



CENTRAL ARKANSAS VETERANS HEALTHCARE SYSTEM  
 PSYCHOLOGY POSTDOCTORAL AND INTERPROFESSIONAL FELLOWSHIP

## APPLICATION / SUMMARY OF CLINICAL EXPERIENCES

<b>Full Name:</b>	
Optional Notes: e.g. preferred pronouns, nickname, phonetic pronunciation, etc.	
Preferred email address	
Phone number	
Mailing address	
Graduate program	
Professional Discipline	
Actual/expected graduation (month/year)	

**INSTRUCTIONS:** This Summary of Clinical Experiences will serve as a supplement for your fellowship application. This form was developed to be used with multiple healthcare disciplines, so it is very likely that several of the experiences listed will not directly apply to the training you have received so far. Please complete as much of the form as possible, but do not worry if your prior experiences do not neatly fit into this summary. *NONE* of the experiences listed is required in order to apply for the fellowship, and most candidates will **NOT** have all of the experiences listed. The Fellowship Committee will consider your *WHOLE* application, including your cover letter, cv, references, transcripts, and any other relevant supporting documents. These other documents are a great place to highlight any experiences you have (whether or not they are listed here) that make you a good candidate for an advanced training fellowship.

For purposes of this form, clinical hours or clinical experiences may only be counted if they occurred face-to-face with a client/patient; AND if those services were provided in or through an organization or agency where regular clinical supervision was provided (i.e. practicum, field placement, internship, training clinic, etc.).

**Please indicate if and where you have had any of the following experiences**

	Training setting(s)
Clinical experience	
Working with an SMI population	
Working in a VA	
Working in an interdisciplinary setting	
Utilizing the Recovery Model for Mental Illness	

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