

ANNEXE 2

SECTION 2 – CLINICAL EXPERIENCE

A – INTERVENTION AND ASSESSMENT EXPERIENCE

How much experience do you have with different types of psychological interventions and assessment?

Individual Therapy		
	Total hours / face to face	Number of different individuals
1 – Older Adults (65+)		
2 – Adults (18-64)		
3 – Adolescents (12-17 or 13-19)		
4 – School-Age (6-12)		
5 – Pre-School Age (3-5)		
6 – Infants/Toddlers (0-2)		
Career Counseling		
	Total hours / face to face	Number of different individuals
1 – Adults		
2 – Adolescents		
3 – Measures of career assessment		
Group Therapy		
	Total hours / face to face	Number of different group
1 – Adults (18+)		
2 – Adolescents (13-17)		
3 – Children (12 and under)		

Family Therapy		
	Total hours / face to face	Number of different families
Couple Therapy		
	Total hours / face to face	Number of different couples
Psychodiagnostics assessment (Include symptom assessment, projective tests, personality tests, etc.)		
	Total hours / face to face	Number of different individuals
Neuropsychological Assessment (Include intellectual assessment in this category only when it was administered in the context of neuropsychological assessment involving evaluation of multiple cognitive, sensory and motor functions).		
	Total hours / face to face	Number of different individuals

School Counseling Interventions		
	Total hours / face to face	Number of different individuals
1 – Consultation		
2 – Direct Intervention		
3 – Other (Specify)		
Other Psychological Interventions		
	Total hours / face to face	Number of different individuals
1 – Sports Psychology - Performance Enhancement		
2 – Medical / Health – Related Interventions		
3 – Substance Abuse Interventions		
4 – Other interventions (e.g., milieu therapy, treatment)		

Other Psychological Experience with Students and/or Organizations

	Total hours / face to face
1 – Supervision of other students performing intervention and assessment activities	
2 – Program Development/Outreach Programming	
3 – Outcome Assessment of programs or projects	
4 – Systems Intervention - Organizational Consultation - Performance Improvement	
5 – Other (Specify):	

B – TREATMENT SETTINGS

How many practicum hours have you spent in each of the following treatment settings? Please indicate the estimated total number of practicum hours or internship hours or post-graduate hours (including intervention and assessment, support, and supervision) spent in each of the following treatment settings.

	Total hours	Date (year)
Department Clinic (psychology clinic run by a department or school)		
Child Guidance Clinic		
Community Mental Health Centre		
Forensic - Justice Setting (e.g., jail, prison)		
Inpatient unit in a hospital setting		
Military		
Outpatient unit Medical - Psychiatric Clinic & Hospital		
University Counseling Center - Student Mental Health Center		
Schools		
Other (Specify):		

C – TEACHING EXPERIENCE

Please summarize any teaching experience that you have. Include both undergraduate and graduate courses.

D – CLINICAL WORK EXPERIENCE

Some students may have had work experience outside of their master's and doctoral training program. This section is to include professional work experiences separate from practica or program-sanctioned work experience. Use this section to describe the settings and activities that are not included above. You may simply provide this information in narrative form, or you may present this information in a format similar to that used above.