



THE NATIONAL REGISTER OF HEALTH SERVICE PROVIDERS IN PSYCHOLOGY

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This form is an official National Register document only when it bears the date stamp for the National Register of Health Service Providers in Psychology.

Applicant Name:
Email:

INTERNSHIP CONFIRMATION FORM

The above named person has applied for certification by the National Register of Health Service Providers in Psychology, and indicated that he/she has completed an internship with you. One of the criteria for such listing is a minimum of 2 years of supervised experience in **health services** in psychology, including an internship year. If you are the psychologist supervisor or Director of Training you should complete this form and mail or fax both pages directly to the National Register at the above address/fax. The application cannot be processed until this form is received complete (page 1 and 2). If the internship described below was not APA or CPA accredited or listed in the APPIIC directory when the applicant completed it, please include a brochure or an official written statement from the director of psychology training describing the goals and context of the training program for the appropriate period.

OFFICE USE: Do not write in this box

Name of Internship Agency																							
Address of Internship Agency Line 1												Enter Code for setting here (see page 2)											
Address Line 2										City					State		Zip						
Dates the above named applicant for the National Register participated in the internship program:																							
From ____ / ____ / ____ to ____ / ____ / ____ month day year month day year																							
Full Time: _____ Hrs/wk(e.g. 40) or Part Time: _____ Hrs/wk Total hours for the experience: _____																							
Applicant's Title at Agency						Was internship approved by APA or CPA at that time? <input type="checkbox"/> YES <input type="checkbox"/> NO						Was internship satisfactorily completed? <input type="checkbox"/> YES <input type="checkbox"/> NO											
Was internship part of university/school doctoral program requirement? <input type="checkbox"/> YES <input type="checkbox"/> NO						If yes, name of University and						Doctoral Program											
Hours of direct, individual, face-to-face supervision per week: _____												Number of other doctoral psychology interns at site: (see guideline #9) _____											
Number of hours per week in learning activities (see Guideline #7): _____																							
Director of Training																							
Primary Supervisor												Title											
Supervisor Credentials																							
Name												Profession											
Highest degree earned						Field						Licensed/Certified/Registered at the time of applicant's experience? <input type="checkbox"/> YES <input type="checkbox"/> NO State/Province: _____											
Currently listed in the National Register of Health Service Providers in Psychology? <input type="checkbox"/> YES <input type="checkbox"/> NO																							

I hereby attest that 1) all the above information is true and correct to the best of my knowledge, 2) **that all the Guidelines listed on page 2 of this document have been met by this internship experience**, and 3) the performance of the above named applicant was satisfactory.

Signature _____ Date _____

Name (printed or typed) _____ Title _____

Email Address: _____

We appreciate your cooperation in this application review process for certification by the National Register.

(See page 2 for guidelines and experience setting codes)

GUIDELINES FOR DEFINING AN INTERNSHIP OR ORGANIZED HEALTH SERVICE TRAINING PROGRAM IN PSYCHOLOGY

The following will be used to identify organized health service training programs or internships in psychology:

Internships that are accredited by the American Psychological Association or the Canadian Psychological Association are recognized as meeting the definition,

OR all of the following criteria, **1** through **12**

1. An organized training program, in contrast to supervised experience or on-the-job-training, is designed to provide the intern with a planned, programmed sequence of training experiences. The primary focus and purpose is assuring breadth and quality of training.
2. The internship agency had a clearly designated staff psychologist who was responsible for the integrity and quality of the training program and who was actively licensed/certified by the State Board of Examiners in Psychology.
3. The internship agency had two or more psychologists on the staff as supervisors, at least one of whom was actively licensed as a psychologist by the State Board of Examiners in Psychology.
4. Internship supervision was provided by a staff member of the internship agency or by an affiliate of that agency who carried clinical responsibility for the cases being supervised. At least half of the internship supervision was provided by one or more psychologists.
5. The internship provided training in a range of assessment and treatment activities conducted directly with patients seeking health services.
6. At least 25% of trainee's time was in direct patient contact (minimum 375 hours).
7. The internship included a minimum of two hours per week (regardless of whether the internship was completed in one year or two) of regularly scheduled, formal, face-to-face, individual supervision with the specific intent of dealing with health services rendered directly by the intern. There must also have been at least two additional hours per week in learning activities such as: case conferences involving a case in which the intern was actively involved; seminars dealing with clinical issues; co-therapy with a staff person including discussion; group supervision; additional individual supervision.
8. Training was post-clerkship, post-practicum and post-externship level.
9. The internship agency had a minimum of two interns at the internship level of training during applicant's training period.
10. Trainee had title such as "intern", "resident", "fellow", or other designation of trainee status.
11. The internship agency had a written statement or brochure which described the goals and content of the internship, stated clear expectations for quantity and quality of trainee's work and was made available to prospective interns.
12. The internship experience (minimum 1,500 hours) was completed within 24 months.

CODE LIST FOR TYPE OF EMPLOYMENT SETTINGS

Refer to this code list when classifying internship location and postdoctoral employment/training site.

Hospital and Other Medical Settings

- 01 University hospital/medical center
- 02 Public (state, city, or county) psychiatric hospital
- 03 Private psychiatric hospital
- 04 Public (state, city, or county) general hospital
- 05 Private general hospital
- 06 VA hospital/medical center/clinic
- 07 Military hospital
- 08 Rehabilitation hospital
- 09 Children's general hospital
- 10 Children's psychiatric hospital
- 11 Mental retardation/development disabilities hospital
- 12 Health maintenance organization (HMO)
- 13 Nursing home, assisted living, extended care facilities
- 14 Residential treatment centers
- 19 Other type of **medical** setting

Clinics and Other Outpatient Settings

- 30 University/college counseling center
- 31 Community mental health center (CMHC)
- 32 Outpatient mental health clinic, freestanding
- 33 Children's outpatient mental health clinic
- 39 Other type of **outpatient** setting not mentioned above

Other Settings

- 40 Elementary/secondary school or school system
- 41 Other type of educational setting, not mentioned above
- 42 Criminal justice/correctional system/prison
- 43 Federal, state, or local government agency (other than above settings)
- 44 Consortium
- 45 Other setting not mentioned above

Independent Practice Settings

- 20 Individual private practice
- 21 Group psychological practice
- 22 Psychological/medical group practice
- 23 Multidisciplinary practice
- 24 Medical clinics