

Arizona Psychology Training Consortium

www.azpa.org

Training Site Application

A non-refundable application fee of \$500 should accompany this application. The check should be made out to the Arizona Psychology Training Consortium.

Practitioner/Agency Information

1. Name: _____
2. Address: _____

3. Phone: _____ Fax : _____
Cellphone: _____
E-mail: _____
Website: _____

Agency Information (Private practitioners do not need to answer questions 4 - 8)

4. Primary Psychologist: _____
5. Executive Director/CEO _____
6. Year Agency Established: _____
7. Year Psychology Training Program Established: _____
8. Please attach any brochures, program descriptions, or any other printed information concerning the agency/practice services or the training program.

Description of the Training Site

9. Briefly describe the agency or practice, including the services, specialty areas, and populations served.

10. Please describe the cultural diversity of the client population.

11. Will you be providing rotations between your training site and another training site within the Consortium? How many hours per week would the interns or residents work at each site? If you are interested in developing rotations with other sites, please describe your proposed training model. The Consortium encourages partnerships between training sites.

Training Opportunities

12. Type of Internship/Residency: Check all that apply for your site.

- Full-time internship
- Full-time postdoctoral residency
- Part-time internship
- Part-time postdoctoral residency

13. Describe the responsibilities and functions of the interns/postdoctoral residents.

14. Please describe the psychological, neuropsychological, psychoeducational, or vocational testing and report-writing opportunities.

15. Please describe any consultation, program development, or research opportunities.

16. What do you expect will be the number of hours per week in direct face-to-face psychological services with clients, patients, or consultees? _____

17. Is office space available for the interns/residents? _____ Yes _____ No

18. Please explain the stipends and benefits available to the interns and residents. The minimum stipend for full-time interns is \$20,000 and the minimum stipend for full-time postdoctoral residents is \$26,000.

19. Are you planning to provide internship and residency training each year? What are your long-term plans for training?

Supervision and Training Information

20. For internships, each site must have at least two full-time licensed psychologists on site. Please list the psychology supervision and training staff. Attach copies of their most recent curriculum vitae or resumes. Please include professional affiliations, licenses, and certifications on the curriculum vitae. Please attach photocopies of the most recent professional licenses and certificates.

21. In what state is the primary psychologist licensed? _____

22. Is the primary supervisor currently under disciplinary action by the Arizona Board of Psychologist Examiners or other regulatory organizations? _____

23. For postdoctoral residency supervision, has the primary psychologist been licensed for at least two years? _____

24. Please describe the theoretical orientation of the primary psychologist?

25. Is the primary psychologist on the staff physically at the training site at least 20 hours per week? _____

26. Will the primary psychologist be available to attend trainee selection and site supervisor training meetings for the Consortium? Site supervisor meetings usually occur four times per year. _____

27. Training sites are asked to present three-hour workshops once a year to the interns and residents. What are some of the areas of clinical or research interest that the primary psychologist, and other members of your training team, would like to present to the interns and residents? What are your favorite topics?

28. How many hours of regularly scheduled individual supervision will the intern/postdoctoral resident receive per week from a licensed psychologist? Arizona law requires at least one hour of supervision for each twenty hours of supervised experience for interns and residents.

29. Please describe the types of supervision the intern/postdoctoral resident will receive. Include activities such as shadowing, direct live observation, co-therapy, and review of audiotapes or videotapes.

30. Will there be any additional supervision from other behavioral health professionals, such as case conferences or grand rounds? Please include their curriculum vitae or resumes. Supervision by other mental health professionals, including psychiatrists, cannot be counted towards supervised experience for licensure but it may be part of the overall training program.

Adherence to Standards

31. Does your agency/practice agree to adhere to the timetables, policies, and procedures of the Association of Psychology Postdoctoral and Internship Centers (APPIC)? _____ Yes _____ No
32. Does your agency/practice agree to adhere to the timetables, policies, and procedures of the Arizona Psychology Training Consortium?
_____ Yes _____ No

Website Information

33. The Consortium section of the AzPA website at www.azpa.org has a checklist of training opportunities offered at each site. It is intended for potential applicants to compare information about the training sites. List the opportunities that are and are not currently available at your site. If in doubt, say no so that we don't misrepresent ourselves in any way.

Individuals	Yes ___	No ___
Couples	Yes ___	No ___
Families	Yes ___	No ___
Groups	Yes ___	No ___
Children	Yes ___	No ___
Adolescents	Yes ___	No ___
Adults	Yes ___	No ___
Geriatric	Yes ___	No ___
Culturally Diverse	Yes ___	No ___
Outpatient	Yes ___	No ___
Inpatient	Yes ___	No ___
Prison/Jail	Yes ___	No ___
School	Yes ___	No ___
Multi-Site Locations	Yes ___	No ___
Personality Testing	Yes ___	No ___
Psychoeducational Testing	Yes ___	No ___
Neuropsychological Testing	Yes ___	No ___
Vocational Testing	Yes ___	No ___
Sex Offender Assessment	Yes ___	No ___
Substance Abuse Assessment	Yes ___	No ___
Consultation	Yes ___	No ___
Research	Yes ___	No ___

34. If your site is accepted for affiliation, then a brief description of the training program will be posted on the Arizona Psychological Association website at www.azpa.org. Please describe the training opportunities at your site so that potential applicants would know if your site offers the opportunities they are seeking. The description should be no more than ten sentences. Please refer to the Consortium section of the AzPA website for examples of other sites. Write your brief description in the space below.

I verify that this information is current and accurate.

Signature of Responsible Party

Date

Please mail two copies of the completed application to Andy Hogg, Ph.D., Flagstaff Child and Family Counseling Center, 408 North Kendrick, Suite 3, Flagstaff, AZ 86001. If you have questions about the completion of this form, you may email him at andyhogg@cfcc.com for consultation.

After review of the application materials, a site visit will be scheduled. If accepted, the site will be asked to complete an Affiliation Agreement. The Affiliation Agreement can be downloaded from the Arizona Psychological Association website at www.azpa.org.

Revised 10/23/08