

Centre for Addiction and Mental Health
CPA/APA Accredited Clinical Psychology Internship
Application Form for **2010-2011** Academic Term

(Applications are due on or before November 15, 2009)

1. Name: _____ Date: _____

Office Address: _____

Office Telephone: _____

Home Address: _____

Home Telephone: _____

Preferred Mailing Address: Home: _____ Office: _____

Preferred Telephone: Home: _____ Office: _____

E-Mail Address: _____

Date of Birth: _____

Citizenship: _____ Sex: _____

APPIC Match Identification Number: _____

2. Please check which “track” of our program interests you most:

(You will be asked to rank specific rotations within the Child or Adult track in section #9 below)

Child Youth and Family Track (*Child Youth and Family Programme Rotations: Adolescent Service, Arson Prevention Program for Children, Child Gender Identity Service, child Mood and Anxiety Service, Child Psychometry Service, Youth Addictions Service*)

Adult Track (*Adult Rotations: CBT Depression, CBT Anxiety, Stress and Health, Adult Forensic Outpatient, Clinical Sexology, Borderline Personality Disorder, Eating Disorder and Addiction, Interpersonal Therapy, Dual Diagnosis Program, Clinical Research*)

3. Current Education

University: _____ Program: _____

CPA Accredited? _____ APA Accredited? _____

Expected Date of Doctoral Program Completion _____

Degree to be granted, (Ph.D., Psy.D., Ed.D.) _____

4. Educational Background

University	Dates of Attendance	Major	Degree Granted/Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 5. Current Status of Dissertation:** _____ A. Pre-proposal
(check one only) _____ B. Proposal Accepted
_____ C. Data Collected
_____ D. Dissertation Completed

- 6. Anticipated Status of Dissertation:** _____ A. Pre-proposal
By September 1, 2010 _____ B. Proposal Accepted
(check one only) _____ C. Data Collected
_____ D. Dissertation Completed

7. Name, Address, Telephone Number, and E-mail of Director of Clinical Training:

8. Names, Addresses, and Telephone Numbers of Individuals from whom letters of reference are being sent:

1. _____

2. _____

3. _____

9. Based on the descriptions provided in the brochure, please rank order each of the following rotations (e.g., 1 = 1st choice [most preferred rotation], 2 = 2nd choice, 3 = 3rd choice, etc.) within either the Child Track or the Adult Track, but not both tracks (i.e., rank order the rotations only within the Child Youth and Family Track, or only within the Adult Track). There is no combined Adult/Child program. All applicants must choose **EITHER** the Child, Youth, and Family Track **OR** the Adult Track.

CHILD YOUTH AND FAMILY TRACK ROTATIONS

- _____ Adolescent Service
 - _____ The Arson Prevention Program for Children (TAPP-C)
 - _____ The Gender Identity Service
 - _____ Mood and Anxiety Service
 - _____ Psychometry Service
 - _____ Youth Addictions Service
-

ADULT TRACK ROTATIONS

- _____ Cognitive Behaviour Therapy: Depression
- _____ Cognitive Behaviour Therapy: Anxiety Disorders
- _____ Work, Stress and Health Program
- _____ Adult Forensic Outpatient Service (Law and Mental Health Program)
- _____ Clinical Sexology
- _____ Borderline Personality Disorder Clinic
- _____ Eating Disorder and Addiction Clinic
- _____ Dual Diagnosis Program
- _____ Clinical Research Program
- _____ Interpersonal Psychotherapy Clinic (**ONLY OFFERED AS A MINOR – DO NOT RANK, BUT PUT X IF INTERESTED IN A MINOR ROTATION IN IPT**)

APPLICATION PROCEDURE CHECKLIST

Applications for the CAMH Psychology Internship should include:

- (1) Completed 'CAMH-Specific' application form. Please attach online as supplementary material on the AAPI application (i.e., submit the CAMH-Specific application in the AAPI Online Supplemental Section).
- (2) **AAPI online application *** New for 2010/2011 application.** www.appic.org

Please note: The CAMH **does** take part in the APPIC computer matching process. **This year we require the online AAPI application.** *All applicants must have an APPIC number prior to match day.* The APPIC code number for the CAMH internship program is **183211**.

Also (as above) we **do** require that applicants submit the CAMH-Specific Psychology Internship Application form (see separate document).

Applicants who are placed on a "short list" will be contacted for an interview within four weeks of the November 15, 2007 application deadline.

Any applicant matched (in the APPIC match process) to the CAMH program, who is not a Canadian citizen, will be required to obtain a work visa (permitting them to work in Canada) before commencing their internship training.

Please direct completed applications (or inquiries) to:

John Arrowood, Ph.D., C.Psych.

Director-of-Training, CPA/APA Accredited Internship in Psychology

Centre for Addiction and Mental Health

250 College St., Room 629

Toronto, Ontario, M5T 1R8

Phone: 416-535-8501, ext. 6836

FAX: 416-979-6965

E-mail: john_arrowood@camh.net

Note: For inquiries, please contact Dr. Arrowood (by email first, if possible).

Deadline for Applications to be received is November 15, 2009