



Prisma Health - Upstate Children's Hospital
Division of Psychology
Department of Pediatric Services
Psychology Training Program
Post-Doctoral Residency

NAME _____ DATE _____

Home Address _____
 STREET CITY STATE CODE ZIP

Work Address _____
 STREET CITY STATE CODE ZIP

Social Security Number _____ Are you a United States citizen? YES NO

Telephones () _____ () _____ () _____
 HOME OFFICE FOR USE ON NOTIFICATION DAY

How did you hear about our Residency Program? _____

1. EDUCATION (BEGINNING WITH CURRENT SCHOOL)

UNIVERSITY	DEPARTMENT	DATES	MAJOR / EMPHASIS	DEGREE

2. OTHER TRAINING (not in the field of psychology)

3. LIST HONORS and/or AWARDS YOU HAVE RECEIVED

4. IF NOT APA/CPA-ACCREDITED, IS YOUR SCHOOL REGIONALLY ACCREDITED? YES NO

5. DOCTORAL DEGREE – DATE AWARDED: _____ DATE ANTICIPATED: _____

❖ **Attach a copy of your transcript that shows the date awarded**

6. HOURS OF UNIVERSITY-APPROVED PRACTICUM AND INTERN EXPERIENCE

FACILITY	DATES	TOTAL HOURS

7. CLIENT POPULATIONS

- a. Identify client populations with which you have had experience, with special reference to different cultural, economic, ethnic, diverse, and disabled populations. Start with the population with which you have had the most experience and list the others in decreasing order of contact.

- b. Describe the training you have received in order to work with various populations.

8. WHAT ARE YOUR EXPECTATIONS OF A POSTDOCTORAL FELLOWSHIP?

9. HAVE YOU COMPLETED YOUR DISSERTATION? YES NO

10. IF "NO" – ANTICIPATED DATE OF COMPLETION: _____

11. WHAT IS THE TITLE OF YOUR DISSERTATION?

12. WHAT TYPE OF RESEARCH WAS INVOLVED IN YOUR DISSERTATION (E.G., ORIGINAL DATA COLLECTION, CRITICAL LITERATURE REVIEW, OTHER)?

13. BRIEF SUMMARY OF DISSERTATION

14. TEACHING EXPERIENCE

15. FOREIGN LANGUAGE / SIGN LANGUAGE SKILLS

Indicate your level of proficiency in languages other than English.

16. LICENSURE / CERTIFICATION(S): _____

17. EXPERIENCE IN PROVIDING CLINICAL SUPERVISION? YES NO
If "YES," please describe.

21. **THEORETICAL ORIENTATION** – Please describe your theoretical orientation(s):

22. EXPERIENCE IN PSYCHOTHERAPY

Group	Adults	Adolescents (13-17)	Children (12 and under)	Families	Other:
____ Hours Face-to-Face	____ Hours Face-to-Face	____ Hours Face-to-Face	____ Hours Face-to-Face	____ Hours Face-to-Face	____ Hours Face-to-Face

23. OTHER

Briefly describe any additional information that you believe is relevant to your application.

24. PLEASE INDICATE ANY RESEARCH OR PROJECT INTEREST YOU MAY WANT TO PURSUE IN A POSTDOCTORAL FELLOWSHIP PROGRAM

25. PROFESSIONAL CONDUCT

Please answer ALL of the following questions with “NO” or “YES.” **For any “YES” response, attach an explanation on a separate sheet of paper.**

- a. 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?
 NO YES

- b. Are there any complaints currently pending against you before any of the above-listed bodies?
 NO YES

- c. Has there ever been a decision in a civil suit rendered against you relative to your professional work, or is any such action pending?
 NO YES

- d. Have you ever been suspended, terminated or asked to resign by a training program, practicum site or employer?
 NO YES

e. Have you ever been convicted of an offense against the law, other than a minor traffic violation?

NO YES

f. Have you ever been convicted of a felony?

NO YES

26. REFERENCES

List the individuals who will be sending letters of recommendation. At least three references are required. We ask that two of your references be from clinical supervisors.

	<i>Name and Title</i>	<i>Address</i>	<i>Telephone Number</i>
<i>Director of Training from your internship</i>			
<i>Internship Supervisor</i>			
<i>Other Supervisor</i>			
<i>Dissertation Chair or Faculty Member</i>			
<i>Other Reference</i>			



Application Process

Please note that for the 2019-2020 application year, we will be using a rolling application process. We will begin accepting applications on December 1, 2019, and applications will be reviewed as submitted. Interviews will be offered and applications will be accepted until the position is filled, with no applications being accepted after March 1, 2020.

Please attach a letter of interest and your current curriculum vitae to your completed application. Also, please include 3 sample reports.

Your transcript(s) is also required to complete your application. If you do not have access to it at this time, you will need to forward it as soon as it becomes available to you. If your degree is not yet posted on your transcript, please have your school send a letter of verification and eligibility of readiness that also indicates the date the degree will be posted.

Mail all required documents to:

**Prisma Health - Upsate Children's Hospital
Department of Pediatrics Services
Division of Psychology
200 Patewood Drive
Suite A200
Greenville, South Carolina 29615**

**Attention:
Dr. Mindo J. Natale, PsyD.
Director of Training
Senior Staff Psychologist
Licensed Clinical Psychologist
Pediatric, Adolescent & Sports Medicine Neuropsychologist**