Prisma Health - Upstate Children's Hospital

Division of Pediatric Psychology

Department of Pediatric Services

Psychology Training Program

Post-Doctoral Residency

NAME _____ DATE _____

Home Address _____ _____ _____ _____
STREET CITY STATE ZIP

Work Address _____ _____ _____ _____
STREET CITY STATE ZIP

Social Security Number _____ Are you a United States citizen? ☐ YES ☐ NO

Telephones (____) _____ (____) _____ (____) _____
HOME OFFICE FOR USE ON NOTIFICATION DAY

How did you hear about our Residency Program? _____

1. **EDUCATION** (BEGINNING WITH CURRENT SCHOOL)

UNIVERSITY	DEPARTMENT	DATES	MAJOR / EMPHASIS	DEGREE

2. OTHER TRAINING (not in the field of psychology)

3. LIST HONORS and/or AWARDS YOU HAVE RECEIVED

4. IF NOT APA/CPA-ACCREDITED, IS YOUR SCHOOL REGIONALLY ACCREDITED? ☐ YES ☐ NO

5. DOCTORAL DEGREE – DATE AWARDED: _____ DATE ANTICIPATED: _____

   ❖ **Attach a copy of your transcript that shows the date awarded**

6. **HOURS OF UNIVERSITY-APPROVED PRACTICUM AND INTERN EXPERIENCE**

FACILITY	DATES	TOTAL HOURS

7. CLIENT POPULATIONS

a. Identify client populations with which you have had experience, with special reference to different cultural, economic, ethnic, diverse, and disabled populations. Start with the population with which you have had the most experience and list the others in decreasing order of contact.

b. Describe the training you have received in order to work with various populations.

8. WHAT ARE YOUR EXPECTATIONS OF A POSTDOCTORAL FELLOWSHIP?

9. **HAVE YOU COMPLETED YOUR DISSERTATION?** ☐ YES ☐ NO

10. **IF "NO" – ANTICIPATED DATE OF COMPLETION:** _____

11. **WHAT IS THE TITLE OF YOUR DISSERTATION?**

12. WHAT TYPE OF RESEARCH WAS INVOLVED IN YOUR DISSERTATION (E.G., ORIGINAL DATA COLLECTION, CRITICAL LITERATURE REVIEW, OTHER)?

13. BRIEF SUMMARY OF DISSERTATION

14. TEACHING EXPERIENCE

15. FOREIGN LANGUAGE / SIGN LANGUAGE SKILLS
Indicate your level of proficiency in languages other than English.

16. **LICENSURE / CERTIFICATION(S):** _____

17. **EXPERIENCE IN PROVIDING CLINICAL SUPERVISION?** ☐ YES ☐ NO
If "YES," please describe.

18. EXPERIENCE IN PSYCHOLOGICAL ASSESSMENT

What is your experience with assessment instruments? Please indicate all areas in which you have assessment experience, excluding practice administrations. You may include any experience you have had with these instruments such as work, research, practicum, etc.. Please indicate the number of tests that you administered and scored in the first column, and the number that you administered, scored, interpreted, and wrote a report for in the second column. Please list any additional tests (under "Other…Tests") that you have administered that were not included in our list. If you need additional lines, attach a separate piece of paper and reference this question and the category.

DEVELOPMENTAL TESTS (e.g., Bayley, Mullens, etc.)

Name of Child and Adolescent Test	# Administered and Scored	# of Reports Written

INTELLIGENCE TESTS (e.g., WISC, SB, etc.)

Name of Child and Adolescent Test	# Administered and Scored	# of Reports Written

Name of Child and Adolescent Test	# Administered and Scored	# of Reports Written

NEUROPSYCHOLOGICAL TESTS

Name of Child and Adolescent Test	# Administered and Scored	# of Reports Written

EDUCATIONAL TESTS

Name of Child and Adolescent Test	# Administered and Scored	# of Reports Written

Name of Child and Adolescent Test	# Administered and Scored	# of Reports Written

OTHER TESTS

Name of Child and Adolescent Test	# Administered and Scored	# of Reports Written

19. INTEGRATED REPORT WRITING

How many supervised integrated psychological reports have you written for each of the following populations? An integrated report includes a history, an interview, and at least any two of the following: personality assessments (objective and/or projective), intellectual assessment, cognitive assessment, and/or neuropsychological assessment. These are synthesized into a comprehensive report providing an overall picture of the patient.

a. Adults: _____

b. Children: _____

20. HOW DO YOU ENVISION OUR FELLOWSHIP PROGRAM MEETING YOUR TRAINING GOALS AND INTERESTS?

21. **THEORETICAL ORIENTATION** – Please describe your theoretical orientation(s):

22. **EXPERIENCE IN PSYCHOTHERAPY**

Group	Adults	Adolescents (13-17)	Children (12 and under)	Families	Other: _____
_____ Hours Face-to-Face	_____ Hours Face-to-Face	_____ Hours Face-to-Face	_____ Hours Face-to-Face	_____ Hours Face-to-Face	_____ Hours Face-to-Face

23. OTHER
Briefly describe any additional information that you believe is relevant to your application.

24. PLEASE INDICATE ANY RESEARCH OR PROJECT INTEREST YOU MAY WANT TO PURSUE IN A POSTDOCTORAL FELLOWSHIP PROGRAM

25. PROFESSIONAL CONDUCT

Please answer ALL of the following questions with "NO" or "YES." **For any "YES" response, attach an explanation on a separate sheet of paper.**

a. Has disciplinary action, in writing, of any sort, ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing / certification board?

☐ NO ☐ YES

b. Are there any complaints currently pending against you before any of the above-listed bodies?

☐ NO ☐ YES

c. Has there ever been a decision in a civil suit rendered against you relative to your professional work, or is any such action pending?

☐ NO ☐ YES

d. Have you ever been suspended, terminated, or asked to resign by a training program, practicum site or employer?

☐ NO ☐ YES

e. Have you ever been convicted of an offense against the law, other than a minor traffic violation?

☐ NO ☐ YES

f. Have you ever been convicted of a felony?

☐ NO ☐ YES

26. REFERENCES

List the individuals who will be sending letters of recommendation. At least three references are required. We ask that two of your references be from clinical supervisors.

	Name and Title	*Address*	*Telephone Number*
Director of Training from your internship			
Internship Supervisor			
Other Supervisor			
Dissertation Chair or Faculty Member			
Other Reference			

Application Process

Please note that for the 2024-2025 application year, we will be using a rolling application process. We will begin accepting applications on October 1, 2023, and applications will be reviewed as submitted. Interviews will be offered, and applications will be accepted, until the position is filled, with no applications being accepted after January 15, 2024.

Please attach a letter of interest and your current curriculum vitae to your completed application. Also, please include 3 sample reports.

Your transcript(s) is also required to complete your application. If you do not have access to it at this time, you will need to forward it as soon as it becomes available to you. If your degree is not yet posted on your transcript, please have your school send a letter of verification and eligibility of readiness that also indicates the date the degree will be posted.

Mail all required documents to:

Dr. Mindo J. Natale, PsyD.
Director of Training
Senior Staff Psychologist
Licensed Clinical Psychologist
Pediatric, Adolescent & Sports Medicine Neuropsychologist

Prisma Health - Upstate Children's Hospital
Department of Pediatrics Services
Division of Pediatric Psychology
200 Patewood Drive
Suite A200
Greenville, South Carolina 29615