

Application Form
Psychology Internship Training Program
VA Medical Center • Portland, Oregon

**To be considered, all application materials must be postmarked no later than
November 5, 2007. Include all materials listed in the Application and
Procedures Checklist.**

Name _____

APPIC No. _____ U.S. citizen? Yes ___ No ___

Mailing Address _____

City _____ State _____ Zip _____

Work phone () _____ Home phone () _____

University & Program _____

Director of Training _____

Clinical Ph.D. _____ Clinical Psy.D. _____ Counseling Ph.D./Ed.D. _____

Program APA-approved? Yes _____ No _____

Have you completed all course work for your doctorate? Yes _____ No _____

If not, when do you plan to do so? _____

Have you passed your qualifying exams? Yes _____ No _____

If not, when are they scheduled? _____

What is the current status of your dissertation? (Check all that apply)

Preproposal _____ Proposal accepted _____ Data collected _____ Defended _____

To which track are you applying? (You may mark both if you are interested in being considered for both tracks):

Health Psychology _____ Generalist _____

Mail Application materials to:
David W. Greaves, Ph.D., Director of Training
Psychology Internship (P3MHDC)
Portland VA Medical Center
3710 SW U.S. Veterans Hospital Road
Portland, OR 97239
Message Phone: (503) 220-8262, Ext. 56504
FAX (503) 220-3499