Catherine T. Harvey Center for CLINICAL SERVICES

Children's Health Council
Child and Adolescent Psychology (CAP)
Post-Doctoral Fellowship

Post-Doctoral Fellowship Program Application

Training Year 2025 -2026

Thank you for your interest in CHC's CAP Post-Doctoral Fellowship Program.

Please include with this application:

1) A coverletter specifying your goals for the fellowship year
2) A current curriculum vitae
3) A comprehensive psychological assessment report of a child/adolescent client (with all client identifiers removed)
4) 3 letters of recommendation

Our program deadline is Friday December 20, 2024.

Please submit all your application materials to: cwheeler@chconline.org

SECTION 1: BACKGROUND AND EDUCATIONAL INFORMATION

Name (gender pronouns):			
Address:			
Email Address:		**Phone Number:**	
If you are not a U.S. citizen, are you eligible to work in the U.S. and do not require sponsorship? ☐ Yes ☐ No ☐ N/A			
University/Graduate School:			
City, State			
APA Accredited:	☐ Yes ☐ No		
Degree in Progress:	☐ Ph.D. ☐ Psy.D. ☐ Ed.D.		

Program Emphasis (Clinical, Counseling, School, Combined)	
Expected degree completion date:	
Title of dissertation:	
Status of dissertation:	☐ Data analyzed ☐ Dissertation defended (Date of defense:_____) ☐ Dissertation scheduled (Anticipated date of defense:_____)
Internship site:	
Type of setting(s):	
APA Accredited:	☐ Yes ☐ No
Undergraduate University:	
Major and Year Degree Obtained:	
Licensure/Certifications:	
Please list any languages, other than English, you are fluent enough in to provide clinical services.	

SECTION 2: CLINICAL EXPERIENCE

Intervention Experiences	
Please list any evidence-based treatment you have supervision or training in and feel comfortable providing to your clients (e.g., CBT, TF-CBT, CPP, DBT, ACT, FFT, IY, ART, ARC, etc.).	

From 1-4 (least to most), please rank the age groups you have experience working with therapeutically?	___ infants/toddlers (0-5) ___ children (6-12) ___ adolescents (13-17) ___ transitional aged youth (18-21)
Total number of dyadic/family therapy cases.	
Total number of group therapy experiences.	
Total number of infant-parent (ages 0-6) mental health cases.	
Clinical Settings of Practicum/Externships and Internship (list all that apply) ▪ Residential Treatment/Intensive Outpatient ▪ Outpatient Clinic ▪ School-Based Mental Health ▪ Integrated Behavioral Health/Medical Setting ▪ Community Mental Health	
In 500 words or less, please explain your therapeutic orientation and how you approach clinical care with a client who has a different or conflicting worldview than your own?	

Assessment Experiences	
Number of Integrated Assessment Reports (including a review of history, results of an interview, 2+ psychological test administrations, conceptualization, diagnosis, and recommendations).	____ infants/toddlers (0-5) ____ children (6-12) ____ adolescents (13-17) ____ transitional aged youth (18-21)
Please list any objective or projective personality measures administered and integrated into an assessment report.	
Please list any neurodevelopmental measures administered and integrated into an assessment report.	
Please list any neuropsychological measures administered and integrated into an assessment report.	

SECTION 3: PROFESSIONAL CONDUCT

Has disciplinary action, in writing, of any sort, ever been taken against you by a supervisor, education or training institution, healthcare institution, professional association, or licensing/certification board?
☐ Yes ☐ No
If Yes, please explain:
Have you ever been placed on probation, suspended, terminated, or asked to resign by an academic program, training program, practicum site, or employer?
☐ Yes ☐ No
If Yes, please explain:
Have you ever been convicted of a felony?

☐ Yes ☐ No	
If Yes, please explain:	

SECTION 4: APPLICANT CERTIFICATION

☐	In checking this box, I certify that all the information provided by me in this application is true and correct to the best of my knowledge. I understand that any significant misstatement in, or omission from, this application may be cause for denial or selection or dismissal as a fellow.
☐	I authorize the fellowship site to consult with persons and institutions with which I have been associated regarding my professional competence, character, and ethical qualifications.
☐	I release from liability all fellowship staff for acts performed in good faith and without malice in connection with evaluating my application, credentials, and qualifications. I also release from liability all individuals and organizations that provide information to the fellowship site in good faith and without malice concerning my professional competence, ethics, character, and other qualifications.

Applicant Signature	**Date**