Child and Youth Development Clinic

Internship Application Form 2021-2022

Applicant Information		
Full Name:		Date:
	Last *First* *M.I.*	
Other Names Used (Transcript):		
Preferred Name:		

Home Address:		
	Street Address	*Apartment/Unit #*
	City *Postal Code*	*Province*

Work Address:		
	Street Address	*Apartment/Unit #*
	City	*Province*

Phone (Home):	
Phone (Work):	
Phone (Cell):	
FAX:	
Email:	

	YES	NO		YES	NO
Are you a Canadian Citizen?	☐	☐	If no, are you authorized to work in Canada?	☐	☐

Primary Language:

Languages other than English in which you are FLUENT enough to conduct Therapy:

Education	
UNDERGRADUATE PROGRAM INFORMATION	
Undergraduate Program Name:	
Department Name:	
University Name:	
Street Address:	
City, Province, Postal Code:	
GRADUATE PROGRAM INFORMATION (MASTERS)	
Graduate Program Name:	
Department Name:	
University Name:	
Street Address:	
City, Province, Postal Code:	
CPA-Accredited:	Yes ☐ No ☐
GRADUATE PROGRAM INFORMATION	
Graduate Program Name:	
Department Name:	
University Name:	
Street Address:	
City, Province, Postal Code:	
CPA-Accredited:	Yes ☐ No ☐

What degree are you seeking?		
☐ Ph.D.	☐ Psy.D.	☐ Ed.D.
☐ Ph.D./J.D.	☐ Respecialization	☐ Other
Specify Respecialization or Other:		

What is the designated subfield of your doctorate in Psychology? (Check One):		
☐ Clinical	☐ School	☐ Other
☐ Counseling	☐ Respecialization	
☐ Combined	**Specify, if Combined:**	
If "Other," please explain why you are applying to a psychology internship.		

PRIMARY THEORETICAL ORIENTATION (Rank order up to 3)					
	Behavioral		Biological		Cognitive Behavioral
	Integrative		Interpersonal		Humanistic/Existential
	Eclectic		Systems		Othert
	Psychodynamic/Psychoanalytic				

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

DEPARTMENT'S TRAINING MODEL	
☐ Clinical Scientist	☐ Practitioner-Scholar
☐ Scientist-Practitioner	☐ Practitioner
☐ Other - specify: (e.g., Developmental, Specialty, Local Clinical Scientist)	

Doctoral Program Information	Status	Date Completed or Expected
When did you begin graduate level study in your current program?		/ (mm / yyyy)
Did you complete your academic Coursework (Excluding dissertation and Residency Hours)		/ (mm / yyyy)
Have you successfully completed your program's comprehensive/qualifying examinations?		/ (mm / yyyy)

DISSERTATION

What is your dissertation / research title or topic?

Type of Research (check one below):

☐ Critical literature review / theoretical
☐ Original data collection
☐ Use of existing database
☐ Other

If Other, Specify:

What is the current status of your dissertation/doctoral research project	Status	Date Completed or Expected
Proposal Approved:		/ (mm / yyyy)
Data Collected:		/ (mm / yyyy)
Data Analyzed:		/ (mm / yyyy)
Data Defended:		/ (mm / yyyy)

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

Please list any current and valid licenses or certifications in mental health fields (list type and jurisdiction, e.g. province):

License: Jurisdiction:

Please list names, addresses, phone numbers, and e-mail addresses of 2 individuals who could provide a verbal or written letter of support/recommendation if required.

REFERENCES	
Full Name:	Relationship:
Organization:	
Address:	
Phone:	Email:
Full Name:	Relationship:
Organization:	
Address:	
Phone:	Email:

SUMMARY OF PRACTICUM EXPERIENCE		
Intervention Hours	**Assessment Hours**	**Supervision Hours**
Doctoral Hours:	Doctoral Hours:	Doctoral Hours:
Terminal Masters Hours:	Terminal Masters Hours:	Terminal Masters Hours:
Total Hours:	Total Hours:	Total Hours:
Anticipated Hours:	Anticipated Hours:	Anticipated Hours:

INTERVENTION AND ASSESSMENT EXPERIENCE				
	DOCTORAL* (to Nov. 1, 2019)		**TERMINAL MASTERS**	
	Total hours face-to-face	# of different INDIVIDUALS	Total hours face-to-face	# of different INDIVIDUALS
Individual Therapy				
1) Older Adults (65+)				
2) Adults (18-64)				
3) Adolescents (13-17)				
4) School-Age (6-12)				
5) Pre-School Age (3-5)				
6) Infants / Toddlers (0-2)				
Career Counseling	Total hours face-to-face	# of different INDIVIDUALS	Total hours face-to-face	# of different INDIVIDUALS
1) Adults				
2) Adolescents				
	Total hours face-to-face	# of different GROUPS	Total hours face-to-face	# of different GROUPS
Group Counseling				
1) Adults				
2) Adolescents (13-17)				
3) Children (12 and under)				
	Total hours face-to-face	# of different FAMILIES	Total Hours face-to-face	# of Different FAMILIES
Family Therapy				
	Total hours face-to-face	# of different COUPLES	Total hours face-to-face	# of different COUPLES
School Counseling Interventions				
1) Consultation				
2) Direct Intervention				
3) Other:				

OTHER PSYCHOLOGICAL INTERVENTIONS				
Medical / Health – Related Interventions				
Intake Interview / Structured Interview				
Substance Abuse Interventions				
Consultation				

PSYCHOLOGICAL ASSESSMENT EXPERIENCE		
	DOCTORAL Total hours face-to-face	**TERMINAL MASTERS** Total hours face-to-face
1) Psychodiagnostic test administration (include symptom assessment, projectives, personality, objective measures, achievement, intelligence, and career assessment), and providing feedback to clients/patients.		
2) Neuropsychological Assessment (includes intellectual assessment in this category only when it was administered in the context of neuropsychological assessment involving evaluation of multiple cognitive, sensory and motor functions).		
3) Other: (Specify :)		

OTHER PSYCHOLOGICAL EXPERIENCE WITH STUDENTS AND/OR ORGANIZATIONS		
	DOCTORAL Total hours face-to-face	**TERMINAL MASTERS** Total hours face-to-face
Supervision of other students performing intervention and assessment activities		
2) Program Development/Outreach Programming		
3) Outcome Assessment of programs or projects		
Systems Intervention / Organizational Consultation / Performance Improvement		
5) Other (Specify :)		

TREATMENT SETTINGS (Hours Spent)			
	DOCTORAL	**TERMINAL MASTERS**	**Total Intervention, Assessment, and Supervision Hours**
Community Mental Health Centre			
Forensic / Justice setting (e.g., jail, prison)			
Medical Clinic/Hospital			
Inpatient Psychiatric Hospital			
Outpatient Psychiatric Clinic/Hospital			
University Counseling Centre / Student Mental Health Centre			
Schools			
Other (Specify:)			

WORK EXPERIENCE WITH DIVERSE POPULATION		
RACE/ETHNICITY	**Number of Different Clients/Patients Seen**	
	Intervention	Assessment
African-Canadian / Black / Caribbean Canadian		
Asian		
Latino-a / Hispanic		
Indigenous		
European Origin / White		
Bi-racial / Multi-racial		
Other (Specify:)		

GENDER	**Number of Different Clients/Patients Seen**	
	Intervention	Assessment
Male		
Female		
Transgender		
Two-spirit		

SEXUAL ORIENTATION (Please indicate only when known.)	**Number of Different Clients/Patients Seen**	
	Intervention	Assessment
Heterosexual		
Gay		
Lesbian		
Bisexual		
Other (Specify:)		

DISABILITIES	**Number of Different Clients/Patients Seen**	
	Intervention	Assessment
Physical / Orthopedic Disability		
Blind / Visually Impaired		
Deaf / Hard of Hearing		
Neurodevelopmental Disorders		
Mood Disorders (e.g. Depressive Disorders, Anxiety Disorders)		
Trauma-and Stressor-Related Disorders		
Serious Mental Illness (e.g., psychotic disorders, bipolar disorders that significantly interfere with adaptive functioning)		
Feeding and Eating Disorders		
Other (Specify:)		

PRACTICUM EXPERIENCE ANTICIPATED (From date of application to start of internship)
Please summarize any anticipated practicum experience. Include type of experience anticipated, approximate hours per week, supervision hours anticipated on a weekly basis, duration of the training, as well as a description of the duties.

INTERDISCIPLINARY EXPERIENCES - What is your current experience working with other professions/disciplines as part of an interdisciplinary team? Please summarize any training or education experiences you have had working in an interdisciplinary team setting and how you worked with other professional team members.

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

ASSESSMENT MEASURE ADMINISTRATION		
NAME OF TEST	# ADMINISTERED AND SCORED	# OF REPORTS WRITTEN
Symptom Inventories		
General Cognitive Assessment		
Measures of Academic Functioning		
Commonly Used Neuropsychological Assessment Measures		
Behaviour/Personality Inventories		
Projective Assessment Measures		

Other Tests (Specify:)		
Other Tests (Specify:)		
Other Tests (Specify:)		

How many supervised integrated psychological reports have you written for each of the following populations? An integrated report includes a history, an interview, and at least two tests from one or more of the following categories: personality assessments (objective, self-

report, and/or projective), intellectual assessment, cognitive assessment, and/or neuropsychological assessment. These are synthesized into a comprehensive report providing an overall picture of the patient/client.

INTEGRATED REPORT WRITING	# INTEGRATED REPORTS
Adults	
Children/Adolescents	

PROFESSIONAL CONDUCT

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

1. Has disciplinary action, in writing, of any sort ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing board? ☐ Yes ☐ No

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

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

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

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

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

SECTION 5: APPLICATION CERTIFICATION

I certify that all of the information submitted by me in this application is true to the best of my knowledge and belief. I understand that any significant misstatement in, or omission from, this application may be cause for denial of selection as an intern or dismissal from an intern position. I authorize the Child and Youth Development Clinic (CYDC) 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 residency 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 CYDC in good faith and without malice concerning my professional competence, ethics, character, and other qualifications now or in the future. I authorize CYDC and my doctoral program to release evaluative information about me to each other, now or in the future.

I further understand that it is my responsibility to inform CYDC 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.

If I am accepted and become a resident, I expressly agree to comply fully with the Ethical Principles of Psychologists and Code of Conduct and with the standards of the Canadian Psychological Association which are applicable. I also agree to comply with all applicable provincial and federal laws, all of the Rules and Code of Conduct of the College of Psychologist of Ontario, and the rules of the Child and Youth Development Clinic.

I understand and agree that, as an applicant for the psychology residency 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 the Child and Youth Development Clinic. I understand that such exchange of information shall be limited to my graduate program and CYDC, and such information may not be provided to other parties without my consent. This authorization, which may be revoked at any time, supersedes any prior authorization involving the same subject matter.

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