



CLINICAL PSYCHOLOGY POSTDOCTORAL RESIDENCY APPLICATION

NAME:

DATE:

Home Address: _____ STREET	Work Address: _____ STREET
_____ CITY	_____ CITY
_____ STATE	_____ STATE
_____ ZIP CODE	_____ ZIP CODE

Telephone(s):

HOME

OFFICE

MOBILE

Are you a United States citizen? YES NO

1. EDUCATION (BEGINNING WITH CURRENT SCHOOL)

UNIVERSITY	DEPARTMENT	DATES	MAJOR / EMPHASIS	DEGREE

2. OTHER TRAINING (not in the field of psychology)

3. LIST HONORS and/or AWARDS YOU HAVE RECEIVED

4. IS YOUR DOCTORAL PROGRAM APA ACCREDITED?

YES

NO

IF NOT APA/CPA-ACCREDITED, IS YOUR SCHOOL REGIONALLY ACCREDITED?

YES

NO

5. DOCTORAL DEGREE – DATE AWARDED: _____

DATE ANTICIPATED: _____

Attach a copy of your transcript that shows the date awarded.

NOTE: PLEASE ATTACH ADDITIONAL PAGES AS NEEDED. REFERENCE THE QUESTION NUMBER.

6. HOURS OF UNIVERSITY-APPROVED PRACTICUM AND INTERN EXPERIENCE

FACILITY	DATES	TOTAL HOURS

7. CLIENT POPULATIONS

a. Identify client populations with which you have had experience, with special reference to different cultural, economic, ethnic, diverse, and disabled populations. Start with the population with which you have had the most experience and list the others in decreasing order of contact.

b. Describe the training you have received in order to work with various populations.

8. HAVE YOU COMPLETED YOUR DISSERTATION? YES NO

9. IF "NO" – ANTICIPATED DATE OF COMPLETION: _____

10. WHAT IS THE TITLE OF YOUR DISSERTATION?

11. WHAT TYPE OF RESEARCH WAS INVOLVED IN YOUR DISSERTATION (E.G., ORIGINAL DATA COLLECTION, CRITICAL LITERATURE REVIEW, OTHER)?

12. BRIEF SUMMARY OF DISSERTATION

13. TEACHING EXPERIENCE

14. FOREIGN LANGUAGE / SIGN LANGUAGE SKILLS

Indicate your level of proficiency in languages other than English.

15. LICENSURE / CERTIFICATION(S): _____

16. EXPERIENCE IN PROVIDING CLINICAL SUPERVISION? YES NO
If "YES," please describe.

17. EXPERIENCE IN PSYCHOLOGICAL ASSESSMENT

What is your experience with psychological testing 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.

18. 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 any two of the following: 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.

- a. Adults: _____
- b. Children: _____
- c. Number of assessment hours _____

19. HOW DO YOU ENVISION OUR RESIDENCY PROGRAM MEETING YOUR TRAINING GOALS AND INTERESTS?

20. THEORETICAL ORIENTATION – Please describe your theoretical orientation(s):

21. EXPERIENCE IN PSYCHOTHERAPY

Group	Adults	Adolescents (13-17)	Children (12 and under)	Families	Other:
_____ Hours Face-to-Face	_____ Hours Face-to-Face	_____ Hours Face-to-Face	_____ Hours Face-to-Face	_____ Hours Face-to-Face	_____ Hours Face-to-Face

22. OTHER

Briefly describe any additional information that you believe is relevant to your application.

23. PROFESSIONAL CONDUCT

Please answer ALL of the following questions by circling "NO" or "YES." For any "YES" response, attach an explanation on a separate sheet of paper.

- a. 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 YES

- b. Are there any complaints currently pending against you before any of the above-listed bodies?
NO YES

- c. 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 YES

- d. Have you ever been suspended, terminated or asked to resign by a training program, practicum site or employer?
NO YES

- e. Have you ever been convicted of an offense against the law, other than a minor traffic violation?
NO YES

- f. Have you ever been convicted of a felony?
NO YES

24. REFERENCES

List the individuals who will be sending letters of recommendation and applicant performance evaluations. At least three references are required. We ask that two of your references be from clinical supervisors.

	<i>Name and Title</i>	<i>Address</i>	<i>Telephone Number</i>
	<i>Director of Training from your internship</i>		
	<i>Internship Supervisor</i>		
	<i>Other Supervisor</i>		
	<i>Dissertation Chair or Faculty Member</i>		
	<i>Other Reference</i>		

Please attach a letter of interest and your current curriculum vitae to your completed application.

Your transcript(s) is also required to complete your application. If you do not have access to it at this time, you will need to forward it as soon as it becomes available to you. If your degree is not yet posted on your transcript, please have your school send a letter of verification and eligibility of readiness that also indicates the date the degree will be posted.

Mail all required documents to:

Attention: Christine Krause, Psy.D.
Post Doctoral Training Director
500 W. 11th St
Vancouver, WA
98666

Alternately, you can send your application, letter of interest, and curriculum vitae as email attachments and send to:

christine.krause@clark.wa.gov

Drs. Krause can also be reached by telephone: 564.397.4542

Please Note: Official transcripts must be mailed in the original sealed envelope from the school.