

**Portland VA Medical Center  
CLINICAL EXPERIENCE FORM**

Applicant Name: \_\_\_\_\_

APPIC Computer Matching Applicant Code: \_\_\_\_\_

The following information is required for the Portland VAMC to accurately compare applicants. In some cases, this will be a brief restatement of data included in your vita. Thank you for your time and patience in this process.

**CLINICAL EXPERIENCE**

Name of Institution	Type (Select One)	Primary Population (Select One)	Total Hours	Face to Face Hours	No. of Clients	Primary Duties (Rank Order)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Sum of total hours:** \_\_\_\_\_

**Type:** 1 = VA, 2 = University Counseling Center, 3 = Medical School, 4 = Private Hospital, 5 = Community Mental Health Center, 6 = Other Medical Setting, 7 = Private Practice, 8 = Correctional, 9 = School, 10 = Other.

**Population:** 1 = Adult Outpatient Psychology, 2 = Adult Medical, 3 = Older Adults, 4 = Substance Abuse, 5 = PTSD, 6 = Neuropsychology, 7 = Adult Inpatient Psychology, 8 = Children, 9 = Adolescents, 10 = Ethnic Minorities.

**Duties:** 1 = Individual Therapy, 2 = Group, 3 = Family/Marital, 4 = Personality Assessment, 5 = Neuropsychological Assessment, 6 = Consultation.

**ASSESSMENT EXPERIENCE**

Test	No. Interpreted
MMPI / MMPI2	_____
WISC	_____
WAIS	_____
WMS	_____
<b>Total</b>	_____

**No. Written Reports**

Intake Assessments	_____
Personality Assessments	_____
Cognitive Assessments	_____
<b>Total</b>	_____