TEWKSBURY HOSPITAL
Departments of Public and Mental Health
PSYCHOLOGY SERVICES

DOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY
2019-2020 Training Year
APPIC Program Number: 1339

ACCREDITED BY THE AMERICAN PSYCHOLOGICAL ASSOCIATION
Office of Program Consultation and Accreditation
American Psychological Association
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Questions related to the program’s accredited status should be directed to the Commission on Accreditation (CoA).
TEWKSBURY HOSPITAL
DPH MEDICAL UNITS AND HATHORNE MENTAL HEALTH UNITS
DOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY

Tewksbury Hospital’s doctoral internship in clinical psychology is accredited by the American Psychological Association, and offers three, one year, full-time internship positions. One internship position is allocated full-time to the Department of Public Health (DPH) units, one internship position is allocated full-time to the Department of Mental Health (DMH) units, and one position is split equally between the DPH and the DMH units via two six-month rotations. The internship positions are open to doctoral students who have substantially completed their doctoral course work within a Clinical or Counseling Psychology programs at APA-accredited professional schools or educational institutions, and for whom an internship is required to fulfill the requirements for a doctoral degree. Successful applicants also must have sufficient clinical practicum experience and must provide a verification of internship eligibility and readiness from their graduate program director.

Tewksbury Hospital is a large, multi-service, inpatient facility operated by the Massachusetts Department of Public Health. The hospital contains a 339-bed public health hospital for subacute and chronic medical diseases, acquired and traumatic brain injuries, and other neurological conditions. The hospital also includes the Hathorne Mental Health Units, a 160-bed inpatient psychiatric hospital for intermediate and long-term care and treatment of seriously and persistently mentally ill adults operated by the Department of Mental Health. Both facilities are physically located in the Thomas J. Saunders Building on the Tewksbury Hospital campus.

On the Department of Public Health medical units, clinical training activities take place on seven inpatient units. DPH Psychology Services provide a wide array of interventions for patients experiencing psychological distress and/or disorders in combination with traumatic brain injury, stroke, seizure disorders, Huntington’s disease, multiple sclerosis, cerebral palsy, dementia, substance abuse disorders, and other chronic neurological and physical diseases. The Hathorne Mental Health Units at Tewksbury Hospital are comprised of five DMH units, one of which is the first and only medically-enhanced psychiatric care unit in the state, serving adults with serious mental illness and co-occurring medical problems. Therapeutic treatment within DMH also includes a burgeoning cognitive rehabilitation program and a Psychosocial Rehabilitation Center offering a variety of therapeutic and work programs.

In addition to psychology specific training, all Tewksbury Hospital units provide a setting for multidisciplinary collaboration with psychiatrists and other physicians, social workers, nurses, rehabilitation counselors, occupational therapists, and other professional disciplines. Integral to the training experience are the many opportunities interns have for interaction and training with staff and students of other disciplines (e.g., social work interns, psychiatry residents) on both the DPH and DMH service units.

**Stipend:** One year, Full Time: $24,000
Stipends are paid out in weekly increments during the training year, until the stipend amount is fully dispersed. Funding does not include health insurance. Stipends are funded by the Commonwealth of Massachusetts; therefore, all stipend offers and continued funding are contingent upon appropriation, budgetary constraints, and operating needs.

**PROGRAM PHILOSOPHY, MODEL AND GOALS OF PROFESSIONAL TRAINING**

The primary training philosophy for Tewksbury Hospital’s doctoral internship in clinical psychology is a practitioner-scholar model. The mission of the Tewksbury Hospital internship program is to provide comprehensive training enabling interns to become professional psychologists who can function effectively as clinicians, consultants, and multidisciplinary team members. Our goal is to integrate the contributions of clinical science with the reality of daily practice in a hospital-based setting.

The primary emphasis of this internship is the critical and flexible application of psychological concepts and current scientific knowledge, principles and theories to the delivery of professional psychological services. The program aims to strengthen interns’ knowledge of and skills in theoretical conceptualization and clinical practice and to provide specialized training in the application of these clinical skills and knowledge with seriously medically, neurologically, and persistently mentally ill persons in an inpatient facility. Interns are guided in their understanding of their professional and civic responsibilities, as defined by legal statutes and professional ethics codes. An additional goal of the program is to facilitate the intern’s transition from student to professional psychologist. The goal is achieved through the provision of clinical experiences, training, and supervision. Interns deepen their appreciation of the variability and range of human capabilities through a variety of activities, including provision of supervised diagnostic-psychological and neuropsychological assessments and a range of psychotherapies. Interns also develop an understanding of the nature of public sector health care, including the larger systems issues of funding, models and integration of services, continuity of care, and organizational communications and change. Throughout, interns are challenged to develop and exercise balanced judgment, poise, emotional maturity, interfacing and negotiation skills, as well as appropriate professional presentation and demeanor. To achieve these outcomes the following goals are emphasized:

1. **Develop competence in psychological and neuropsychological assessment and the diagnostic skills necessary for the treatment and rehabilitation of these patients.**
2. **Develop competency in providing a wide range of psychotherapies in individual and group format to seriously medically, neurologically, and persistently mentally ill adult persons in an inpatient facility.**
3. **Develop overall professionalism and consultation skills and experience working effectively with a multidisciplinary treatment team.**
DESCRIPTION OF THE INTERNSHIP PROGRAM

The overarching goal of Tewksbury Hospital’s doctoral internship in clinical psychology is to provide interns with intensive training and experience in psychological and neuropsychological assessment, diagnosis, and treatment of adults with severe and persistent medical and mental illness, utilizing a variety of theoretical perspectives and methods.

There are three, one year, full-time internship positions.
1. Health Psychology Track; Full-time working on the Department of Public Health (DPH) units.
2. Severe Mental Illness Track; Full-time working on the Department of Mental Health (DMH) units
3. Health Psychology/Severe Mental Illness Track; One position is split equally between the DPH and the DMH units (6 months/6 months).

Clinical responsibilities include screening evaluations, psychological and neuropsychological assessments, behavioral consultation, and individual and group psychotherapy. Interns are assigned to one or more hospital units, and actively participate as members of those units’ multidisciplinary treatment teams, including providing feedback on psychological and neuropsychological assessments and consultation on behavioral and other issues as they arise. There are also opportunities to provide treatment and assessment to patients from other units.

The internship is flexible and training can be tailored to address the specific needs and interests of each intern. For example, interns who desire additional assessment experience or training in specific techniques, such as neuropsychological rehabilitation, can generally be accommodated. Likewise, opportunities are available to attend a variety of optional presentations, both at Tewksbury Hospital and other institutions in the Boston area.

CORE CLINICAL SITES

History of Tewksbury Hospital

Tewksbury Hospital is comprised of two departments operated by two separate state agencies: the Department of Public Health (DPH) and the Department of Mental Health (DMH).

Tewksbury Hospital has a long history of serving patients. It has undergone several name changes over the course of its existence. The hospital was established in 1852 and opened on May 1, 1854 as one of three state almshouses needed to help care for the unprecedented influx of immigrants and patients with tuberculosis. It also served patients with other infectious diseases as well as mentally, acutely, and chronically ill patients. In 1874 the institution was divided into three classifications: Mental Wards, Hospital, and Almshouse. During this period, rehabilitation services were also offered to persons suffering from alcoholism. In 1887, an internship program for Harvard Medical School was approved. In 1894 the educational aspect of the hospital was also expanded in the area of nursing. In 1900, the name of the institution was changed from the Tewksbury Almshouse to Tewksbury State Hospital, and additional wards were added for
medical and surgical services. At that time, patients suffering from a small pox and typhoid fever were also treated by the hospital. In 1909, the hospital name was changed from Tewksbury State Hospital to the Massachusetts State Infirmary, and in 1938, the name was changed again to Tewksbury State Hospital and Infirmary. In 1959, the administration was transferred from the Department of Public Welfare to the Department of Public Health, and again the name was changed to the present day name of Tewksbury Hospital. Two new wings with several hundred new beds were added to the hospital in 1973. In 1976, the main hospital building was designated the Thomas J. Saunders building in honor of the eponymous hospital administrator. Department of Public Health and Department of Mental Health patients receive medical, psychiatric and psychological treatment within the Thomas J. Saunders building. In December of 2009, the campus became tobacco-free.

**DPH Medical Units**
The Department of Public Health medical units of Tewksbury Hospital serve patients with a varied and complex array of medical illnesses. Units vary in terms of the physical health and medical diagnoses of the patient populations they serve. One unit is designated to provide medical care and long-term rehabilitation to patients with traumatic brain injury. Another specialized unit consists of Huntington’s disease patients who are in middle and advanced stages of the disease. These patients receive extended care for cognitive, movement and mood disorders. Other medical units at Tewksbury Hospital serve patients with various other medical conditions including multiple sclerosis, medical and neurological conditions related to alcohol and drug abuse, HIV/AIDS, diabetes, stroke, dementia, cardiac disorders, and other acute and chronic diseases. Another specialized unit is treating individuals with Intellectual Disabilities who are being served by the Department of Developmental Services (DDS) and are admitted for short-term rehabilitation for medical illnesses/complications before returning to the community. The hospital serves adult patients age 19 and over. Many of the patients are wheelchair dependent.

**DMH Psychiatric Units**
The Department of Mental Health units are called the Hathorne Mental Health Units. These units opened on June 22, 1992 after the closure of Danvers State Hospital, and serve the North East Area (e.g., North Shore and Merrimack Valley areas) of the Massachusetts Department of Mental Health (see www.mass.gov/dmh). The Hathorne Units admit male and female patients age 19 and over who are referred either: a) after short acute hospitalization (generally up to 30 days) at community-based private hospital admissions units; or b) upon order of the Courts for forensic evaluation or as a “step-down” from other state forensic units. The patient population is quite varied and includes patients with complex medical/psychiatric illnesses, patients with difficult differential diagnostic questions (such as depression vs. dementia), patients with episodic and persistent mental illnesses who require periodic acute and intermediate psychiatric care, and individuals with active forensic issues. Common psychiatric diagnoses include schizophrenia, schizoaffective disorder, bipolar disorder, major depression, eating disorders, personality disorders, severe alcohol or drug abuse or dependency, and dementias at varying degrees of symptomatic severity. Patients who are initially admitted pursuant to a civil commitment must meet the criteria of substantial likelihood of imminent serious harm to self or
others by reason of mental illness, or inability to care for self by reason of mental illness. Patients sent by the courts are admitted for the purpose of evaluation of competency to stand trial, criminal responsibility, aid to sentencing, or observation and examination.

The socioeconomic and cultural composition of the patients on the medical and Hathorne Mental Health Units is diverse. This reflects the fact that the region surrounding the hospital spans old industrial centers, seaports, and suburban communities, with immigrant population centers of Spanish, Portuguese, Cambodian, Vietnamese, Polish, Italian, German, and Irish descent, as well as Jewish and African-American enclaves. The interns play a critical role in providing psychological services to this patient population. Patients on the medical units are served by a multidisciplinary treatment team, including a psychiatrist, psychologist, social worker, nurse, and rehabilitation staff. Weekly mental health rounds occur on several medical units, which provide the respective treatment teams with opportunities to formulate diagnoses, develop treatment plans, monitor patient progress, and discuss discharge planning. Daily Rounds and weekly treatment team meetings occur on the Hathorne Mental Health Units and are comprised of a similar professional mix. Interns on both DPH and DMH units act as consultants to the Treatment Teams by providing assessment information, diagnostic formulations, and treatment interventions. In addition to on-unit treatment, which includes individual and group therapy, DPH patients may be referred to occupational therapy, physical therapy, expressive therapy, recreational therapy, and pastoral counseling. DMH patients may be referred to an off-unit Social Club, recreational facilities, or to the on-campus Rehabilitation Center, which houses day programs, vocational and prevocational services, music and art therapy, recreational therapy, and occupational therapy. Further, a new cognitive rehabilitation program is underway and will be offered to patients beginning this fall. The computer-assisted cognitive remediation program will be utilized to target cognitive functioning, with the ultimate goal of improving functional outcome and aiding in transition to the community. As individuals work toward community re-entry, some participate in off-grounds programming in psychosocial clubhouses and work programs and other treatment programs (e.g., AA). The DMH treatment programs embrace the recovery model which emphasizes person-centered planning.

**CORE TRAINING**

All interns participate in a Core Curriculum which is comprised of both clinical and didactic experiences. The full-year program in psychotherapy and assessment is designed to achieve the following specific training objectives:

1. *Develop competence in psychological and neuropsychological assessment and the diagnostic skills necessary for the treatment and rehabilitation of these patients.*
2. *Develop competency in providing a wide range of psychotherapies in individual and group format to seriously medically, neurologically, and persistently mentally ill adult persons in an inpatient facility.*
3. *Develop overall professionalism and consultation skills and experience working effectively with a multidisciplinary treatment team*

The internship addresses these objectives by providing the following education and training
Psychology training is a major component of the curriculum. Interns provide extensive individual and group therapy on the DPH medical units and/or the DMH units during their year of training. Individual therapy cases range from brief (6-12 week) interventions for short-term or intermediate-term patients, to therapeutic relationships which may extend for the entire internship year. A full-time case load generally consists of eight to ten individual therapy clients and two on-unit groups. Each intern has two clinical supervisors for psychotherapy to ensure that the intern is exposed to a diversity of therapeutic orientations. In addition, the intern receives informal feedback and guidance from other members of the multidisciplinary treatment team.

A related area of emphasis in the internship program includes psycho-diagnostic interviewing and clinical consultation. Each intern is assigned to two treatment teams. The intern also provides consultative input on diagnosis, treatment and behavior support plans, treatment/recovery goal development, privilege status, assessment needs at the weekly DPH Mental Health Rounds and/or the DMH Treatment Team meetings. Training and supervision in these skill areas are provided to all interns.

Assessment
The other core activity of interns is gaining advanced and intensive training in psychological and neuropsychological assessment. Over 100 testing instruments, including computerized scoring software, are available. From the start of the year, interns perform psychological and neuropsychological assessments. Accordingly, a prerequisite for admission to the internship program is formal training in the administration, scoring and interpretation of the Wechsler Adult Intelligence Scale-IV, Wechsler Memory Scale-IV, California Verbal Learning Test-II, Delis-Kaplan Executive Function System, Rey-Osterrieth Complex Figure, MMPI-2/RF, Personality Assessment Inventory, and other commonly used cognitive and personality measures in a full diagnostic battery.

All interns have the opportunity to provide full and selective psychological and neuropsychological assessments for patients. As such, the intern will play a critical role in educating the multidisciplinary team members about the usefulness of psychological and neuropsychological assessment in the evaluation and treatment of patients. Interns generally perform 1-2 psychological and/or neuropsychological evaluations at a time, depending on patient needs and requests of the treatment teams. Intensive supervision of these assessment activities is provided by the psychology staff.

CORE CURRICULUM

INDIVIDUAL SUPERVISION (2 hours weekly)
Interns receive intensive supervision for all of their clinical work, at a ratio that exceeds a rate of 1 hour of supervision per 16 hours of clinical service. Supervisory staff includes all staff members of the Psychology Services. Supervisors are all licensed and highly experienced in the
areas in which they provide supervision.

**GROUP SUPERVISION** (1 hour weekly)
Group supervision is provided by the Training Director and focuses on interns’ experiences within the training program. Group supervision also provides an opportunity for interns to develop group cohesion and learn from each other by discussing and examining individual as well as common experiences in the training program.

**PROFESSIONAL DEVELOPMENT SEMINAR** (1 hour weekly)
This didactic seminar serves several functions. It provides a format for the presentation and discussion of numerous professional issues such as ethics, confidentiality laws, and transition to practice, as well as the presentation of speakers from within the hospital and the greater Boston area who are involved in psychological practice and research.

**CONTINUING EDUCATION SEMINAR** (2x monthly)
Educational hospital-wide seminar including presentations by medical staff and clinical case presentations by psychology interns.

**CASE CONFERENCE GROUP SUPERVISION** (1 hour weekly)
A weekly case presentation seminar with the aim of developing and enhancing skills in individual psychotherapy and case presentations.

**JOURNAL CLUB** (1 hour monthly)- Monthly reading and discussion of peer review articles relevant to the APA core competencies.
GENERAL INFORMATION

PROGRAM REQUIREMENTS
Each intern must complete a total of 1850 hours on-site within the context of the one year internship program.

TIME POLICY

1. Sound clinical practice requires that you provide as much time as possible, no less than two weeks advance notice of vacation or professional time off.
2. Each intern is allotted 160 hours (4 weeks) of Personal Time Off (PTO). PTO is defined as vacation days, sick days, professional time, and inclement weather days (Note: if the Governor orders all non-essential employees to stay home, then those work hours will not count toward PTO hours).
3. PTO must be pre-approved by the interns’ primary supervisor in writing and documented on the Time Off Request forms, which must be turned into the Training Director at least two weeks prior to the Intern’s absence.
4. If unplanned PTO is taken (i.e., sick time, bereavement, weather, etc), the intern must notify their primary supervisor and the Training Director immediately and a Time-Off Form must be completed and submitted to the Training Director within the week of returning to work.
5. Interns may not take vacation time during the month in which they are terminating.
6. Interns must arrange coverage for their caseload prior to taking PTO.
7. Interns may be required to work above and beyond a 40 hour work week, depending on the demands of the workload needed to be complete in a timely manner.
8. State holidays are an additional benefit. There are 11 state holidays, which are in addition to the allotted Personal Time Off.

Hours and duration:
Hours/week: 40 hours per week (8 hours per day) from July 1, 2019 (month/day/year) to June 30, 2020 (month/day/year)

Total number of hours required to complete the program for the year: 1850

HOSPITAL PROGRAMS AND FACILITIES
Various programs and facilities are available to interns:
- Cafeteria and Canteen on the basement floor of the Saunders Medical Building
- Coffee Shop in the Rehabilitation Center complex operated by patients and rehab staff
- Staff medical library
- Tew-Fit Gym (Staff fitness center, for a small fee)
- Strongwater Farm (Equestrian Center on Campus)
CONTINUING EDUCATION
The Tewksbury Hospital, Department of Psychiatry, Psychology Service, is approved by the American Psychological Association to offer continuing education for psychologists.

LOCATION
Tewksbury Hospital is 19 miles north of Boston, convenient to Routes 3, 93 and 495.

For application please see AAPI and APPIC website. “This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, of use any ranking-related information from any intern applicant”.

APPLICATION DEADLINE: November 6th, 2018

Director of Psychology Training:

Tanya Pospisil, Ph.D.
Tewksbury Hospital
365 East Street
Tewksbury, MA 01876
Telephone: 978-851-7321, ext. 2233
FAX: 978-858-3795
E-mail: Tanya.Pospisil@state.ma.us

TRAINING FACULTY & SUPERVISORS

David Greenleaf, Ph.D.
Syracuse University, Clinical Psychology, 1985
Director of Psychology
Supervising Psychologist
Interests: Risk assessment, dialectical-behavior therapy, program administration.
Orientation: Cognitive-behavioral, psychodynamic.

Carina Iati, Psy.D.
Indiana State University, 2013
Supervising Psychologist
Interests: Treatment of psychotic disorders, transitional age youth, program development
Orientation: Interpersonal

Ben Killilea, Ph.D.
Southern Illinois University Carbondale, Clinical Psychology, 2006
Supervising Psychologist
Interests: Personality assessment, violence-risk assessment/management, individual and group therapy
Orientation: Cognitive-behavioral, mindfulness-based therapies

Brendan C. Lynch, Ph.D.
University of Tulsa, Clinical Psychology, 2006
Supervising Psychologist
Interests: Clinical neuropsychology, cognitive rehabilitation, geriatric psychology, dementia, behavioral planning.
Orientation: Cognitive-behavioral

Meghan Mitchell, Ph.D.
University of Georgia, 2009
Assistant Director of Training
Supervising Neuropsychologist
Interests: Clinical neuropsychology, dementia, TBI
Orientation: Cognitive-Behavioral

Tanya Pospisil, Ph.D.
Nova Southeastern University, Clinical Psychology, 2004
Director of Training
Supervising Neuropsychologist
Interests: Clinical neuropsychology, crisis intervention, cognitive rehabilitation, clinical supervision, health psychology, behavioral treatment plans,
Orientation: Cognitive-behavioral

Robert Sardy, Ph.D.
California School of Professional Psychology, Clinical Respecialization Certificate, 2006
California School of Professional Psychology, Organizational Psychology, 2000
Supervising Psychologist
Interests: Organizational Psychology, family therapy, risk assessment, quality management, and building cultural competency with traditionally marginalized populations
Orientation: Systems, Cognitive Behavioral, and Control Mastery
**INTERNSHIP PROGRAM TABLES**

Date Program Tables were updated: July 31, 2018

**Internship Program Admissions**

*Tewksbury Hospital* encourages applicants from diverse cultural and preparation backgrounds who want to work with a variety of traditionally marginalized populations. Strong applicants are able to thrive in a chaotic environment and will want to build upon both their psychological/neuropsychological assessment and psychotherapy skills by offering services through a range of interventions that may challenge traditional conceptions on how assessment is conducted or therapy is delivered.

Program applicants are required to complete a minimum number of hours of Direct Contact Intervention and Direct Contact Assessment hours by the time of application:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Amount of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Contact Intervention Hours</td>
<td>N Yes 400</td>
</tr>
<tr>
<td>Direct Contact Assessment Hours</td>
<td>N Yes 200</td>
</tr>
</tbody>
</table>

**Financial and Other Benefit Support for Upcoming Training Year**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Amount of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend for Full Time Interns</td>
<td>$24,000</td>
</tr>
<tr>
<td>Annual Stipend for Half Time Interns</td>
<td>Half time is not available</td>
</tr>
<tr>
<td>Program Access to medical insurance for intern</td>
<td>No Y</td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or vacation)</td>
<td>160 Hours of PTO plus an additional 11 State Holidays.</td>
</tr>
<tr>
<td>In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?</td>
<td>N Yes</td>
</tr>
</tbody>
</table>
### Initial Post-Internship Positions  
**2015-2018**

<table>
<thead>
<tr>
<th></th>
<th>2015 -2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of interns who were in the 3 cohorts</td>
<td>9</td>
</tr>
<tr>
<td>Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Setting</th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University counseling center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Military health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic university/department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent research institution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Correctional facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School district/system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent practice setting</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Not currently employed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changed to another field</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table has been counted only one time. For former trainees working in more than one setting, the primary position is represented.
APPLICATION PROCESS

Procedure:

Applications will be submitted through the APPIC Application for Psychology Internship Match process. The AAPI online link is on the APPIC website (www.appic.org). Applicants will submit materials through the AAPI on-line portals, described in the APPIC and National Matching Services materials.

Application materials are due in November of each year. The application deadline for the 2019-2020 year is November 6th, 2018.

Required Materials:

- Completed AAPI Online application
- Curriculum Vitae
- Transcripts of graduate work
- Verification of AAPI by your doctoral program (DCT) through the DCT Portal of the AAPI Online system
- Three letters of recommendation
- Supplemental: Work sample of a neuropsychological report or integrated psychological assessment report