



San Bernardino County  
Department of Behavioral Health  
Psychology Internship Program Supplement Application 2012-2013

(This supplemental application is to be completed, saved and uploaded into your APPIC application. The APPIC application is available from your graduate school or on the internet at <http://www.appic.org>.)

(We regret the duplication of some data from the APPIC form, but it is essential for our processing of large numbers of applications.)

Name:
Graduate School:
Current Highest Degree In Psychology:

Rotation Preferences:	(1) _____	(2) _____
<b>OTHER SPECIAL INTERESTS THAT YOU HAVE IN PARTICULAR PROGRAMS OR SPECIFIC POPULATIONS HERE:</b>		
<input type="checkbox"/> I am applying for one of the six full-time positions planned for 2012-2013.		
<input type="checkbox"/> Are you a U.S. Citizen? If not—do you have a work permit valid through the end of the internship? _____		
Do you currently have a valid passport? _____		
Do you have valid i-20 from the INS? _____		
Will you be legally able to work in the U.S. during the entire internship year? _____		
_____ Degree you will receive (Ph.D. Psy.D. Ed.D. Etc.)		
_____ The department issuing your doctoral degree (psychology, education, etc.)		

\_\_\_\_\_ Your area of concentration for your degree (clinical, counseling, etc.)

\_\_\_\_\_ Is your program APA- accredited?

\_\_\_\_\_ If not, is your program regionally-accredited?

\_\_\_\_\_ Are you available to start (July 2) and continue through the end (June 30) of our internship?

\_\_\_\_\_ Number of times you have administered, scored, and interpreted the full intelligence test (e.g. WAIS-IV, WISC-IV) that you have used the most. (name of test): \_\_\_\_\_

\_\_\_\_\_ Number of times you have administered, scored, and interpreted the major objective test (MMPI-2, MCMI-3, PAI, etc.) that you have used the most. (name of test): \_\_\_\_\_

\_\_\_\_\_ Number of times you have administered, scored and interpreted the major projective tests (e.g. Rorschach, TAT) that you have used the most ( name of test): \_\_\_\_\_

\_\_\_\_\_ No. of testing reports you have written integrating data from 4 or more tests (*Minimum 4 required*).

\_\_\_\_\_ Number of intake interviews, initial assessments, client histories, or other mental health evaluation interviews you have done at the conclusion of which you made a DSM-4-TR diagnosis of the client (*Minimum 5 required*).

\_\_\_\_\_ Number of courses you have taken in psychotherapy, counseling, and other treatment methods (*Minimum 3 required*).

\_\_\_\_\_ Estimated total number of supervised therapy hours (with clients) that you will have done by 6-30-12.

\_\_\_\_\_ TOTAL PRACTICUM HOURS (Grand Total, Masters plus Doctoral), as of November 6, 2011?

\_\_\_\_\_ TOTAL PRACTICUM HOURS (Grand Total, masters plus Doctoral) As of November 6, 2011, PLUS estimated hours November 6, 2011 through 6-30-12. (*Minimum 1000 required*).

\_\_\_\_\_ Total hours of internship you wish to accrue in our program (must be at least 1900).

\_\_\_\_\_ Have you taken a course that devoted over half of the course time to brief treatment methods?

\_\_\_\_\_ Have you had treatment experience with both adults and children?

\_\_\_\_\_ Can you perform treatment in Spanish, Vietnamese, Chinese, Japanese, sign language, or other languages? If yes, Language. \_\_\_\_\_

\_\_\_\_\_ What is your expected doctoral graduation date? (Month and Year).

\_\_\_\_\_ Have you ever received two or more grades of C or below in graduate-level psychology courses? If so explain. \_\_\_\_\_

\_\_\_\_\_ Total number of hours you will have completed in graduate psychology courses by 6-30-12.  
Are these semester hours or quarter hours? \_\_\_\_\_

List courses in psychological testing and give number of units for each:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_

List courses in psychotherapy and give number of units for each. (minimum 3 required) Are these hours or quarter hours?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_

What are some of your personal weaknesses, hang-ups, and countertransference issues that have affected your work with clients? Describe how these issues (or other issues) have influenced your work with supervisors and colleagues. Describe where you stand with these issues currently. (In this program, we are looking for and appreciate your self-awareness and candidness.)

Please complete a one-page personality description of yourself, including notable traits and major dynamics and conflicts, using clinical constructs and terminology as appropriate. We are interested in your ability to view yourself objectively and to recognize all aspects of yourself using what you have learned in your training. (Do not submit an autobiographical statement describing your life history or background, as in the APPIC application.)

You may wish to inform those sending reference letters that we are especially interested in their observations regarding your insight into yourself and your interest in dealing with countertransference and relational process issues.

Please upload this supplemental application to your APPIC application. Application deadline is November 6, 2011

(You are encouraged to e-mail or call with questions)

Questions/Concerns may be directed to:

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