



# INSTITUTE FOR MULTICULTURAL COUNSELING & EDUCATION SERVICES

• A PRIVATE NON-PROFIT ORGANIZATION, ASSOCIATED WITH DPI/NGO WITH ECOSOC STATUS OF THE UNITED NATIONS FOR HUMAN RIGHTS ••

## APPLICATION FOR POSTDOCTORAL RESIDENCY

**Application Date:**

### **BACKGROUND AND EDUCATIONAL INFORMATION**

#### **A. BACKGROUND**

<b>1. Name</b>	
First Name:	
Last Name:	
Other Names Used (Transcript):	

<b>2. Home Address:</b>	
Street Address 1:	
Street Address 2:	
City:	
State/Province:	
Zip/Postal Code:	

<b>3. Is this your legal, permanent address?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
---

<b>4. Work Address:</b>	
Street Address 1:	
Street Address 2:	
City:	
State/Province:	
Zip/Postal Code:	

<b>5. Phone (Home):</b>	
<b>6. Phone (Work):</b>	
<b>7. Phone (Cell):</b>	
<b>8. FAX:</b>	
<b>9. Email:</b>	

10. What is your gender? (put an "X" next to one choice)

GENDER	
<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Transgender
<input type="checkbox"/>	Other
<input type="checkbox"/>	Decline to State

11. Birth Information:

Birth Information
Date: (mm/dd/yyyy):
County:
City:
State:

12. What is your country of citizenship? (put an "X" next to one choice)

COUNTRY OF CITIZENSHIP
<input type="checkbox"/> U.S.
<input type="checkbox"/> Canada
<input type="checkbox"/> Other (Specify):

13. Do you have permanent residency (Green Card)?  Yes  No

14. Do you have Dual Citizenship?  Yes  No

15. Do you have a U.S. Visa:  Yes  No Status:

16. Does this Visa permit you to work?  Yes  No  
*(If you are applying to a country other than one for which you hold citizenship, you may need to begin the process of researching these issues now.)*

17. Are you a veteran?  Yes  No

18. Ethnicity: (optional)

**18. Race: (optional) Please select one or more of the following groups in which you consider yourself to be a member:**

<b>American Indian or Alaska Native</b>	<input type="checkbox"/>
<b>Asian</b>	<input type="checkbox"/>
<b>Black or African American</b>	<input type="checkbox"/>
<b>Native Hawaiian or other Pacific Islander</b>	<input type="checkbox"/>
<b>Middle Eastern</b>	<input type="checkbox"/>
<b>White</b>	<input type="checkbox"/>
<b>Hispanic/Latino</b>	<input type="checkbox"/>
<b>Bi-racial / Multi-racial</b>	<input type="checkbox"/>

**B. EDUCATION**

**Current Academic Work**

**1. Graduate program information:**

<b>GRADUATE PROGRAM INFORMATION</b>	
University Name:	
Department Name:	
Street Address:	
City, State/Province, Zip/Postal Code:	

**2. What is the designated doctorate in Psychology you are enrolled in or have graduated from? (Check One):**

<b>GRADUATE PROGRAM INFORMATION</b>	
<input type="checkbox"/> Clinical Psychology, Ph.D.	<input type="checkbox"/> Clinical Psychology, Psy.D.

**3. What is your primary theoretical orientation? Choose up to 3 and please rank order.**

<b>PRIMARY THEORETICAL ORIENTATION</b>			
	Behavioral		Cognitive Behavioral
	Interpersonal		Humanistic/Existential
	Psychodynamic/Psychoanalytic		Other:

**4. Who is your Training Director and what is his or her contact information?**

TRAINING DIRECTOR INFORMATION	
Training Director Name:	
Training Director Email:	
University/School Phone #:	
University/School Fax #:	

5. What is the status of your doctoral training program? (Put an "X" next to all that apply):

ACCREDITATION STATUS	
<input type="checkbox"/>	APA-Accredited
<input type="checkbox"/>	CPA-Accredited
<input type="checkbox"/>	APA-Accredited, probation
<input type="checkbox"/>	CPA-Accredited, probation
<input type="checkbox"/>	APA-Accredited, inactive
<input type="checkbox"/>	CPA-Accredited, inactive
<input type="checkbox"/>	Not Accredited

6. If not APA / CPA-accredited, is the school regionally accredited/provincially chartered?

<input type="checkbox"/>	Yes, regionally accredited / provincially chartered
<input type="checkbox"/>	No, it is not regionally accredited / provincially chartered

7. What is the date of the posting of your degree?

	/		(mm / yyyy)
--	---	--	-------------

8. What is your dissertation / research title or topic?

9. What type of research is involved in question 8 above? (Put an "X" next to only one choice)

TYPE OF RESEARCH	
<input type="checkbox"/>	Critical literature review / theoretical
<input type="checkbox"/>	Original data collection
<input type="checkbox"/>	Use of existing database (archival)
<input type="checkbox"/>	Other (Specify):

**10. Who was your dissertation/doctoral research Chair, and what is his or her contact information?**

DISSERTATION / DOCTORAL RESEARCH ADVISOR	
Dissertation / Doctoral Chair's Name:	
E-Mail:	
Phone #:	

**Previous Academic Work**

**11. Please complete the following table for each graduate school or university attended (list most recent first):**

GRADUATE SCHOOL PROGRAMS/UNIVERSITIES ATTENDED				
School/University	Grad Program Name	Degree Earned	Dates of Attendance	GPA

**12. Please complete the following table for each undergraduate school or university attended (list most recent first):**

UNDERGRADUATE SCHOOLS ATTENDED			
School/University	Major	Degree Earned	GPA

**13. Licensure / Certification:** Some applicants may be licensed or certified at the master's level. If you are, please list any current and valid licenses or certifications in mental health fields (list type and jurisdiction, e.g., state or province):

License:                      Jurisdiction:                      Certification:                      Jurisdiction:  
 License:                      Jurisdiction:                      Certification:                      Jurisdiction:

**14. Publications: Please provide:**

- a. the number of articles published in peer reviewed journals for which you hold authorship:
- b. the number of chapters or books for which you are an author:

Full citation in APA format should be listed on your CV.

- 15. Presentations: Please provide the number of professional presentations you have made at regional, state, national, or international meetings/conferences.**

Full citation in APA format should be listed on your CV.

- 16. Please list names, addresses, phone numbers, and e-mail addresses of individuals who will be forwarding letters of recommendation:** (Please note that 2 recommendations are required for consideration into the program.):

**Recommendation #1:**

Name:

Street Address:

City:

State:

Zip:

Phone:

Email Address:

**Recommendation #2:**

Name:

Street Address:

City:

State:

Zip:

Phone:

Email Address:

17. In which languages other than English (including Spanish, Armenian, Russian, Farsi, Arabic, and American Sign Language) are you FLUENT in enough to conduct therapy?

18. What is your internship or work experience with diverse populations in providing mental health services in the following categories?

<b>RACE/ETHNICITY</b>	<b>Clients Treated in the Past</b>	<b>Past Experience Conducting Psychodiagnostic Evaluations</b>	<b>Have an Interest in Working with These Clients</b>
African-American / Black / African Origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian-American / Asian Origin / Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latino-a / Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian / Alaska Native / Aboriginal Canadian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
European Origin / White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bi-racial / Multi-racial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Eastern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify: )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SEXUAL ORIENTATION</b> (This information may not be known for all clients; Please indicate only when known.)	<b>Clients Treated in the Past</b>	<b>Past Experience Conducting Psychodiagnostic Evaluations</b>	<b>Have an Interest in Working with These Clients</b>
Heterosexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DISABILITIES</b>	<b>Clients Seen in the Past</b>	<b>Past Experience Conducting Psychodiagnostic Evaluations</b>	<b>Have an Interest in Working with These Clients</b>
Physical / Orthopedic Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blind / Visually Impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deaf / Hard of Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning / Cognitive Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Disability (Including Cognitive Impairment and Autism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious Mental Illness (e.g., primary psychotic disorders, major mood disorders that significantly interfere with adaptive functioning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>GENDER</b>	<b>Clients Treated in the Past</b>	<b>Past Experience Conducting Psychodiagnostic Evaluations</b>	<b>Have an Interest in Working with These Clients</b>
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**19. Evidence Based Practice Experience**

<b>Name of Evidence Based Practice</b>	<b>Experience in Providing Services</b>	<b>Certification in the EBP</b>
Trauma Focused CBT	<input type="checkbox"/>	<input type="checkbox"/>
Seeking Safety	<input type="checkbox"/>	<input type="checkbox"/>
MAP	<input type="checkbox"/>	<input type="checkbox"/>
Individual CBT	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>

**20. Crisis Management Experience**

<b>Do You Have Experience providing Crisis Management Services?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Approximate Number of Hours:
---	--	------------------------------

**21. Clinical Supervision Experience**

<b>Do You Have Experience providing Clinical Supervision?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Approximate Number of Hours:
---	--	------------------------------

**22. Administrative Experience**

<b>Do You Have Administrative Experience in the management or coordination of a mental health program?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Program:
--	--	------------------

## **PROFESSIONAL CONDUCT**

Please answer ALL of the following questions with “YES” or “NO”: (If you answer yes to any question, please elaborate in the space provided)

1. Has disciplinary action, in writing, of any sort ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing / certification board?  
 Yes  No

If yes, please explain:

2. Are there any complaints currently pending against you before any of the above bodies?  
 Yes  No

If yes, please explain:

3. Has there ever been a decision in a civil suit rendered against you relative to your professional work, or is any such action pending?  Yes  No

If yes, please explain:

4. Have you ever been put on probation, suspended, terminated, or asked to resign by a graduate or internship training program, practicum site, or employer?  Yes  No

If yes, please explain:

5. Have you ever been convicted of an offense against the law other than a minor traffic violation?  
 Yes  No

If yes, please explain:

6. Have you ever been convicted of a felony?  Yes  No

If yes, please explain:

## **ESSAYS**

**Instructions:** The contents of your essays must be your original writing, which is solely authored by you. Plagiarism of any kind is not acceptable. Please answer each question in 500 words or less. (If entering by computer:) Do **NOT** use your **TAB** key when entering your response to the essay questions. We recommend that you develop your essay responses in a separate document (for ease of editing) and then paste the completed essays into the space provided below.

- 1. Please provide an autobiographical statement. Answer this question as if someone had asked you, “tell me something about yourself”. It is an opportunity for you to provide the IMCES residency program with some information about yourself. It is entirely up to you to decide what information you wish to provide along with the format in which to present it.**

**2. Please describe your theoretical orientation and how this influences your approach to case conceptualization and intervention. You may use de-identified case material to illustrate your points if you choose.**

**3. Please describe your experience and training in work with diverse populations. Your discussion should display explicitly the manner in which multicultural/diversity issues influence your clinical practice and case conceptualization.**

**4. Please describe any Advocacy project that you may have been involved with. In your response, indicate your role, and how the project was a benefit to the field of community mental health, the target population in which the project was done, and how the project contributed to the practice of psychology as a profession.**

**5. Resident competency areas to be attained at IMCES include advanced clinical assessment and interventions, trauma event management, development of leadership skills in the areas of monitoring and evaluating outcomes as a program coordinator, competency in developing a new and innovative program at IMCES, conducting scholarly research, development of skills in the theory and practice of supervision, advocacy skill competency, legal/ethical and professional conduct competency. How do your career goals in the next two years correlate with IMCE's nine competency areas for Residents? How do you believe your career goals in the IMCES Residency program will help you achieve your long term career goals?**

## **APPLICATION CERTIFICATION**

I certify that all of the information submitted by me in this application is true to the best of my knowledge and belief. I understand that any significant misstatement in, or omission from, this application may be cause for denial of selection as a Resident. I authorize IMCES to consult with persons and institutions with whom I have been associated who may have information bearing on my professional competence, character, and ethical qualifications now or in the future. I release from liability all IMCES residency staff for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications. I also release from liability all individuals and organizations who provide information to IMCES in good faith and without malice concerning my professional competence, ethics, character, and other qualifications now or in the future.

If I am accepted and become a resident, I expressly agree to comply fully with the Association of Psychology Postdoctoral and Internship Centers (APPIC) policies, the Ethical Principles of Psychologists and Code of Conduct and the General Guidelines for Providers of Psychological Services of the American Psychological Association. I also agree to comply with all applicable state, provincial and federal laws, all of the Rules and Code of Conduct of the State or Provincial Licensing Board of Psychology, and the rules of the institution in which I am an intern.

I understand and agree that, as an applicant for the psychology residency program, I have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications.

I understand that a residency position at IMCES will be highly challenging both physically and emotionally and I hereby attest that I am physically and emotionally fit to perform the functions of Resident, that I am able to transport myself to and from client's places of residence and that I possess the organizational skills to manage the strict 24 hour turn-around documentation requirements of IMCES.

Applicant Full Name:

Signature:

Date: