



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 Address

INTERNSHIP CONFIRMATION FORM

The above named person has applied for credentialing by the National Register of Health Service Providers in Psychology, and indicated that he/she has completed an internship with you. National Register criteria require 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 Internship Training, please 1) review the criteria for an internship in psychology listed on page 2 of this document and determine whether the applicant's internship program met these guidelines, 2) determine the setting code (see pg. 2), 3) complete, print, and sign this form, and 4) mail, email or fax it directly to the National Register at the above address/email/fax. If the internship described below was not APA or CPA accredited or APPIC listed when the applicant completed it, the Internship Guidelines Compliance Worksheet must be completed (<http://www.nationalregister.org/internshipcomplianceform.pdf>)

OFFICE USE: Do not write in shaded box

Name of Internship Agency		Enter Code for setting_ here (see page 2)	
Internship Address Line 1		Internship Address Line 2	
City	State/Prov/Terr	Zip	
Dates the above named applicant for the National Register participated in the internship: From ___/___/___ to ___/___/___ mm dd yyyy mm dd yyyy		Was this a: <input type="checkbox"/> full-time OR <input type="checkbox"/> part-time internship? Hours worked per week: _____ (maximum 40) Total hours for the experience: _____	
Hours of direct, individual, face-to-face supervision per week: <input type="checkbox"/> 2 hrs <input type="checkbox"/> Other: _____		Number of other doctoral psychology interns at site: (see guideline #9) _____	
Number of hours per week in learning activities (see guideline #7): _____			
Was internship part of a doctoral program requirement? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, name of University/School and	Doctoral Program	
Applicant's Title at Agency <input type="checkbox"/> Psychology Intern <input type="checkbox"/> Other: _____	Was internship: <input type="checkbox"/> APA accredited at that time? <input type="checkbox"/> CPA accredited at that time? <input type="checkbox"/> APPIC listed at that time? <input type="checkbox"/> Other: _____	Was internship satisfactorily completed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Director of Internship Training		Name of Primary Supervisor	
Supervisor Credentials			
Name			
Highest Degree earned and Year	University/School	Program Name	Licensed/Certified/Registered at the time of applicant's experience? <input type="checkbox"/> YES <input type="checkbox"/> NO Jurisdiction: _____
Currently credentialed by 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 guidelines listed on page 2 of this document have been met by this internship program, and 3) the performance of the above named applicant was satisfactory.

Name (printed or typed) _____
Title _____
Signature _____ Date _____

We appreciate your cooperation in this application review process for credentialing 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 criteria are used to identify organized health service programs or internships in psychology:

Internships that are accredited by the American 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 of 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 one or more psychologists provided half of the internship supervision.
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 1500 hours) was completed within 24 months.

CODE LIST FOR TYPE OF TRAINING SITES

Refer to this code list when classifying 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/center
- 09 Children's/adolescent general hospital

- 10 Children's/adolescent 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