

**INSTRUCTIONS**  
**APPIC APPLICATION FOR PSYCHOLOGY INTERNSHIP (AAPI)**  
**2001-2002**

**Revised September 1, 2001**

This application was created with input from APPIC Member internships and APPIC Subscriber doctoral programs in the United States and Canada. The data requested is comprehensive, but *there is no expectation that an intern applicant would have had all the experiences listed, administered all of the assessment instruments, or be licensed as a mental health practitioner.*

This 2001-2002 AAPI is formatted so that it may be completed on a computer. Some internship sites may request that you send them only certain sections of the AAPI, and some may require additional site-specific information from you to supplement the AAPI.

Please direct any questions about the AAPI to Dr. Joyce Illfelder-Kaye at [jxi1@psu.edu](mailto:jxi1@psu.edu) (note this e-mail address has the letters "jxi" followed by the number "1"). If you are having problems loading the AAPI into your word processor, you may go to the following web page for assistance:  
<http://www.appic.org/needhelp.html>

**Instructions:**

1. This version of the AAPI is valid through April 30, 2002, and should be used only to apply for internship positions that begin in 2002.
2. This AAPI document consists of TWO PARTS: (1) AAPI Part 1, divided into six sections, to be completed by the applicant; and (2) AAPI Part 2 - the Academic Program's Verification of Internship Eligibility and Readiness Form - to be completed by the applicant and the academic training director.
3. The "@" (at-sign) character has been used to designate the places in which you need to enter information. Simply use your word processor to replace each "@" character with the appropriate information.

Some questions will provide a list of answers, each preceded by a "@", and will instruct you to "put an X next to one choice." To respond to these questions, replace the "@" next to your answer with an "X", and change all other "@" symbols to blanks.

4. Please ensure that each of the six sections of the AAPI begins on a separate page. At any point, if you require more space to answer a question than is allotted, feel free to create the additional space needed.
5. It is strongly recommended that you save your work often, using the "Save" command in your word processor.

6. Before submitting Part 1 of the AAPI to an internship site, be sure that you sign and date the application in Section 6. Remember to remove this “instructions” page before submitting.
  
7. Part 2 of the AAPI, the Academic Program’s Verification of Internship Eligibility and Readiness Form, should be printed separately and completed by both the applicant and his/her Training Director (please see the instructions for that form). It is acceptable to APPIC to submit photocopies of this form with the signature photocopied. Please consult the application instructions for each site for more information in the event that this is not acceptable to a specific site.

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**APPIC APPLICATION FOR PSYCHOLOGY INTERNSHIP (AAPI)  
2001-2002**

**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:** @
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.)*
4. **Home Address:** @  
@  
@
5. **Work Address:** @  
@  
@
6. **Phone (Home):** @
7. **Phone (Work):** @
8. **FAX:** @
9. **E-Mail:** @
10. **What is your country of citizenship?** (put an "X" next to one choice)  
  
@ U.S.  
@ Canada

@ Other (Specify: @)

11. **Non-citizen visa status:** @

12. **Is this visa current and valid?** @

13. **Does visa permit you to work?** @

*(If you are applying to another country, you may need to begin the process of researching these issues now.)*

14. **Are you a veteran?** @

15. **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?**

@

@

@

2. **What is the name of your department?** (e.g. Department of Psychology, division of Behavioral Foundations in Educational 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.)

@

4. **What is the designated subfield of your doctorate in Psychology?** (Put an "X" next to only one choice):

@ Clinical (adult track)

@ Clinical (child track)

@ Clinical (general)

@ Health

@ Neuropsychology

@ School

- Counseling
- Developmental
- Educational
- Respecialization Program
- Combined (Specify: @)
- Other (Specify: @)

**5. What is your primary theoretical orientation? (Put an “X” next to only one choice)**

- Behavioral
- Biological
- Cognitive Behavioral
- Eclectic
- Humanistic/Existential
- Integrative
- Interpersonal
- Psychodynamic/Psychoanalytic
- Systems
- 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:** @
- 8. Training Director E-Mail:** @
- 9. University / School Phone #:** @
- 10. University / School Fax #:** @

**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?**

- Yes
- No

**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.**

@ / @ (mm / yyyy)

- 15. When did you complete (or do you expect to complete) your doctoral coursework, excluding dissertation hours?**

@ / @ (mm / yyyy)

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

@ Yes - Date of completion: @ / @ (mm / yyyy)

@ No

@ Not applicable

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

@

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

@ Critical literature review / theoretical

@ 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	@ / @
Data collected	@ / @
Data analyzed	@ / @
Defended	@ / @

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

@

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

22. **Phone Number:** @

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.
- @ 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.)

@ / @ (mm / yyyy)

26. **Please complete the following table for each undergraduate and graduate school or university attended:** (list in chronological order) (Do not complete dates of attendance for undergraduate degree.)

School / University	Major	Degree Earned	Dates of Attendance	GPA
@	@	@	@	@

27. **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):

@

**28. Please list any honors received:**

@

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

@

## **SECTION 2: ESSAYS**

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

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

@

- 2. Describe your approach to case conceptualization, how your conceptualization informs treatment, and how assessment is linked to your conceptualization and treatment planning.**

@

- 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 interests, if applicable.**

@

- 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).

@

### **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 - 6 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). Practicum hours must be supervised.
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, 2001. 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.

	<u>DOCTORAL</u>		<u>MASTERS</u>	
	Total hours face-to-face	# of different individuals	Total hours face-to-face	# of different individuals
<b>a. Individual Therapy</b>				
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>b. Career Counseling</b>				
1) Adults	@	@	@	@
2) Adolescents	@	@	@	@
	Total hours face-to-face	# of different groups	Total hours face-to-face	# of different groups
<b>c. Group Therapy</b>				
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
<b>d. Family Therapy</b>	@	@	@	@

<b>e. Couples Therapy</b>	Total hours face-to-face	# of different couples	Total hours face-to-face	# of different couples
	@	@	@	@

<b>f. School Counseling Interventions</b>	Total hours face-to-face	# of different individuals	Total hours face-to-face	# of different individuals
1) Consultation	@	@	@	@
2) Direct Intervention	@	@	@	@
3) Other (Specify: @)	@	@	@	@

<b>g. Other Psychological Interventions</b>				
1) Sports Psychology / Performance Enhancement	@	@	@	@
2) Medical / Health - Related Interventions	@	@	@	@
3) Intake Interview / Structured Interview	@	@	@	@
4) Substance Abuse Interventions	@	@	@	@
5) Other interventions (e.g., milieu therapy, treatment planning with the patient present.)	@	@	@	@

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

@

**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.

	<b>DOCTORAL</b> Total hours face-to-face	<b>MASTERS</b> 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.)	@	@

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

	<b>DOCTORAL</b> Total hours face-to-face	<b>MASTERS</b> Total hours face-to-face
1) Supervision of other students	@	@
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

	<b>DOCTORAL</b> Total hours face-to-face	<b>MASTERS</b> Total hours face-to-face
<b>Total Intervention &amp; Assessment Hours:</b>	@	@

- 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).

	<b>DOCTORAL</b> Total hours	<b>MASTERS</b> Total hours
<b>Total Support Hours:</b>	@	@

- 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.

	<b>DOCTORAL</b> Total hours	<b>MASTERS</b> Total hours
a. Hours spent in one-on-one, face-to-face supervision:	@	@
b. Hours spent in group supervision:	@	@
c. Hours of peer supervision / consultation and case discussion on specific cases:	@	@
<b>Total Supervision Hours</b> (add 3a, 3b, and 3c):	@	@

- 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, 2001 and July 1, 2002.

	Doctoral through Nov. 1, 2001	Masters	Estimated after Nov. 1, 2001
a. Total Intervention and Assessment Hours (item 1):	@	@	@
b. Total Support Hours (item 2):	@	@	@
c. Total Supervision Hours (item 3):	@	@	@
<b>GRAND TOTAL</b>	@	@	@

- 5. TREATMENT SETTINGS - How many practicum hours have you spent in each of the following treatment settings?** Please indicate the estimated total number of practicum hours (including intervention and assessment, support, and supervision) spent in each of the following treatment settings through November 1, 2001. The total number of practicum hours for this section should equal the Grand Total in item 4, columns 1 and 2, above.

	<b>DOCTORAL</b> Total hours	<b>MASTERS</b> Total 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)	@	@
Inpatient Hospital	@	@
Military	@	@
Outpatient Medical / Psychiatric Clinic & Hospital	@	@

University Counseling Center / Student Mental Health Center	@	@
Schools	@	@
Other (Specify: @)	@	@
<b>Total Hours in all Treatment Settings</b>	@	@

**6. OTHER INFORMATION ABOUT PRACTICUM EXPERIENCES:**

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

@

b. 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

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

Audio tape review

@ Yes

@ No

Videotape review

@ Yes

@ No

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

@

- e. What is your experience with diverse populations in a professional therapy / counseling 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 clients/patients for whom you performed assessments or intake interviews. For this item, you may include a single client/patient in more than one category, as appropriate.

Number of Different  
Clients / Patients Seen

Race / Ethnicity

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	@

Sexual Orientation

Heterosexual	@
Gay	@
Lesbian	@
Bisexual	@

Disabilities

Physical / Orthopedic Disability	@
Blind / Visually Impaired	@
Deaf / Hard of Hearing	@
Learning / Cognitive Disability	@
Developmental Disability	@

Serious Mental Illness (e.g., primary psychotic disorders, major mood disorders that significantly interfere with adaptive functioning, severe developmental disabilities) @

Other (specify below) @  
@

Gender

Male @

Female @

Transgendered @

Comments:

@

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

@

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

Use this section to describe settings and activities that are not included in items 1 - 7 above, “Intervention and Assessment Experience.” Some students may have had work experience outside of their master’s and doctoral training. This experience should be documented in this section. This section is to include professional work experiences separate from practica. Identify hours using the same criteria for intervention and assessment hours, support hours, and supervision hours. You may choose to present this information in a format similar to that used above (i.e., using the format from one or more of items 1 - 7 above), or you may simply provide this information in narrative form.

@

**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. To indicate that you administered, scored, interpreted, and wrote a report for a test, count in both columns. 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>
Self-report measures of symptoms / disorders (e.g., Beck Depression Inventory)	@	@
Bender Gestalt	@	@
Trail Making Test A & B	@	@
WAIS-III	@	@
Wechsler Memory Scale III	@	@
MMPI-II	@	@
Millon Clinical Multi-Axial Inv. III (MCMI)	@	@
Personality Assessment Inventory	@	@
Rorschach (scoring system: @)	@	@
TAT	@	@
Projective Sentences (includes Rotter Sentence Completion and other Sentence Completion Tests)	@	@
Projective Drawings (includes Draw-a-Person Test and Kinetic Family Drawing Test)	@	@
Myers-Briggs Type Indicator	@	@
Strong Interest Inventory	@	@
Structured Diagnostic Interviews (e.g., SADS, DIS)	@	@
<u>Other Tests:</u>		
@	@	@

**2. CHILD AND ADOLESCENT TESTS**

<u>Name of Test</u>	<u># Administered and Scored</u>	<u># of Reports Written</u>
Connors Scales (ADD assessment)	@	@

MMPI-A	@	@
Rorschach (scoring system: @)	@	@
Peabody Picture Vocabulary Test	@	@
Self report measures of symptoms / disorders (e.g., Children's Depression Inventory)	@	@
Parent Report Measures (e.g., Child Behavior Checklist )	@	@
Diagnostic Interviews (e.g., DISC, Kiddie-SADS)	@	@
WISC-III	@	@
WPPSI-R	@	@
WRAT	@	@
<u>Other Tests:</u>		
@	@	@

### 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 of the following: objective and/or projective personality assessments, intellectual, cognitive, and/or neuropsychological assessment. These are synthesized into a comprehensive report providing an overall picture of the patient.

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

## **SECTION 5: PROFESSIONAL CONDUCT**

**Please answer ALL of the following questions with “YES” or “NO”:**

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

@

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

@

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

@

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

@

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

@

6. Have you ever been convicted of a felony?

@

***If you answered “Yes” to any of the above questions, please attach an explanation on a separate sheet of paper.***

## **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. 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.

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:

**APPIC APPLICATION FOR PSYCHOLOGY INTERNSHIP (AAPI)  
2001-2002**

**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 on your word processor. Please do not complete questions 8 - 14. 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 - 14, 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.**

1. Applicant's Name: @
2. Doctoral Program / Department: @
3. University / School: @
4. Director of Training: @
5. Director of Training's  
Address, Phone, and E-Mail: @  
@  
@  
@

6. **Academic Requirements:** It is understood that many applicants may still have comprehensive exams to complete prior to February 1, 2002 and coursework to complete prior to June 30, 2002. Please enter the dates that the following items were completed. Also, please list any requirements, as of today's date, that 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.

	Date Completed or Expected (mm / yyyy)	Required to accept an internship?	Required to attend an internship?
a. Comprehensive / Qualifying Exam / Task	@ / @	@	@
b. Academic Coursework	@ / @	@	@
c. Master's Thesis	@ / @	@	@
d. Dissertation / Doctoral Research Project			
Proposal approved	@ / @	@	@
Data collected	@ / @	@	@
Data analyzed	@ / @	@	@
Defended	@ / @	@	@

7. **Practicum Hours:** The above-named applicant has completed the following practicum hours as of November 1, 2001 (the hours listed below should be identical to the hours listed in Section 3 of the AAPI, item 4):

	Doctoral through Nov. 1, 2001	Masters	Estimated after Nov. 1, 2001
a. Total Intervention and Assessment Hours (item 1):	@	@	@
b. Total Support Hours (item 2):	@	@	@

c. Total Supervision Hours (item 3):	@	@	@
<b>GRAND TOTAL</b>	@	@	@

8. **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.*

- |  |     |    |
|--|-----|----|
| a. Is this student in good standing ?<br>If no, please explain:  | Yes | No |
| b. Is this student on probation?<br>If yes, please explain:  | Yes | No |
| c. Has this student ever been on probation?<br>If yes, please explain:   | Yes | No |
| d. Are any complaints currently pending<br>against this student or were any filed in<br>the past?<br>If yes, please explain: | Yes | No |

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

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

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

Accredited

Accredited, on Probation

Not Accredited

11. **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.*

- |   |     |    |
|---|-----|----|
| a) This applicant possesses the emotional stability and maturity to handle the challenges of the internship experience.                             | Yes | No |
| b) This applicant possesses the theoretical / academic foundation necessary for effective counseling / clinical work.                               | Yes | No |
| c) This applicant possesses the skills necessary for translating theory into integrated practice.   | Yes | No |
| d) This applicant demonstrates awareness of, and practices according to, the current ethical guidelines for psychologists.                          | Yes | No |
| e) This applicant demonstrates the capacity to participate in supervision constructively and can modify his / her behavior in response to feedback. | Yes | No |

12. **Additional comments:** Please identify areas of particular strength and areas in which the student needs further development. *This item is to be completed by the Training Director.*

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

Yes      No

If no, please explain:

14. **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:

Work Address:

Phone:

E-Mail:

**Signature of the Director of Training:** \_\_\_\_\_

**Date signed:** \_\_\_\_\_