs focus on those areas that are a good fit for their program. You are advised to identify those categories that fit best with your experiences and provide the relevant information for those categories.

INSTRUCTIONS FOR THIS SECTION:

1. For items 1 - 4 in this section, you should only count hours for which you received formal academic training and credit or which were program-sanctioned training experiences (e.g., VA summer traineeship, clinical research positions, time spent in the same practicum setting after the official practicum has ended). Practicum hours must be supervised. Please consult with your academic training director to determine whether experiences are considered program sanctioned or not. The academic training director must be aware of and approve of the clinical activity. Academic credit is not a requirement in all cases. Items 5 - 7 ask for information about practicum and/or work experience.
2. You will be asked to report your practicum hours separately for: (1) practicum hours accrued in your doctoral program, and (2) practicum hours accrued as part of a terminal master's experience in a mental health field. **Hours accrued while earning a master's degree as part of a doctoral program should be counted as doctoral practicum hours.**
3. **Practicum hour** - A practicum hour is a clock hour, not a semester / quarter hour. A 45-50 minute client / patient hour may be counted as one practicum hour.
4. Items 1 - 3 below are meant to be mutually exclusive; thus, any practicum hour should **not** be counted more than once across these three items. **You may have some experiences that could potentially fall under more than one category, but it is your responsibility to select the category that you feel best captures the experience.** (For example, a Stress Management group might be classified as a group or as a Medical / Health-Related Intervention, but not both.)
5. For items 1-3, include only experience accrued through November 1, 2004. Item 4 will allow you to designate estimated future practicum hours to be accrued prior to the start of internship.
6. When calculating practicum hours, you should provide your best estimate of hours accrued or number of clients / patients seen. It is understood that you may not have the exact numbers available. Please round to the nearest whole number. Use your best judgment, in consultation with your academic training director, in quantifying your practicum experience.

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

Please report actual clock hours in direct service to clients / patients. Hours should not be counted in more than one category. Time spent gathering information about the client / patient, but not in the actual presence of the client / patient, should instead be recorded under item 2, below (“Support Activities”).

For the “Total hours face-to-face” columns, count each hour of a group, family, or couples session as one practicum hour. For example, a two-hour group session with 12 adults is counted as two hours. For the “# of different...” columns, count a couple, family, or group as one (1) unit. For example, meeting with a group of 12 adults over a ten-week period counts as one (1) group. Groups may be closed or open membership; but, in either case, count the group as one group.

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

| | <u>DOCTORAL*</u> | | <u>TERMINAL MASTERS*</u> | |
|------------------------------|--------------------------|----------------------------|--------------------------|----------------------------|
| | Total hours face-to-face | # of different individuals | Total hours face-to-face | # of different individuals |
| a. Individual Therapy | | | | |
| 1) Older Adults (65+) | 15 | 2 | | |
| 2) Adults (18-64) | 482 | 33 | | |
| 3) Adolescents (13-17) | 4 | 2 | | |
| 4) School-Age (6-12) | 3 | 1 | | |
| 5) Pre-School Age (3-5) | 0 | 0 | | |
| 6) Infants / Toddlers (0-2) | 0 | 0 | | |
| b. Career Counseling | | | | |
| 1) Adults | 3 | 1 | | |
| 2) Adolescents | 0 | 0 | | |
| c. Group Therapy | | | | |
| | Total hours face-to-face | # of different groups | Total hours face-to-face | # of different groups |
| 1) Adults | 202 | 4 | | |
| 2) Adolescents (13-17) | 0 | 0 | | |
| 3) Children (12 and under) | 0 | 0 | | |

| | | | | |
|---|-----------------------------|-------------------------------|-----------------------------|-------------------------------|
| d. Family Therapy | Total hours face-to-face | # of different families | Total hours face-to-face | # of different families |
| | 8 | 3 | | |
| e. Couples Therapy | Total hours face-to-face | # of different couples | Total hours face-to-face | # of different couples |
| | 28 | 2 | | |
| f. School Counseling Interventions | Total hours face-to-face | # of different individuals | Total hours face-to-face | # of different individuals |
| 1) Consultation | 0 | 0 | | |
| 2) Direct Intervention | 0 | 0 | | |
| 3) Other (Specify:) | 0 | 0 | | |
| g. Other Psychological Interventions | | | | |
| 1) Sports Psychology / Performance Enhancement | 0 | 0 | | |
| 2) Medical / Health - Related Interventions | 20 | 4 | | |
| 3) Intake Interview / Structured Interview | 221 | 221 | | |
| 4) Substance Abuse Interventions | 3 | 1 | | |
| 5) Other interventions (e.g., milieu therapy, treatment planning with the patient present.) | 7 | 5 | | |

Please describe the nature of the experience(s) listed in g-5:

Treatment planning with the patient present

- 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 time spent scoring and/or report writing, which should be included under item 2, below (“Support Activities”). You will provide information about numbers of tests administered in Section 4 of the AAPI.

| | 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. | 56 | |
| 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). | 10 | |
| 3) Other (Specify:) | 0 | |

i. 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 | 0 | |
| 2) Program Development/Outreach Programming | 15 | |
| 3) Outcome Assessment of programs or projects | 26 | |
| 4) Systems Intervention / Organizational Consultation / Performance Improvement | 80 | |
| 5) Other (Specify:) | | |

TOTAL INTERVENTION AND ASSESSMENT HOURS:

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

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

Total Intervention & Assessment Hours: 1183

- 2. SUPPORT ACTIVITIES – How much time have you spent in support activities related to your intervention and assessment experience?** This item includes activities spent outside the counseling / therapy hour while still focused on the client / patient (e.g. chart review, writing process notes, consulting with other professionals about cases, video / audio tape review, time spent planning interventions, assessment interpretation and report writing, etc.). In addition, it includes hours spent at a practicum setting in didactic training (e.g. grand rounds, seminars).

| DOCTORAL* | TERMINAL MASTERS* |
|------------------|------------------------------|
| Total hours | Total hours |

Total Support Hours: 1235

- 3. 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 1i-1, above.

Item 3a: Hours are defined as regularly scheduled, face-to-face individual supervision with specific intent of overseeing the psychological services rendered by the student.

Items 3b and 3c: 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 experiential components in the course activity. **While the didactic portion is excellent training, it should not be recorded as a supervision activity; it should instead be included as a support activity in Item 2 (“Support Activities”) above.** This may necessitate breaking the hours spent in a practicum course into intervention, supervision, and didactic activities by actual course hours. For example, if you present on the “Psychosocial Issues of HIV Infection” using examples of cases, it is a didactic activity. Similarly, Grand Rounds that consists of in-service education on specific topics would not be considered supervision for the purposes of documenting practicum hours, but would be considered a support activity.

| DOCTORAL* | TERMINAL MASTERS* |
|------------------|------------------------------|
| Total hours | Total hours |

- | | |
|--|-----|
| a. Hours spent in one-on-one, face-to-face supervision: | 458 |
| b. Hours spent in group supervision: | 135 |
| c. Hours of peer supervision / consultation and case discussion on specific cases: | 216 |

Total Supervision Hours (add 3a, 3b, and 3c): 809

- 4. SUMMARY OF PRACTICUM HOURS** - This section summarizes the total number of practicum hours described above, along with estimated future practicum hours. In columns one and two, please include the total hours as designated in items 1 - 3 above. In column three, please estimate the number of hours to be accrued between November 2, 2004 and July 1, 2005. In column four please total the numbers from the previous columns.

| | DOCTORAL* through Nov. 1, 2004 | TERMINAL MASTERS* | Estimated after Nov. 1, 2004** | Total Hours |
|---|--------------------------------------|----------------------|-----------------------------------|-------------|
| a. Total Intervention and Assessment Hours (item 1): | 1183 | | 210 | 1393 |
| b. Total Support Hours (item 2): | 1235 | | 314 | 1549 |
| c. Total Supervision Hours (item 3): | 809 | | 120 | 929 |
| GRAND TOTAL | 3227 | | 644 | 3871 |

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

** For Hours Estimated after Nov. 1, 2004, please describe the type of experience anticipated:

I will be continuing my clinical work with two clients in our outpatient clinic at Rutgers University. One has been my long-term client for three years; the other is a lesbian couple whom I have been seeing since February 2004. I carry each case with a different supervisor. I also participate in a weekly group supervision with Nancy McWilliams Ph.D. at Rutgers.

- 5. 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 or program sanctioned work experience. Use this section to describe settings and activities that are not included in items 1-4 above, "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 1-4 above). If you choose to identify hours, please use the same criteria for intervention and assessment hours, support hours, and supervision hours.

As clinical work experience, I worked as the staff intake coordinator in the Rutgers Psychological Coordinator for one summer. In addition, separate from our program-sanctioned work, during graduate school I co-authored or authored the following publications:

PUBLICATIONS HERE

6. 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 through November 1, 2004. The total number of practicum hours in the first two columns for this section should equal the Grand Total in item 4, columns 1 and 2, above.

| | DOCTORAL through Nov. 1, 2004 | TERMINAL MASTERS | Other Work Experience | Total Hours |
|--|-------------------------------------|---------------------|--------------------------|-------------|
| Child Guidance Clinic | 0 | -- | -- | 0 |
| Community Mental Health Center | 0 | -- | -- | 0 |
| Department Clinic (psychology clinic run by a department or school) | 2158 | -- | 160 | 2318 |
| Forensic / Justice setting (e.g., jail, prison) | 157 | -- | -- | 157 |
| Inpatient Hospital | 219 | -- | -- | 219 |
| Military | 0 | -- | -- | 0 |
| Outpatient Medical / Psychiatric Clinic & Hospital | 62 | -- | -- | 62 |
| University Counseling Center / Student Mental Health Center | 471 | -- | -- | 471 |
| Schools | 0 | -- | -- | 0 |
| Other (Specify:) | | | | |
| Total Hours in all Treatment Settings | 3067 | -- | 160 | 3227 |

- b. What types of groups have you led or co-led? Please describe.

Long-term Psychodynamic Interpersonal Therapy Group

Formed and co-led a long-term interpersonal group comprised of diverse ages (18-61) and mixed genders for two years. Conducted numerous intakes and ongoing assessment of group candidates. Successfully transitioned to new leadership for ongoing group continuation.

Cognitive Skills Groups

Co-led cognitive skills groups for patients in the S.T.A.I.R. Program (Service for the Treatment and Abatement of Interpersonal Risk) with a history of chronic mental illness, interpersonal violence and high recidivism.

Human Sexuality Program Group

Facilitated difficult discussions about sexuality with diverse group of healthcare workers, including medical students, nurses, and social workers as part of week-long intensive course on human sexuality at the University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School.

- c. Do you have experience with Managed Care Providers in a professional therapy / counseling / assessment capacity? (Put an "X" next to only one choice)

Yes
 No

- d. Have you audio or videotaped clients/patients and reviewed these tapes with your clinical supervisor?

Audio tape review

Yes
 No

Videotape review

X Yes
No

- e. In which languages other than English (including American Sign Language), are you FLUENT enough to conduct therapy?

I have conversational fluency in French and a working knowledge of Spanish. I understand much spoken Spanish and am increasing speaking fluency. I plan to attend an intensive Spanish language immersion program prior to internship. I have studied basic Russian and Hebrew.

- f. 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 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

| <u>Race / Ethnicity</u> | Number of Different Clients / Patients Seen | |
|---|---|-------------------|
| | <u>Intervention</u> | <u>Assessment</u> |
| African-American / Black / African Origin | 26 | 16 |
| Asian-American / Asian Origin / Pacific Islander | 2 | 10 |
| Latino-a / Hispanic | 33 | 24 |
| American Indian / Alaska Native / Aboriginal Canadian | 0 | 0 |
| European Origin / White | 32 | 79 |
| Bi-racial / Multi-racial | 9 | 16 |
| Other (specify below) | | |
| <u>Sexual Orientation</u> (Please indicate only for those clients where this information is known.) | | |
| Heterosexual | 71 | 121 |

| | | |
|-----------------------|---|---|
| Gay | 5 | 9 |
| Lesbian | 3 | 2 |
| Bisexual | 8 | 3 |
| Other (specify below) | | |

Disabilities

| | | |
|---|----|----|
| Physical / Orthopedic Disability | 1 | 0 |
| Blind / Visually Impaired | 0 | 1 |
| Deaf / Hard of Hearing | 0 | 0 |
| Learning / Cognitive Disability | 0 | 6 |
| Developmental Disability (Including Mental Retardation and Autism) | 0 | 1 |
| Serious Mental Illness (e.g., primary psychotic disorders, major mood disorders that significantly interfere with adaptive functioning) | 45 | 24 |
| Other (specify below) | | |

Gender

| | | |
|---------------|----|-----|
| Male | 65 | 109 |
| Female | 37 | 88 |
| Transgendered | 0 | 0 |

Comments:

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

I served as instructor for two sections of *Infant and Child Development Laboratory* course at Rutgers University. I taught 26 students in two three-hour sections of this laboratory course about experimental methods. For the class, I was responsible for preparing and delivering lectures, facilitating discussions, and grading coursework. I also organized and facilitated in-vivo experiments at a university-affiliated preschool, as well as helped students with statistics and report writing. I utilized a variety of teaching methods to promote critical thinking, discussion, and integrated report writing.

Prior to graduate school, I served in a number of teaching capacities. I was a teacher for Summerbridge Sacramento, a summer enrichment program for gifted and disadvantaged inner-city youth. I designed and implemented a new curriculum for a research-based writing class for ninth graders. I led two-hour daily study sessions. For the classes, I created the lesson plans, designed exams and projects, as well as conducted all grading and written evaluations. I also tutored a thirteen year-old boy with ADHD and some neurological difficulties in all subjects.

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 for 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 tests that you have administered.

1. ADULT TESTS

| <u>Name of Test</u> | <u># Administered and Scored</u> | <u># of Reports Written</u> |
|---|--------------------------------------|---------------------------------|
| Bender Gestalt | 4 | 4 |
| Millon Clinical Multi-Axial Inv. III (MCMI) | -- | -- |
| MMPI-II | 1 | -- |
| Myers-Briggs Type Indicator | -- | -- |
| Personality Assessment Inventory | 3 | -- |
| Projective Sentences (includes Rotter Sentence Completion and other Sentence Completion Tests) | -- | -- |
| Projective Drawings (includes Draw-a-Person Test and Kinetic Family Drawing Test) | 4 | 4 |
| Rorschach (scoring system: Exner) | 8 | 4 |
| Self-report measures of symptoms / disorders (e.g., Beck Depression Inventory) | 15 | 3 |
| Strong Interest Inventory | -- | -- |
| Structured Diagnostic Interviews (e.g., SADS, DIS) | -- | -- |
| TAT | 10 | 4 |
| Trail Making Test A & B | -- | -- |
| WAIS-III | 8 | 5 |
| Wechsler Memory Scale III | 1 | 1 |
| <u>Other Tests:</u> | | |
| Symptoms Checklist –90-Revised | 6 | 3 |
| Treatment Evaluation and Management Scales | 6 | 3 |
| Trauma Symptom Checklist | 6 | 3 |
| Scale of Bodily Connection | 6 | 3 |
| Goal Attainment Scaling | 6 | 3 |

2. CHILD AND ADOLESCENT TESTS

| <u>Name of Test</u> | <u># Administered and Scored</u> | <u># of Reports Written</u> |
|---|--------------------------------------|---------------------------------|
| 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: Exner) | 1 | -- |
| Self report measures of symptoms / disorders (e.g., Children's Depression Inventory) | -- | |
| WISC-III | 1 | 1 |
| WPPSI-R | 1 | |
| WRAT | -- | |

Other Tests:

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 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: 5
- b. Children / Adolescents: 0

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?

No

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

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?

No

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

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/or the internship site?

No

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

No

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

No

SECTION 6: 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.

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.

Applicant's Signature:

Date: