

St. Joseph's Healthcare, Hamilton

SUPPLEMENTAL MATERIALS FOR PSYCHOLOGY RESIDENCY APPLICATION (2012-2013)

Your completed application for the Clinical Psychology Residency Program at St. Joseph's Healthcare, Hamilton, accredited as a Predoctoral Internship in Professional Psychology by both American and Canadian Psychological Associations, should include the following:

- 1) A completed AAPI online application (see www.appic.org)

- 2) The following supplemental materials specific to St. Joseph's Healthcare, Hamilton:
 - Completed St. Joes' Supplemental Application Form (attached)
 - One copy of all undergraduate transcripts (do not need to be "official")
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These supplemental materials must be scanned or otherwise merged into a single file and uploaded to the AAPI online application. Thus, non-official or unauthenticated copies of your undergraduate transcripts will be accepted. Do not mail any materials to St. Joseph's Healthcare by regular post.

Deadline: November 15, 2011

For more information about our program:

Please consult our website (www.stjoes.ca/psychology)

Or contact our Director of Training:

Dr. Heather McNeely

Tel: 905-522-1155, ext. 36422

E-mail: hmcneely@stjoes.ca

St. Joseph's Healthcare, Hamilton Supplemental Application Form

Applicant's Name: _____ Date: _____

PRELIMINARY ROTATION RANKINGS

Based on the descriptions provided in the brochure or website, please rank order each of the following rotations to indicate your level of interest (e.g., 1 = 1st choice, 2 = 2nd choice, 3 = 3rd choice, 4 = 4th choice). **Please rank all rotations.** If two rotations are tied, you may use the same ranking for both.

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|-------------------------------------|---|
| _____ Anxiety Disorders | _____ Health Psychology/ Behav. Medicine |
| _____ Dialectical Behaviour Therapy | _____ Mood Disorders |
| _____ Eating Disorders | _____ Long Term Psychotherapy |
| _____ Forensic Psychology | _____ Neuropsychology |
| | _____ Schizophrenia & Severe Mental Illness |

CLINICAL TREATMENT EXPERIENCE (AS OF NOVEMBER 1, 2011)

A. In the first two columns, please indicate the number of patients seen for each condition and age group. In the last two columns, please indicate how many of these patients were seen in short term therapy (less than 10 sessions total) and the number seen in long term therapy (over 10 sessions). This may reflect a combination of therapy and assessment cases, individual clients and groups (for groups, include the total number of individuals seen in the group(s)).

	Adults	Children	# short term <10 sessions	# long term >10 sessions
Anxiety Disorders	_____	_____	_____	_____
Cognitive Disorders	_____	_____	_____	_____
Eating Disorders	_____	_____	_____	_____
Forensic Cases	_____	_____	_____	_____
Mood Disorders	_____	_____	_____	_____
Personality Disorders	_____	_____	_____	_____
Psychotic Disorders	_____	_____	_____	_____
Sexual Disorders	_____	_____	_____	_____
Substance Use Disorders	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____

B. Please list the number of clients that you have treated using each of the following modalities:

- | | |
|----------------------------------|--------------------------------|
| _____ 1. Cognitive/Behavioural | _____ 4. Other (specify) _____ |
| _____ 2. Psychodynamic | |
| _____ 3. Integrative or Eclectic | |