# Internship Admissions, Support, and Initial Placement Data

**Date Program Tables are updated:**

## Program Disclosures

|  |  |
| --- | --- |
| **Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?** | **[ ]  Yes**[ ]  **No** |
| **If yes, provide website link (or content from brochure) where this specific information is presented:** |
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## Internship Program Admissions

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| --- |
| **Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:** |
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| --- |
| **Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:** |
| Total Direct Contact Intervention Hours |        |        | Amount:       |
| Total Direct Contact Assessment Hours |        |        | Amount:       |

|  |
| --- |
| **Describe any other required minimum criteria used to screen applicants:** |
|       |
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## Financial and Other Benefit Support for Upcoming Training Year[[1]](#footnote-1)

|  |  |
| --- | --- |
| Annual Stipend/Salary for Full-time Interns  |       |
| Annual Stipend/Salary for Half-time Interns |       |
| Program provides access to medical insurance for intern? | [ ]  Yes | [ ]  No |
| **If access to medical insurance is provided:** |  |
| Trainee contribution to cost required? | [ ]  Yes | [ ]  No |
| Coverage of family member(s) available? | [ ]  Yes | [ ]  No |
| Coverage of legally married partner available? | [ ]  Yes | [ ]  No |
| Coverage of domestic partner available? | [ ]  Yes | [ ]  No |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) |       |
| Hours of Annual Paid Sick Leave  |       |
| In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?  | [ ]  Yes | [ ]  No |
| Other Benefits (please describe):        |

## Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

|  |  |
| --- | --- |
|  | **2021-2024** |
| Total # of interns who were in the 3 cohorts |        |
| Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree |        |
|  | **PD** | **EP** |
| Academic teaching | **PD =**       | **EP =**       |
| Community mental health center | **PD =**       | **EP =**       |
| Consortium | **PD =**       | **EP =**       |
| University Counseling Center | **PD =**       | **EP =**       |
| Hospital/Medical Center | **PD =**       | **EP =**       |
| Veterans Affairs Health Care System | **PD =**       | **EP =**       |
| Psychiatric facility | **PD =**       | **EP =**       |
| Correctional facility | **PD =**       | **EP =**       |
| Health maintenance organization | **PD =**       | **EP =**       |
| School district/system | **PD =**       | **EP =**       |
| Independent practice setting | **PD =**       | **EP =**       |
| Other | **PD =**       | **EP =**       |

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

1. Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table [↑](#footnote-ref-1)