

1. **Date:**  Citizenship:

Date of Birth (mm/dd/yyyy):  Gender:

Applicant Name:  **Telephone (Hm):**

Home Address:  **Telephone (Bus):**

State/Province:  **Cell:**

Zip/Postal Code:  **Fax:**

Business Address:  **E-mail:**

State/Province:  Preferred Mailing Address:  Home  Office

Zip/Postal Code:

2. Training Opportunities: Please rank numerically, in order of preference, only those areas of interest:

|   |                      |   |                      |
|---|----------------------|---|----------------------|
| <b>The Adolescent Program:</b>                            | <input type="text"/> | <b>Skills Training, Treatment &amp; Education Place (STEP):</b> | <input type="text"/> |
| <b>Assessment &amp; Reintegration Program (includes):</b> | <input type="text"/> | <b>Forensics Program (please indicate choice below):</b>        |                      |
| Acute Stabilization Unit (ASU)                            |                      | Forensic Assessment Unit (FAU)                                  | <input type="text"/> |
| Psychiatric Rehabilitation Program (PRA)                  |                      | Forensic Rehabilitation Unit (FRU)                              | <input type="text"/> |
| Psychiatric Rehabilitation Program (PRB)                  |                      | Forensic Transitional Unit (FTU)                                | <input type="text"/> |
| <b>Neuropsychiatry Services (includes):</b>               | <input type="text"/> | Forensic Psychiatric Rehabilitation Unit (FPRU)                 | <input type="text"/> |
| Neuropsychiatry Rehabilitation Services (NRS)             |                      | Forensic Community Reintegration Unit (FCRU)                    | <input type="text"/> |
| Outpatient Neuropsychiatry Services                       |                      | Forensic Outpatient Services (FOS)                              | <input type="text"/> |
| <b>Geriatric Services (includes):</b>                     | <input type="text"/> | <b>Outpatient Services (includes):</b>                          | <input type="text"/> |
| Outpatient Seniors Mental Health                          |                      | Outpatient Women's Services                                     |                      |
| Seniors Memory Disorders Unit (SMDU)                      |                      | Outpatient Complex Mood Disorders and Consultative Services     |                      |
| <b>The Memory Clinic:</b>                                 | <input type="text"/> | Outpatient Complex Psychosis and Consultation Service           |                      |
| <b>Dual Diagnosis Services (includes):</b>                | <input type="text"/> |   |                      |
| Dual Diagnosis Services (Inpatient)                       |                      |   |                      |
| Outpatient Dual Diagnosis Services                        |                      |   |                      |

3. List below all the psychological assessment instruments you have experience in: administration, scoring and interpretation.

| Domain                        | Name of Test  | Number of Tests Administered | Number of Tests Scored | Number of Tests Interpreted |
|-------------------------------|---|------------------------------|------------------------|-----------------------------|
| Cognitive, Intellectual       | Wechsler Adult Intelligence Scales (WAIS-III)                               |                              |                        |                             |
|                               | Wechsler Adult Intelligence Scales (WAIS-IV)                                |                              |                        |                             |
|                               | Wechsler Intelligence Scale for Children (WISC-IV)                          |                              |                        |                             |
|                               | Wechsler Individual Achievement Test (WIAT-II)                              |                              |                        |                             |
|                               | Wide Range Achievement Test (WRAT-III)                                      |                              |                        |                             |
| Memory                        | Wechsler Memory Scales (WMS-IV)   |                              |                        |                             |
| Neuropsychological            | Delis-Kaplan Executive Function Scales (D-KEFS)                             |                              |                        |                             |
|                               | Halstead-Reitan Battery   |                              |                        |                             |
|                               | Luria-Nebraska Neuropsychology Battery                                      |                              |                        |                             |
|                               | Kaplan Process Battery  |                              |                        |                             |
| Personality                   | Minnesota Multiphasic Personality Inventory - Restructured Form (MMPI-2-RF) |                              |                        |                             |
|                               | Minnesota Multiphasic Personality Inventory (MMPI-2)                        |                              |                        |                             |
|                               | Personality Assessment Inventory (PAI)                                      |                              |                        |                             |
|                               | Millon Clinical Multiaxial Inventory (MCMI-III)                             |                              |                        |                             |
| Structured Clinical Interview | Structured Clinical Interview for DSM-IV-TR (SCID I)                        |                              |                        |                             |
|                               | Structured Clinical Interview for DSM-IV-TR Axis II (SCID II)               |                              |                        |                             |
|                               | Kiddie-Schedule for Affective Disorders (K-SADS)                            |                              |                        |                             |
| Symptom Rating Scales         | Children's Behavioural Checklist (CBCL)                                     |                              |                        |                             |
|                               | Positive and Negative Symptoms Scale (PANSS)                                |                              |                        |                             |
|                               | Trauma Symptom Inventory (TSI)  |                              |                        |                             |
| Depression/Anxiety            | Beck Depression Inventory (BDI-II)  |                              |                        |                             |
|                               | Beck Anxiety Inventory (BAI)  |                              |                        |                             |

| Domain  | Name of Test  | Number of Tests Administered | Number of Tests Scored | Number of Tests Interpreted |
|---|---|------------------------------|------------------------|-----------------------------|
| Forensic Risk Assessment  | Historical Clinical Risk Guide (HCR-20)                   |                              |                        |                             |
|   | Psychopathy Checklist Revised (PCL-R Revised 2nd edition) |                              |                        |                             |
|   | Violence Risk Appraisal Guide (VRAG)                      |                              |                        |                             |
| Projective Testing  | Rorschach   |                              |                        |                             |
|   | Thematic Apperception Test                                |                              |                        |                             |
| Please list other tests that you have experience with that do not appear above. |   |                              |                        |                             |
|   |   |                              |                        |                             |
|   |   |                              |                        |                             |
|   |   |                              |                        |                             |
|   |   |                              |                        |                             |
|   |   |                              |                        |                             |

4. Clinical Treatment Experience

Please indicate the number of clients you have seen in each column according to treatment modality, individual versus group, and length of treatment:

| Modality                      | Number of Individual Clients | Number of Group Clients | Number of Short-Term Sessions (< to 12 sessions) | Number of Long-Term Sessions (> 12 sessions) |
|-------------------------------|------------------------------|-------------------------|--|--|
| Cognitive Behavioural Therapy |                              |                         |  |  |
| Psychodynamic Therapy         |                              |                         |  |  |
| Interpersonal Psychotherapy   |                              |                         |  |  |
| Client-Centered Therapy       |                              |                         |  |  |
| Marital/Couples Therapy       |                              |                         |  |  |
| Family Therapy                |                              |                         |  |  |
| Emotion Focused Therapy       |                              |                         |  |  |
| Rehabilitation Counselling    |                              |                         |  |  |
| Other (please specify):       |                              |                         |  |  |
|                               |                              |                         |  |  |
|                               |                              |                         |  |  |

Please indicate the number of clients you have seen for treatment in each column according to age and diagnosis:

|                               | Child | Adolescent | Adult | Geriatric |
|-------------------------------|-------|------------|-------|-----------|
| Anxiety Disorders             |       |            |       |           |
| Cognitive Disorders           |       |            |       |           |
| Eating Disorders              |       |            |       |           |
| Mood Disorders                |       |            |       |           |
| Personality Disorders         |       |            |       |           |
| Pervasive Developmental Delay |       |            |       |           |
| Psychotic Disorders           |       |            |       |           |
| Sexual Disorders              |       |            |       |           |
| Substance Use Disorders       |       |            |       |           |
| Forensic Clients              |       |            |       |           |
| Inpatients                    |       |            |       |           |
| Outpatients                   |       |            |       |           |
| Other (please specify):       |       |            |       |           |
|                               |       |            |       |           |
|                               |       |            |       |           |
|                               |       |            |       |           |
|                               |       |            |       |           |

5. Current Education

University:

Program:

CPA Accredited:  Yes  No

APA Accredited:  Yes  No

Indicate current year of MA or Ph.D. Program: e.g. MA2, Ph.D.I

Expected Date of Doctoral Program Completion:

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

6. List past practicum experience:

| <b>Location</b> | <b>Date Attended</b> | <b>Supervisor</b> |
|-----------------|----------------------|-------------------|
|                 |                      |                   |
|                 |                      |                   |
|                 |                      |                   |

7. Educational Background:

| <b>University</b> | <b>Dates of Attendance</b> | <b>Major</b> | <b>Degree Granted</b> |
|-------------------|----------------------------|--------------|-----------------------|
|                   |                            |              |                       |
|                   |                            |              |                       |
|                   |                            |              |                       |
|                   |                            |              |                       |

8. Name, Address, Telephone Number, and E-mail Address of Academic Supervisor:

| <b>Name, Director of Clinical Training</b> | <b>Address</b> | <b>Telephone</b> | <b>E-mail</b> |
|--|----------------|------------------|---------------|
|  |                |                  |               |

9. Letters of Reference will be sent from the following (list three):

| <b>Name</b> | <b>Address</b> | <b>Telephone</b> | <b>E-mail</b> |
|-------------|----------------|------------------|---------------|
|             |                |                  |               |
|             |                |                  |               |
|             |                |                  |               |

### Application Procedure Checklist

Applications for Ontario Shores Practicum Program in Psychology must include:

- Completed Ontario Shores' specific application form
- Cover letter that states your areas of interest and goals
- Curriculum Vitae
- Official undergraduate and graduate transcript
- Three letters of reference (originals received in signed/sealed envelope)

Please direct completed applications or inquiries to:

Tina Powers  
Student Placement Coordinator  
Ontario Shores Centre for Mental Health Sciences  
700 Gordon Street (Room 7-2078)  
Whitby, ON L1N 5S9  
Phone: 905-430-4055, Ext. 6704 or 800-341-6321, Ext. 6704 (Ontario Residents Only) Fax: 905-665-2458  
E-mail: [powerst@ontarioshores.ca](mailto:powerst@ontarioshores.ca)

Completed applications must be received no later than December 15, 2010, however, late applications may be accepted if spots are still available.

A successful candidate will require the following before placement can commence:

- An original copy of the Criminal Record Check (CPIC) with vulnerable sector screening (must be no older than three months prior to placement). Failure to present your CPIC could result in a delay in the start date of your practicum placement. Please note: It can take anywhere from 4-6 weeks to obtain the CPIC from your local police department.
- Provide proof of up-to-date immunization (Hep B, measles, mumps, rubella, varicella immune status, TB results (2-step and yearly) and TdP status
- N95 mask fit (2-year expiry)
- WEA (Workplace Education Agreement), to be signed by the Ontario Shores' Director, Psychology Practicum Program
- Affiliation Agreement between the University and Ontario Shores, and a Certificate of Insurance must be in place prior to commencement of placement

Please note: Applicants who are placed on a short list will be contacted for an interview within four weeks of the application deadline. For interview and selection procedures, please refer to the Practicum Program in Psychology brochure (page 20).