**Competencies Template:**

Complete the table for Level 1, 2, and 3 competencies (see [IR C-9 P](http://www.apa.org/ed/accreditation/section-c-soa.pdf) and SoA Standard II.B). Consortium programs should note the site at which activities occur and which interns receive this training *(i.e., residents at that specific site or residents in the consortia as a whole)*. **This table should include only *evaluated* training experiences that are required of all residents. Optional training experiences or participation in activities that are not formally evaluated should not be included.**

The program should also use this table as it prepares proximal data consistent with the requirements of Implementing Regulation (IR) C-16 P. Proximal data must be *collected* at the element level and *presented* at the competency level (for all competencies at levels 1, 2, and 3); distal data may be collected and presented at the competency level. IR C-16 P states that, “At a minimum, those elements must reflect the content description all advanced competencies (including the two profession-wide competencies as defined in IR C-9 P, including the bulleted content), and must be consistent with the program aim(s)” The table below has been pre-populated with the required elements from IR C-9 P, and the program should articulate its own elements for competencies where elements have not been provided by the Commission.

Note: When evaluation forms/surveys are used to evaluate knowledge, please identify the specific items/sections of the form that are relevant to each PWC.

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| **Level 1: Advanced Competencies (REQUIRED for ALL Postdoctoral Residency Programs)**  **Provide information below to illustrate how the program ensures that ALL residents can acquire and demonstrate substantial understanding of and competence in:** | | |
| **Competency:** | *(ii) Ethical and legal standards* | |
| **Elements associated with this competency from** [**IR C-9 P**](http://www.apa.org/ed/accreditation/section-c-soa.pdf) | * Be knowledgeable of and act in accordance with each of the following:   + the current version of the APA Ethical Principles of Psychologists and Code of Conduct;   + Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and   + Relevant professional standards and guidelines. * Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas as they pertain to the accredited areas. * Conduct self in an ethical manner in all professional activities. | |
| **Program-defined elements associated with this competency** (see table description above) |  | |
| **Required training/experiential activities to meet elements** |  | |
| **How outcomes are measured** for each training/experiential activity listed above. | How outcomes are measured: | Evaluation tool: |
| **Minimum levels of achievement (MLAs)** for each outcome measure/evaluation tool listed above. |  | |

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| **Competency:** | *(iii) Individual and cultural diversity* | |
| **Elements associated with this competency from** [**IR C-9 P**](http://www.apa.org/ed/accreditation/section-c-soa.pdf) | * An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. * Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. * The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. * Demonstrate the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program’s aim(s). | |
| **Program-defined elements associated with this competency** (see table description above) |  | |
| **Required training/experiential activities to meet elements** |  | |
| **How outcomes are measured** for each training/experiential activity listed above. | How outcomes are measured: | Evaluation tool: |
| **Minimum levels of achievement (MLAs)** for each outcome measure/evaluation tool listed above. |  | |

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| **Competency:** | *Integration of science and practice* | |
| **Program-defined elements associated with this competency** (see table description above) ***REQUIRED – Programs must identify multiple elements for integration of science and practice.*** | * Demonstrate the ability to critically evaluate foundational and current research that is consistent with the program’s focus area(s) or representative of the program’s recognized specialty practice area. * Integrate knowledge of foundational and current research consistent with the program’s focus area(s) or recognized specialty practice area in the conduct of professional roles (e.g., research, service, and other professional activities). * Demonstrate knowledge of common research methodologies used in the study of the program’s focus area(s) or recognized specialty practice area and the implications of the use of the methodologies for practice. * Demonstrate the ability to formulate and test empirical questions informed by clinical problems encountered, clinical services provided, and the clinic setting within which the resident works. | |
| **Required training/experiential activities to meet elements** |  | |
| **How outcomes are measured** for each training/experiential activity listed above. | How outcomes are measured: | Evaluation tool: |
| **Minimum levels of achievement (MLAs)** for each outcome measure/evaluation tool listed above. |  | |

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| **Level 2: Program-Specific/Area of Focus Competencies;** advanced competencies relevant to the program’s aims or area of focus. The program is encouraged to duplicate the table below to capture all Level 2 competencies, as necessary.  **Provide information below to illustrate how the program ensures that ALL residents can acquire and demonstrate substantial understanding of and competence in:** | | |
| **Competency:** |  | |
| **Elements associated with this competency** |  | |
| **Required training/experiential activities to meet elements** |  | |
| **How outcomes are measured** for each training/experiential activity listed above. | How outcomes are measured: | Evaluation tool: |
| **Minimum levels of achievement (MLAs)** for each outcome measure/evaluation tool listed above. |  | |

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| **Level 3: Specialty Competencies (Only Required for programs accredited/seeking accreditation in a specialty area recognized by the CoA);** competenciesthat are consistent with the program’s designated specialty. If accredited in a specialty, please duplicate the table below to capture all Level 3 specialty competencies/elements, as listed in IR C-9.  **Provide information below to illustrate how the program ensures that ALL residents can acquire and demonstrate substantial understanding of and competence in:** | | |
| **Competency:** |  | |
| **Elements associated with this competency** |  | |
| **Required training/experiential activities to meet elements** |  | |
| **How outcomes are measured** for each training/experiential activity listed above. | How outcomes are measured: | Evaluation tool: |
| **Minimum levels of achievement (MLAs)** for each outcome measure/evaluation tool listed above. |  | |