

GUIDELINES AND GENERAL INFORMATION FOR SUBMITTING AN INTERNSHIP AND  
STAGE APPLICATION IN PSYCHOLOGY AND NEUROPSYCHOLOGY  
TO  
CIUSSS WEST-CENTRAL MONTREAL

Information and application form are available on the CIUSSS West-Central Montreal website  
at: [https://www.ciuSSSwestcentral.ca/about-us/academic-affairs/teaching-and-internships/  
translate-to-english-psychologie-et-neuropsychologie/](https://www.ciuSSSwestcentral.ca/about-us/academic-affairs/teaching-and-internships/translate-to-english-psychologie-et-neuropsychologie/)

Please note that these guidelines apply to students applying for different types of  
clinical training, including summer practicum, field placement, and pre-doctoral  
internship.

This application form is a modified version of the APPIC application for Psychology Internship (AAPI). The data requested are comprehensive, but ***we do not expect that an intern applicant would have had all the experiences listed, administered all of the assessment instruments, or be licensed as a mental health practitioner.*** The form is designed to be completed on a computer.

#### Procedure

1. The application form must be filled out **online** at:  
<https://www.ciusswestcentral.ca/about-us/academic-affairs/teaching-and-internships/translate-to-english-psychologie-et-neuropsychologie/>

Download the supporting documents:

- SECTION 1: PREVIOUS ACADEMIC WORK
- SECTION 2: CLINICAL EXPERIENCE
- SECTION 3: PSYCHOMETRIC TEST AND QUESTIONNAIRES ADMINISTRATION

Fill out the MS FORMS: <https://forms.office.com/r/TDXwnn3Uaz>

2. Once the MS FORMS is filled, send all the supporting documents in one email to the email address: [enseigne.psych.ccomtl@ssss.gouv.qc.ca](mailto:enseigne.psych.ccomtl@ssss.gouv.qc.ca). **(Every document is mandatory)**

The application should include the following: **(1 copy of each item is required)**

- ☐ Cover letter indicating the student's first, second and third choices and the reasons motivating these choices. (electronic mail)
- ☐ Curriculum vitae. (electronic mail)
- ☐ A completed application form. (electronic mail)
- ☐ A copy of your most recent undergraduate and doctoral transcripts. (electronic mail)

3. **Three letters** of reference (at least one from a clinical supervisor). These letters have to be forwarded directly by the referees at this email:  
[enseigne.psych.ccomtl@ssss.gouv.qc.ca](mailto:enseigne.psych.ccomtl@ssss.gouv.qc.ca)

**All letters have to be submitted by the application deadline.**

For questions regarding the application process, please contact us at:  
[enseigne.psych.ccomtl@ssss.gouv.qc.ca](mailto:enseigne.psych.ccomtl@ssss.gouv.qc.ca)

## SECTION 1 : PREVIOUS ACADEMIC WORK

This form narrates your academic background, as well as your licenses, certifications and internships. We also ask you to complete the section concerning the information related to the people who will send us your letters of recommendation.

## SECTION 2 : CLINICAL EXPERIENCE

This form was created to allow applicants to document their experience in psychotherapy and other psychological interventions. While this form lists a wide range of experiences that one might have had, **no applicant is expected to have experience in all, or even most, of these areas, nor is the list complete. The applicant should feel free to include any information deemed to be pertinent.**

### INSTRUCTIONS FOR THIS SECTION:

1. You should only count hours for which you received formal academic training and credit or which were part of program-sanctioned training experiences. Practicum hours must be supervised. Please consult with your academic training director to determine whether experiences are considered program sanctioned or not.
2. **Practicum hour** - A practicum hour is an intervention hour, A 45-50 minute client / patient hour may be counted as an hour of intervention.
3. When calculating practicum hours, you should provide your best estimate of hours accrued or number of clients / patients seen. It is understood that you may not have the exact numbers available. Please round to the nearest whole number.

### 1. INTERVENTION AND ASSESSMENT EXPERIENCE - How much experience do you have with different types of psychological interventions and assessment?

Please report actual clock hours in direct service to clients / patients. Hours should not be counted in more than one category.

For the "Total hours face-to-face" columns, including telehealth, count each hour of a group, family, or couples session as one practicum hour or internship hour or post-graduate hour. For example, a two-hour group session with 12 adults is counted as two hours. For the "# of different..." columns, count a couple, family, or group as one (1) unit. For example, meeting with a group of 12 adults over a ten-week period counts as one (1) group. Groups may be closed or open membership; but, in either case, count the group as one group.

### SECTION 3: PSYCHOMETRIC TEST AND QUESTIONNAIRES ADMINISTRATION

Please indicate all instruments used by you in your assessment experience, excluding practice administrations to fellow students. You may include any experience you have had with these instruments such as work, research, practicum, etc., other than practice administrations. 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.