



Non-Accredited Internship Application Form

Note: The CPA requires that students from accredited programs complete either an accredited internship(s) or an internship(s) that is deemed to be equivalent to an accredited internship. Therefore, this form must be completed by students for each non-accredited internship (hereafter, "the Program") they wish to apply to. Students must submit this form (one for each internship) to the Director of Clinical Training, to provide supporting evidence for each item below.

Name of Student: [ ]
Internship Program: [ ]
Internship Address: [ ] Phone Number: [ ] Fax Number: [ ]

Supervisor(s):

Name: [ ]
Phone Number: [ ] Email Address: [ ]
Name: [ ]
Phone Number: [ ] Email Address: [ ]
Name: [ ]
Phone Number: [ ] Email Address: [ ]

Responsibilities of Intern: [ ]

Number of days per week: [ ]

Days and Times of Internship: [ ]

Reviewed by: [ ] Date Reviewed: [ ]

**Program:**

- Full-time, 1600 hours over one year
- Close working relationships with our School and Applied Child Psychology (SACP) Program
- At least 2 (two) interns per year (preferred)
- Compliance with APPIC procedures

**Assessment:**

- Training is applied in nature
- Training is organized and sequenced

**Interns acquire knowledge and skill in:**

- Psychological assessment
- Intervention
- Consultation
- Program development and evaluation
- Inter-professional relationship
- Professional standards and ethics
- Supervision

**Training includes a range of assessments and interventions including:**

- Evidence-based interventions
- More than one therapeutic modality
  
- Written, individualized training plan
- Four hours supervision per week (three must be individual, one may be group)
- Specified minimum standards for successful completion and mechanisms to remediate substandard performance
- Written feedback on progress on a consistent, continuous basis
- Intern presented with the Program’s appeal policies at the beginning of the year
- Certificate of completion provided

**Diversity:**

- Instruction and practical experience in diversity

**Professional Psychology Staff:**

- CPA Registered supervisors in possession of a doctoral degree and internship from an accredited program

**Interns:**

- Treated with dignity and respect

**Facilities and Resources:**

- Efficient means of communication with Supervisors
- Assessment materials and supplies are available

**Public Disclosure:**

- Accreditation status is made evident to applicants

**Please describe the training goals and curriculum for this student. (What direct service experiences will this student have? What clinical skills will be taught and in what sequence? How is the training program integrated into the larger organization?)**

**Who is responsible for the delivery of the training program? (Is this person licensed? Is this person at the training facility a minimum of 20 hours per week?)**

**At the training facility are there at least two full-time equivalent doctoral level psychologists on staff, who serve as Primary Supervisors?**

**Describe the kinds of supervision this student will receive (individual, group, etc.). How many hours per week will this student receive supervision?**

**Describe the client population at the training facility.**

**What specific clinical skills that will be taught?**

**How many hours of didactic service are provided each week (e.g., case conferences, seminars, in-service training, grand rounds, etc.)?**

**How many pre-doctoral interns are typically on the site?**

**In this placement, do internship level trainees have a title (e.g., “intern”, “resident”, “fellow”), or other designation of trainee status?**

**Does the placement have a brochure or website address that provides a clear description of the nature of the training program? Please attach the brochure to this submission or input the URL link to the training program’s description below.**

**What formal system of evaluation do you use to provide feedback to the School and Applied Child Psychology Program (SACP) regarding the progress of this student?**

**Additional Details of Internship:**

Supervisor Signature:

Date:

Student Signature:

Date: