

**Grant Program in School Psychology Internship
Application Form**

Proposed Name of Internship Program:

Affiliated Organization/University:

Website:

Mailing Address:

Street:

City:

State:

Zip:

Program Director of Training:

Name:

Phone:

Email:

Person Submitting the Application (if different than Program Training Director):

Name:

Phone:

Email:

Is the current or proposed internship program operated by a nonprofit entity? (This includes governmental agencies.) Yes No

If yes, please upload IRS determination letter.

If no, program does not qualify.

Please provide the federal tax identification number: _____

Number of proposed intern positions (2014-15): ____ Full Time ____ Half Time

Number of additional intern positions that will be created for next year with grant funding (2015-16): ____ Full Time ____ Half Time

Number of licensed Psychologists part of internship program:
____ Full Time ____ Part Time

Description of proposed internship program (max of 250 words):

Is the internship training program completed within 24 months? (12 months for full-time, 10 months for school psychology, or 24 months for part-time) Yes____ No____

Does the internship training program have a designated leader who is a doctoral psychologist, credentialed to practice psychology in the jurisdiction of the program?

Yes____ No ____

If yes, please attach a copy of the leader's resume or curriculum vitae.
If no, the program does not qualify.

Does the program inform students of due process procedures before beginning their training? Yes ____ No ____

Please attach a copy of the due process policy, which should include notice, hearing, and appeal.

Does the program further the understanding of cultural and individual diversity?
Yes____ No ____

Please provide information that addresses training in cultural and individual diversity issues and information that demonstrates the program's value of cultural and individual diversity.

Does the program provide students with written feedback on their performance at least twice each training year? Yes____ No____

Please provide a copy of the written evaluation form.

Does the program regularly engage in reviews of its goals and objectives?
Yes ____ No ____

Please identify the goals, objectives and competencies for the training program.

Is supervision regularly scheduled to ensure that all full-time interns receive at least 4 hours (including a minimum of 2 hours individually with a licensed psychologist) of face-to-face supervision each week? Yes____ No ____

Will interns be given an opportunity to provide feedback to the program?

Yes____ No____

Please provide a copy of the program evaluation form that will be completed by the interns.

Does the program ensure that intern training requirements take precedence over service delivery and revenue generation?

Yes___ No___

Please provide clarification how the program meets this goal.

Proposed schedule of seminar topics and presenters for the internship year (with the expectation of a minimum of 2 hours per week).

Does the internship program provide a stipend to all interns? Yes___ No___

If a stipend is provided, how much is it? _____

If a stipend is not currently provided, what is the plan for the internship program to assure a stipend once the grant is expended (max of 250 words):

Which of the following does the grant program meet?

1. New internship program Yes___ No___

2. Expansion of current number of internship positions Yes___ No ___

Budget:

Funds may be requested for the following:

APA Accreditation

APPIC Membership Application (\$300)

APPIC National Match (\$240)

Webdomain name (\$55)

Fiscal Sponsorship fee

Other consortium fees and expenses

Supervisor and Consultation fees

APA Application Fee for Applying for Eligibility Status (\$1,000)

APA Application Fee for Applying for Accredited Status (\$1,000)

APA Self Study (\$2,250)

APA Site Visit Fee (\$3,400; 2 visitors)

If funds remain after that time, a request for extension must be sent along with the required update.

The maximum grant award will be \$10,000.

Total amount requested:

Details of the funding request/line-item budget (max 100 words per line-item):

Amount Purpose Justification

Describe plans and timeline for meeting CDSPP, APPIC, APA and HSP standards/accreditation, including timeline for submitting self-study (max of 500 words):
Note: It is recognized that CDSPP, APPIC, APA and HSP accreditations will be accomplished in stages over time.

How will the internship program sustain financial support for the program once the grant period ends? Please be specific (max of 500 words).

Please provide letters of support for this application from the Affiliated Organization/University and school training sites that include information about sustaining financial support (direct and indirect) for the internship program.

On behalf of the aforementioned internship program, I pledge to spend the requested funds in the manner specified in this application. I further pledge to provide Division 16/CDSPP, when requested, follow-up data on submission of our APPIC and APA accreditation status, number of internship positions, and program developments.

Printed name

Date