

**UCDH Clinical Child and Adolescent Psychology (CCAP)
Post-Doctoral Fellowship Program Application**

TY24-25

Thank you for your interest in our CCAP Post-Doctoral Fellowship Program.

<p>Please include with this application:</p> <ol style="list-style-type: none"> 1) A cover letter 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 redacted) 4) 3 signed letters of recommendation submitted directly to the program or by the applicant (preferably including clinical supervisors and/or training directors from your current internship and recent externships)
<p>Our program's application deadline is Friday December 22, 2023.</p> <p>Please submit your application materials in PDF format to: hs-ucdhchildpsychfellowship@ucdavis.edu</p>

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 (defense date:) Dissertation scheduled (Anticipated defense date:)
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 (check all that apply)	Residential Treatment/Intensive Outpatient Outpatient Clinic School-Based Mental Health Integrated Behavioral Health/Medical Setting Community Mental Health
Number of clinical placements at community mental health sites.	
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.	

Number of Rorschach Administrations (please indicate if Exner or RPAS)	
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.
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	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