Clinical Neuropsychology Postdoctoral Residency Program

VA Connecticut Healthcare System
Psychology Service – 116B
950 Campbell Ave.
West Haven, CT 06516
203-932-5711 x2465
http://www.connecticut.va.gov/

Application Review begins: January 2, 2019. We do not participate in the APPCN Matching Program

Accreditation Status
The Clinical Neuropsychology Postdoctoral Residency Program at the VA Connecticut Healthcare System is fully accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be in 2021.

APPLICANT ELIGIBILITY CRITERIA
Applicants for our Clinical Neuropsychology Postdoctoral Residency Program must meet the following minimum requirements in addition to the general eligibility requirements of the VA (found at http://www.psychologytraining.va.gov/eligibility.asp, and primary items are emphasized below. A more complete listing is provided at the end of this brochure.

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee.
3. Residents are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. Have received a doctorate from an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Psychology or PCSAS accredited Clinical Science program. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.
5. Have completed an internship program accredited by APA or CPA or have completed a VA-sponsored internship.

Applicants who meet these eligibility criteria are invited to apply for a position in the Clinical Neuropsychology Postdoctoral Residency Program with the Psychology Service, Department of Veterans Affairs, VACHS.
APPLICATION PROCESS:

After a careful reading of the information in this document, describing the possible training rotations and making sure that you meet and accept our eligibility criteria, please submit your application through the APPA CAS portal. Application review will begin in January. While interviews are not expected nor offered, we are more than willing to speak with any potential applicant to answer any questions about the program. The opportunity to speak with current and former trainees is also available.

We utilize APPIC’s online application portal, APPA CAS. Materials should be uploaded to the site (APPA CAS https://portal.appicpostdoc.org) by January 1, 2019. It should include:

A. A letter of interest describing career goals and how the features of the program as described will facilitate the realization of these goals
B. Your curriculum vita
C. Three letters of recommendation
D. A copy of your graduate transcript

Questions via email can be addressed to either:
Dr. John Beauvais (John.Beauvais@va.gov) or Dr. Joseph Kulas (Joseph.Kulas@va.gov)

For questions via regular mail, please use the following address:

John Beauvais, Ph. D.
Co-Director of Training, Clinical Neuropsychology Postdoctoral Residency Program
VA Connecticut Healthcare System – West Haven
Psychology Service – 116B
950 Campbell Ave.
West Haven, CT 06516

The VA Connecticut Healthcare System, Clinical Neuropsychology Postdoctoral Residency Program is accredited by the American Psychological Association. For information regarding APA accreditation of this internship or other accredited internships, please write or call:

Office of Program Consultation & Accreditation
American Psychological Association
750 First Street NE
Washington, DC 20002-4242
202-336-5979
www.apa.org

*This document may contain links to sites external to Department of Veterans Affairs. VA does not endorse and is not responsible for the content of the external linked websites.
VA Connecticut Healthcare System offers a two-year postdoctoral fellowship in the specialty practice area of clinical neuropsychology. Our fellowship is currently accredited by the American Psychological Association. We have three total fellowship positions and each year we recruit one position for the West Haven Campus. Every other year we offer a fellow position that is split between the Newington and West Haven campuses with a specialization in geriatric health. This coming year will be an “off” year for the split (Newington/West Haven) position.

The educational philosophy of the Neuropsychology postdoctoral fellowship follows the Scientist-Practitioner model. The focus of the program is to provide an advanced level of competence in Clinical Neuropsychology through a comprehensive understanding of the process of science and its application to clinical endeavors. Research participation, in conjunction with the application of scientific findings to their clinical casework, is expected. Although the fellowship is primarily clinical in nature, approximately 30% of their time being spent in direct service delivery. The fellow is expected to contribute to research and/or program development in advancing clinical care. The program aims to educate students in accordance with the 1997 Houston Conference on Specialty Education and Training in Clinical Neuropsychology. The core domains identified by the Houston Conference (assessment, treatment and intervention, consultation, research, and teaching and supervision) are addressed throughout the training program in the specific clinics and through educational opportunities such as seminars and didactics. Residents completing the program will have solid foundational preparation to complete ABPP certification in Clinical Neuropsychology. Further, our program is designed to meet postdoctoral requirements for the State of Connecticut.

For the 2019 training year the program will be recruiting for one fellow (West Haven campus). The postdoctoral training program is a full-time, two-year program. Building upon the developmental level of the student, the fellow is given opportunities to develop their own “voice” with regard to assessment by using the skills that they have cultivated throughout their previous training. This includes but is not limited to test battery selection beyond a basic core, interview and report style, interaction with affiliate medical staff, and broader autonomy in administration of clinic responsibilities. As the fellow gains experience, they are given increased autonomy within the program. At completion of the fellowship, it is expected that they will feel comfortable in their own ability to manage the responsibilities associated with the practice of Clinical Neuropsychology.

Training in clinical care is driven by the concept of empirically based assessment and treatment. Fellows are expected to use the scientific literature to drive assessment approaches, case conceptualization, diagnostic impressions, and treatment recommendations. Critical evaluation of clinical methodologies and skeptical analysis of novel and traditional treatment approaches are strongly encouraged during all aspects of their training. Training is experiential in approach as the fellow will be given ample opportunities to gain experience with a broad range of patient populations including neurodegenerative disorders, traumatic brain injury, stroke, movement disorders such as Parkinson’s Disease, substance abuse disorders, brain tumors and other cancers, and other more infrequently encountered disorders. The fellow will gain these experiences through the two outpatient Neuropsychology clinics and in the numerous specialty medical clinics within the hospital.

The educational experiences across both positions are rounded out by training and didactic experiences throughout allied psychology training programs and clinics that provide a significant breadth of educational opportunities, with approximately 10% of the fellows time allotted to these activities. The development of professional skills associated with the administrative aspects of running a clinic are emphasized throughout the program as the fellow takes an active role in the day-to-day functioning of an active service. Furthermore, professional skills are developed through socialization with other fellows within the Neuropsychology fellowship and other Psychology fellowships at VACHS and interactions with staff on a junior colleague level.
Additionally, the fellows will begin to receive the opportunity to develop supervision and mentoring skills through the supervision of practicum students and interns within their respective clinical duties. This supervision again builds upon the fellow's individual skill set, but includes supervision of test administration, report writing and case conceptualization, as the fellow advances. A focus on the development of approaches to supervision is fostered to allow for a broader understanding of potential issues within supervisory relationships.

**Clinical Neuropsychology Consultation Clinic**
While the program has traditionally focused on work with neurology and geropsychiatry patients, interns work with a variety of individuals with wide ranging problems during the training year. Extensive experience in neuropsychological evaluation for diagnostics, treatment effects, and rehabilitation planning is provided. While feedback is offered to every patient, referrals for counseling, remediation, and rehabilitation are frequently made. Exposure to both standardized and process-oriented approaches to neuropsychological assessment is provided, though the primary clinical work utilizes a core battery comprised for utility with the disparate patient population served. This is the primary referral clinic for doctoral trainees. Dr. Beauvais currently serves as the director of this clinic and Drs. Beenken, Kulas, and Weisser serve as primary supervisors.

**Behavioral Research Assessment and Integrative Neuropsychology Clinic (BRAIN)**, is a referral based clinic that receives requests through the Polytrauma system of care. It is designed to integrate comprehensive neuropsychological assessment with clinical research to exemplify the role that science can and should play in clinical practice. To achieve these goals, the clinic provides the means to conduct clinical neuropsychological research and to coordinate with other primary investigators within VACHS to incorporate neurocognitive assessment into their ongoing research projects. The clinic maintains a continuously updated database (that can be combined with the Clinical Neuropsychology Consultation Clinic) from which projects can be conceptualized and initiated. It is hoped that trainees will be able to experience the way in which research activities can be incorporated into their clinical practice to improve the field while allowing for a richer career experience. Trainees are able to generate their own research ideas or participate in ongoing research projects to complete their research requirements. Joseph Kulas, Ph.D., ABPP, currently serves as the director of this clinic.

**Parkinson’s Consortium**
This consortium provides a multi-disciplinary approach to evaluating and treating patients with Parkinson’s disease and related movement disorders. The fellow typically works in this clinic during their second year, providing consultation to Neurology and working alongside other disciplines including speech therapy, physical therapy, and nutrition. Neuropsychology’s role includes administration of an abbreviated, flexible battery, and communication of findings to the Neurology Attending to inform treatment recommendations.

**Neurocognitive Clinic**
This clinic provides a multi-disciplinary approach to evaluating and treating patients primarily with neurodegenerative disease. The fellow typically works in this clinic during both years. Neuropsychology’s role includes administration of an abbreviated, flexible battery, and case discussion with the Neurology Attending, Geropsychiatry, and Neurology Fellows. Patients are routinely followed in this clinic to allow for determination of cognitive change over time. Opportunities to observe the Neurological Examination and review neuroimaging are available.

**Geriatric Health (Newington Campus)**. This two-year specialty will offer multi-disciplinary opportunities with the fellow working alongside neuropsychologists, geriatric psychologists, and geriatricians. This core rotation offers a comprehensive approach to geriatric health that begins with screening within primary care for cognitive impairments, comprehensive neuropsychological assessment to further characterize those deficits, and psychoeducational or therapeutic interventions to assist in the case of the Veteran. This rotation is expected of the Newington resident, and optional for a West Haven resident.

**Additional Rotations**
Fellows in Clinical Neuropsychology can also receive training or didactics in other clinical settings (e.g., cognitive rehabilitation/remediation, neuroscience, neurology, or psychiatry grand rounds)

**Didactics**

**Clinical Neuropsychology Seminar (Required)**
The Clinical Neuropsychology Seminar is a weekly series that covers a number of academic, clinical, and research issues in Clinical Neuropsychology (the specialty profession that focuses on the behavioral manifestation of brain function/dysfunction). Topics will provide advanced training in brain-behavior relationships, including overviews of functional neuroanatomy, neurological diseases (e.g., cerebrovascular disease, traumatic brain injury), clinical syndromes (e.g., aphasia), ancillary neurodiagnostic procedures (e.g., neuroimaging, EEG), and professional issues in neuropsychology. Lectures will be delivered by prominent clinicians and researchers from diverse settings in order to provide a broad base of learning perspectives. The seminar also incorporates journal club.

**Neuropsychology Case Conference (Required)**
Each week, all neuropsychology trainees convene to discuss a case that has been recently evaluated for group discussion with one of the neuropsychology attendings. Participation in mock fact findings broadly consistent with the procedures utilized in ABCN oral examination will be expected.

**Interdisciplinary Case Conference (Required)**
Each month, neurology and neuropsychology trainees (and their attending) convene to discuss a case that has been recently evaluated by our respective services. Psychiatry and Geriatrics participate on a case by case basis. Each discipline contributes their perspective to the discussion, and the didactic often include a review of neuroimaging involved in the case from the neurology attending.

**Professional Development Seminar (Required)**
Alicia Heapy, Ph.D., Research Psychologist, and Anne Klee, Ph.D. facilitate a monthly meeting for all psychology post-doctoral residents at VACHS on professional development. Topics include: applying for a career development award, licensure requirements, studying for the EPPP, obtaining employment, and managing a research and clinical career.

**Diversity Seminar (Required)**
Meets monthly over the course of the year for all psychology post-doctoral residents at VACHS. Topics and speakers are selected to increase self-awareness and improve delivery of care.

**VACHS Psychology Colloquia (Required)**
The Psychology Service offers monthly colloquiums on the 2nd Thursday of each month. All staff and trainees are expected to attend. Local and national speakers present on an array of topics.

**Brain Cuttings and Neuropathology (as available, as this is a not VA site experience)**
Once a month, the Yale Neuropathology Service offers a lecture covering a wide range of topics involving CNS disorders. This is combined with an opportunity for post-mortem examination of the brain (‘brain cutting’). Tentative topics for 2018/19 will cover: Review of Neurohistology/pathology, CNS Tumors (plus Molecular Pathology); Vascular Pathology; Infectious Disease; Neurodegeneration; Epilepsy Pathology; Muscle/Nerve Pathology; Cytopathology; Neuroendocrine Pathology (Lesion of pituitary gland and sella region); and Pediatric/Developmental Neuropathology. Neuropsychology track interns (and fellows) are supported in regularly attending this didactic with a VA attending.

**Neuroanatomy (as available, as this is a not VA site experience)**
Neuropsychology fellows, typically in their second year of training, are invited to attend neuroanatomy training with Dr. Hal Blumenfeld with the Yale Neurology residents. This 5 session course covers case based conferences on the spinal cord, brain stem, motor systems, sensory systems and cortical and cognitive systems.
Research

The program, consistent with its scientist practitioner approach encourages the resident to become an active participant in the scientific process. Each resident is expected as a part of their training to complete at least one research project, either constructed on their own or through participation in ongoing research projects within the Clinical Neuropsychology Consultation Clinic, the Behavioral Research Assessment and Integrative Neuropsychology Clinic (BRAIN), or one of the many ongoing research programs within the VACHS, including the National Center for PTSD, Pain Research, Informatics, Medical comorbidities, and Education (PRIME), Mental Illness Research, Education and Clinical Center (MIRECC), or within individual medical departments. Staff psychologists have active research programs within each of these programs and are able to easily integrate fellows into existing research programs or are able to assist in the development of a feasible project developed by a fellow. The aim of these projects will be for eventual publication in a peer-reviewed journal or presentation at a national scientific conference. Development of a fellow’s own research ideas and skills to allow the continuation of that research following completion of the fellowship is strongly encouraged.

Training Goals and Evaluative Criteria

Training Goals and Evaluative Criteria

The Clinical Neuropsychology Residency provides training in the assessment and treatment of patients with various psychiatric and neurologic disorders. Residents will conduct neuropsychological evaluations, provide feedback to patients and their families, and consult with multidisciplinary teams. They will also participate in the Neuropsychology Seminar, which incorporates didactics, case conference and journal club activities. Residents may also become involved in cognitive remediation and/or therapy efforts. In terms of research, residents will be expected to either participate in on-going research endeavors and/or work on developing their own research proposal. The training objectives, advanced competencies, and activities available are consistent with the new Standards of Accreditation where passing the fellowship represents readiness at the entry level for advanced specialized practice in all domains:

Objective 1. Integration of Science and Practice
Fellows need to demonstrate the ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications, and program evaluation).

Objective 2. Individual and Cultural Diversity
Fellows need to develop and demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population.

Objective 3. Ethical and Legal
Fellows act professionally and ethically. This includes behavior in accordance with the APA Code and relevant laws, regulations, rules, policies, standards and guidelines.

Objective 4. Assessment
Advanced proficiency in the use of clinical interview to obtain significant information, ultimately for assistance in answering the referral question (e.g., differential diagnosis). Proficiency is achieved when the resident displays the ability to 1) discriminate between valid and invalid test results; 2) develop reasonable hypotheses about a patient based on the test data and interview; 3) determine when follow-up is indicated; and 4) integrate objective test data into a comprehensive conceptualization. Assessment skills presume effective communication skills.

Objective 5: Consultation and Intervention
Advanced ability to prepare concise, informative and timely consultation reports based on the interview and/or test findings with clear presentation of case formulations. Advanced ability to effectively
communicate findings, recommendations, and interventions to the patient, family, referral source, and potentially to staff from other disciplines.

**Objective 7. Professional Values, Attitudes and Behaviors**
Demonstrates a developing professional identity as a Clinical Neuropsychologist.

**Objective 8 Supervision**
Fellows develop competence in providing supervision to interns and more junior trainees.
CORE TRAINING STAFF

There are over 75 professionals comprising the Psychology Service clinical, research, and postdoctoral staff at VA Connecticut. The staff represents a variety of orientations, and residents will have an opportunity to be supervised by different staff members. In addition, some consultation/supervision is available from medical staff and Yale consultants during the years of training.

Supervision is primarily provided by the Co-Directors of the program. Supervision will cover clinical cases, research progress and other professional issues as they arrive. Consistent with accreditation guidelines the fellow will receive at a minimum two (2) hours of individual supervision per week. Fellows will also participate in one hour of group supervision per week with other trainees. The primary supervisors are available for ad hoc supervision whenever necessary. Further, the fellow will have opportunities for additional consultation and supervision with additional supervisors as available or within the specialty clinics. On-site supervision and intervention is available for at all times for emergencies.

Primary Supervisors:

John E. Beauvais, Ph.D., has clinical and research interests in the area of Clinical Neuropsychology. He is actively researching the neuropsychological and psychological aspects of Multiple Sclerosis, predictors of driving in the elderly, and innovative approaches to assessment in visually impaired populations. He serves as the Ethics Consultation Coordinator for VA Connecticut, Serves as the AITCN representative to the Neuropsychology Synarchy, and is a current member of the National Psychology Professional Standards Board.

Joseph F. Kulas, Ph.D., ABPP-Cn, Co-Director, is a board certified clinical neuropsychologist whose clinical interests encompass broad areas including traumatic brain injury, sleep, dementia, and epilepsy. Research interests include the cognitive impact of chronic epilepsy, neural network models of traumatic brain injury, psychometric properties of neuropsychological measures, anxiety, and increasing the role of science in medicine.

Beth Beenken, Ph.D., Primary employment setting: Eastern Blind Rehabilitation Center. Dr. Beenken specializes in clinical neuropsychology, providing evaluation for various populations including those with sensory impairments or alterations. In addition, she has interests in brief and eclectic psychotherapeutic interventions with a cognitive behavioral focus. Current research interests include developing a cognitive measure to assess spatial functioning in people with vision impairment.

Annie C. Chang, Ph.D., is the core supervisor for the Geriatric Health emphasis at the Newington Campus. She is an expert in geriatric assessment, completing a specialty in this area during her years of training with continued interests in this field. Her current research interests also include cross-cultural neuropsychology, traumatic brain injury, and post-traumatic stress disorder and its associated resilience factors.

Valerie Weisser, Ph.D., currently provides individual and group supervision for neuropsychology trainees as well as supervision of interns in the interdisciplinary stroke clinic. She is the primary supervisor for fellows in the Parkinson’s Consortium and Neurobehavioral clinics. She also conducts neuropsychological and mental health evaluations within the compensation and pension department. She is currently researching the effect of context on cognitive symptom validity performance in Veterans with PTSD. Past research areas include cognitive and functional performance in Multiple Sclerosis.

Contributing Supervisors (provide individual supervision for the Neuropsychology Fellow with a Geriatric emphasis, in addition to supervision in the settings below)
Kim Corey, Ph.D., currently supervises the geropsychology services at the Newington campus. Through this service, Fellows interact with a diverse staff and provide clinical services, which include psychological evaluations, individual and group therapy, neuropsychological consultations, and supervision of geropsychology intern. Dr. Corey has special interests in geropsychology, behavioral medicine, dementia and caregiver burden, and end of life care.

Margaret Rathier, M.D., is a geriatrician and the Director the Geriatric Evaluation and Management (GEM) program at Newington. She is also an Assistant Professor at the University of Connecticut Center on Aging. Dr. Rathier has 29 years of experience in geriatric health and treatment management. Dr. Rathier also has extensive publications and presentations on geriatric medicine, and diagnosis and treatment of Alzheimer’s disease management.

SALARY AND BENEFITS:

The salary for the postdoctoral residency program is consistent with national VA standards and locality pay differentials. Currently, the salary for our residents is $51,233 for the first year and $54,002 for the second year plus benefits including health insurance, federal holidays and other leave (sick leave and annual/"vacation" leave), in accordance with national VA guidelines.

Administrative Policies and Procedures

Authorized Leave Policy: In addition to OAA regulations for Annual and Sick leave, residents may request leave for academic/research purposes (e.g., attendance at professional and/or scientific meetings). Such academic leave can be approved as "authorized absence" and is considered part of the training experience. Exactly when leave may be taken is to be worked out with the relevant supervisory psychologists and should be discussed well in advance. For authorized absence, paperwork will need to be filled out and approved at least two weeks prior to traveling.

Due Process/Grievance Procedure Policies: At the beginning of the training year, residents are given a copy of our Due Process policy. This document provides a definition of problematic behavior and impairment, a listing of possible sanctions and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems or impairment. Also at the beginning of the training year, residents are given a copy of our grievance procedures policy. This document provides guidelines to assist residents who wish to file complaints against staff members. It also explains the process if a supervisor has a concern regarding a student that does not fall under the inadequate performance (i.e., Due Process). These policies are available, in advance, by request.

SETTING:

The mission of VACHS is "to provide high quality health care that meets the needs of the Veteran patients, to promote health through prevention and to maintain excellence in teaching and research." VACHS is a division of the VA New England Healthcare System that serves Veterans in Maine, New Hampshire, Vermont, Massachusetts, Rhode Island and Connecticut. As one of the more complex VA facilities in the nation, VACHS boasts an integrated system of healthcare delivery that encompasses a full range of ambulatory services as well as a tertiary care inpatient facility at its West Haven campus, an ambulatory care Center for Excellence at its Newington campus, six Community Based Outpatient Clinics, and a recovery-oriented Community Care Center. VACHS has over 200 operating beds supporting acute medical–surgical care, mental health care, and geriatrics and extended care services. In FY12, approximately 58,000 Veterans received care at VACHS, accounting for over 700,000 outpatient visits. VACHS is also home to a variety of special, regional treatment centers, including a Blind Rehabilitation Service, National
Center for PTSD, Comprehensive Cancer Center, Rehabilitation Center of Excellence, and vibrant CT Surgery and PTCA programs. Even though the majority of Veterans served throughout VACHS are male, female Veterans are regularly served and have access to a specialized women clinic.

In addition to providing excellent patient care, VACHS also provides a highly fertile environment for education and scientific investigations across many fields. While the neuropsychology fellowship falls solely under the auspices of VA Connecticut, our healthcare system is strongly affiliated with the Yale University School of Medicine and the School of Medicine at the University of Connecticut. These cooperative affiliations have helped make the VACHS a leader in research. Our facility has one of the VA’s most extensive research programs, with an annual research budget of approximately $28 million. Important research foci include aging, Alzheimer’s Disease, cardiovascular disease, cancer, spinal cord regeneration, substance abuse, and schizophrenia. In addition, VACHS is also the home of a vibrant Mental Illness Research, Education, and Clinical Center (MIRECC) that spearheads several studies on Veterans with co-morbid psychiatric and substance use concerns.
POST- DOCTORAL RESIDENCY PROGRAM TABLES

Date Program Tables are updated: 9/12/2018

Postdoctoral Program Admissions

<table>
<thead>
<tr>
<th>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The overall goal of our accredited fellowship in clinical neuropsychology is to prepare the fellow entry-level specialty practice. Our program emphasizes a scientist-practitioner model of training and encourages the development of professional and scientific skills consistent with this perspective.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Describe any other required minimum criteria used to screen applicants:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychology faculty review all submitted applications and ranking preference is given to applicants that have specific educational, clinical, and research experiences that are consistent with the type of work that is performed at VACHS within the clinical neuropsychology section.</td>
</tr>
</tbody>
</table>

Financial and Other Benefit Support for Upcoming Training Year*

| Annual Stipend/Salary for Full-time Residents | 51,233 (year1) |
| Annual Stipend/Salary for Full-time Residents | 54,002 (year2) |
| Annual Stipend/Salary for Half-time Residents | NA |
| Program provides access to medical insurance for residents? | Yes | No |
| If access to medical insurance is provided: |
| Trainee contribution to cost required? | Yes | No |
| Coverage of family member(s) available? | Yes | No |
| Coverage of legally married partner available? | Yes | No |
| Coverage of domestic partner available? | Yes | No |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) | 96-104 (4 hours of Annual Leave earned after every full 2-week pay period that is worked) |
| Hours of Annual Paid Sick Leave | 96-104 (4 hours of Annual Leave earned after every full 2-week pay period that is worked) |
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Other Benefits (please describe): Interns can opt for supplemental dental and vision benefits in addition to medical insurance. Interns receive all federal holidays that fall within their appointment (typically 10 each year, consistent with Federal guidelines) and are eligible for up to 10 days of Authorized Absence for approved, professional development endeavors.

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**Initial Post-Residency Positions**

*(Provide an Aggregated Tally for the Preceding 3 Cohorts)*

<table>
<thead>
<tr>
<th>Total # of residents who were in the 3 cohorts</th>
<th>2014-2017</th>
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<tbody>
<tr>
<td></td>
<td>3</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Total # of residents who remain in training in the residency program</th>
<th>0</th>
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</table>

<table>
<thead>
<tr>
<th>Setting</th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>University counseling center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Military health center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Academic health center</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
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<td>0</td>
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<tr>
<td>Academic university/department</td>
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<td>0</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
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<tr>
<td>Independent research institution</td>
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<td>0</td>
</tr>
<tr>
<td>Correctional facility</td>
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<td>0</td>
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<tr>
<td>School district/system</td>
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<td>0</td>
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<tr>
<td>Independent practice setting</td>
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<td>0</td>
</tr>
<tr>
<td>Not currently employed</td>
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<td>0</td>
</tr>
<tr>
<td>Changed to another field</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.
The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.

2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.

3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit [https://www.sss.gov/](https://www.sss.gov/). Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.

4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: [http://www.archives.gov/federal-register/codification/executive-order/10450.html](http://www.archives.gov/federal-register/codification/executive-order/10450.html).

5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.

6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at [https://www.va.gov/oaa/agreements.asp](https://www.va.gov/oaa/agreements.asp) (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.

7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit [https://www.va.gov/OAA/TQCVL.asp](https://www.va.gov/OAA/TQCVL.asp)

   a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. Declinations are EXTREMELY rare. If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.

   b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at [https://www.va.gov/oaa/app-forms.asp](https://www.va.gov/oaa/app-forms.asp). Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: [https://www.oit.va.gov/programs/piv_/media/docs/IDMatrix.pdf](https://www.oit.va.gov/programs/piv_/media/docs/IDMatrix.pdf)

Additional information regarding eligibility requirements for appointment as a psychology HPT can be found at the end of this brochure.

**Additional information regarding eligibility requirements (with hyperlinks)**

- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: [https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties](https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties)

**Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):**

**Specific factors.** In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

1. Misconduct or negligence in employment;
2. Criminal or dishonest conduct;
3. Material, intentional false statement, or deception or fraud in examination or appointment;
4. Refusal to furnish testimony as required by § 5.4 of this chapter;
5. Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
6. Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
7. Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
8. Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

**Additional considerations.** OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

1. The nature of the position for which the person is applying or in which the person is employed;
2. The nature and seriousness of the conduct;
3. The circumstances surrounding the conduct;
4. The recency of the conduct;
5. The age of the person involved at the time of the conduct;
6. Contributing societal conditions; and
7. The absence or presence of rehabilitation or efforts toward rehabilitation.