

Louis Stokes CVAMC QUESTIONNAIRE

NAME: _____

Please complete the items below. For the rating scales, indicate whether you have had specific course work in a particular skill area (circle Y(es) or N(o) as well as your degree of skill in each (1=None; 2=some familiarity, but requiring close supervisors; 3=considerable exposure requiring occasional supervisory review; or 4= extensive experience requiring little supervision.

Assessment Skills:

Objective personality tests	Y	N	1	2	3	4
Projective personality tests	Y	N	1	2	3	4
General cognitive tests	Y	N	1	2	3	4
Neuropsychological testing	Y	N	1	2	3	4
Interviewing	Y	N	1	2	3	4

Intervention Skills:

Individual verbal therapy	Y	N	1	2	3	4
Cognitive/behavioral therapies	Y	N	1	2	3	4
Group work	Y	N	1	2	3	4
Marital/Family therapy	Y	N	1	2	3	4

Program:

Please indicate by check mark to which ONE of our programs you applying.

- 1. Mental Health/Broad Track/Counseling Track
- 2. Health Psychology/Geropsychology Track
- 3. Neuropsychology Track

Under the new APPIC Match System, we cannot rank you unless you respond to the above. You must check one and only one box. If you have checked Box 1 or Box 2, now circle the track of interest e.g. If you are interested in our Health Psychology Track, Check box 2 and circle "Health Psychology". Thank you.

Specific Rotations:

Please indicate three of our specific rotations and one alternative in which you are interested (See brochure Appendix A and supplement Appendix B).

1. _____
 2. _____
 3. _____
- Alt. _____