



EKDOM NEUROPSYCHOLOGY GROUP

SINCE 1993

Site Information

Site Name: _____

Site Address: _____

Phone Number: _____

Site Contact Name: _____

Site Contact Email Address: _____

Site Website (if applicable): _____

Additional Training Site Address (if applicable): _____

Application Information

Training Level	Number of Available Positions
Clinical PsyD Assessment	
Clinical PsyD Intervention/Therapy	
Clinical PsyD Advanced	
Supplemental	

Application Deadline: _____

Stipend (if applicable): _____

Application Materials and Application Process: _____

Students should send applications to the following email address, _____ with subject line, “_____”

Please select the required application materials:

CV

Unofficial Transcript

Cover Letter

Writing Sample

Letters of recommendation

Assessment report:

How many if applicable:

Other:

Are there any additional application procedures that the student should be aware of?

Does the site require in person interviews or allow virtual? _____

Description of Site

Organization Overview:

Training Opportunities:

Program Areas of Emphasis

Does your site clinically serve at least 50% of the population in any of the following areas?

(Check all that apply)

Clinical Neuropsychology

Clinical Child and Adolescent Psychology

Forensic Psychology

Clinical Health Psychology

What qualities are important for students training at this site? (e.g. flexibility, adaptability, ability to work in a fast-paced environment):

Additional Site Information:

Populations

Age

Infant/Toddler (0-3)

School Age (6-12)

Adult (18-64)

Preschool (3-5)

Adolescent (13-17)

Older Adult (65+)

Ethnicity

African American/ Black/African Origin

Asian American/Asian Origin/Pacific Islander

European Origin/White

American Indian/Alaska Native/ Aboriginal Canadian

Bi-Racial/Multi-Racial

Latino-a/Hispanic

Other:

Common Presenting Psychological Disorders

Please list primary reasons for referral (i.e., Autism, ADHD, Mood Disorders, Anxiety Disorders, Trauma Disorders, etc.): _____

Other Specialized Populations

Is there a primary focus on working with the LGBTQIA+ community?

Is there a primary focus on working with individuals with disabilities?

Is there a primary focus on working with individuals who identify with specific religious or spiritual views?

Is there a primary focus on working with individuals who identify as immigrants, refugees or some other International status?

Are there opportunities to work with clients who have a primary language other than English?

Yes If so, please specify: _____. Not at this time

Activities

Intake Interviews	Family Therapy	Achievement/Aptitude Testing
Diagnostic Interviews	Medical/Health Interventions	Objective Personality Testing
Structured Interviews	Intelligence/Cognitive Testing	Projective Personality Testing
Individual Therapy	Learning Disability Testing	Neuropsychology Testing
Family Therapy	Intelligence/Cognitive Testing	Self-Report Measures
Group Therapy	Learning Disability Testing	Other:
Couples Therapy		

Position Information

Students in the Clinical PsyD program typically complete one training experience per academic year, lasting nine (9) to twelve (12) months during which students accumulate a minimum of **600 total** hours with **240 direct** contact hours.

Starting Date: _____ Flexible

Ending Date: _____ Flexible

Which days are students required to be on site?

Mon Tues Wed Thurs Fri Sat/Sun:

Site does not require any specific days on site.

Required Work Hours (i.e., 9-5, evenings): _____

Additional Requirement, *if applicable* (i.e., required days for didactics, days of grand rounds):

Caseload structure:

Typical course of therapy (average number of sessions): _____

Typical length of assessment battery (average number of hours to complete): _____

Research Opportunities (if applicable; does not take place of direct hour requirement):

Post-offer requirements (please include responsible party for any costs).

Background check: _____

Drug Screeners: _____

Required Vaccinations: _____

Other: _____

Supervision

Two hours of supervision are required, one of which must include individual supervision with a licensed psychologist. As a reminder, 50% of supervision must be in person.

Describe your approach to supervision:

Site specific supervision requirements:

Required day and time for individual supervision (if applicable): _____

Required day and time for group supervision (if applicable): _____

Other Notes: