



**Boise VAMC Psychology Postdoctoral Fellowship in Clinical Psychology  
Emphasis Areas: Primary Care-Mental Health Integration and PTSD**

Boise VA Medical Center  
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Boise, ID 83702  
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**APPLICATION DUE DATE: January 6, 2019**

**Accreditation Status**

The Postdoctoral Fellowship Program at the **Boise VA Medical Center** (Boise VAMC) is accredited by the Commission on Accreditation of the American Psychological Association (APA) in Clinical Psychology. The next site visit is scheduled for 2020. Questions related to the accreditation process and status should be addressed to:

**Office of Program Consultation and Accreditation**

Education Directorate  
American Psychological Association  
750 First Street, NE  
Washington, DC, 20002-4242.  
(202) 336-5979  
[www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

**Description**

The Boise VAMC Psychology Postdoctoral Fellowship Program offers funding for three, 1-year Postdoctoral Fellowship positions for the 2019-2020 training year: two in Primary Care-Mental Health Integration (PCMHI) and one in Posttraumatic Stress Disorder (PTSD). Training emphasizes advanced practice skills, research, teaching, supervision, and health policy/program development. Psychology Fellows receive interprofessional training with internal medicine, pharmacy, nursing, nurse practitioner, social work, and psychology trainees in a variety of settings, including clinical care, research, and education.

**Boise VAMC Training and Psychology Setting**

The Boise VAMC offers a rich training opportunity through inpatient and outpatient settings and with Veterans experiencing complex medical and mental health conditions. Health care provision includes primary care, surgery, behavioral health, long-term care, oncology, and dental services. The Boise VAMC provides health care to an estimated 100,000 military Veterans living in the southern Idaho/eastern Oregon region of the United States.

The Boise VAMC has a long history and tradition of providing training to medical and associated health professions. During the 2017-2018 academic year, the Boise VAMC provided training to medical students, physician assistant students, internal medicine residents, family practice residents, psychology interns and postdoctoral Fellows. Additionally, the medical center's educational activities extend to more than 400 associated health professions in fields such as pharmacy, nursing, physical therapy, social work, and respiratory therapy. In recognition of the excellence in training and interdisciplinary care, VA Headquarters (Office of Academic Affiliations) selected the Boise VAMC as a Center of Excellence in Primary Care Education (COEPCE) in 2011. This grant is intended to foster transformation of clinical education by preparing health profession graduates to work in patient-centered interprofessional teams that provide coordinated longitudinal care. Specific to the Fellowship, this grant provides unique opportunities for psychology interns and Fellows, pharmacy residents, nurse practitioner residents, and

internal medicine residents to collaborate in a patient-centered medical home (i.e., combined curriculum, scholarly inquiry, and clinical care).

Boise VAMC Psychology Service is comprised of over 25 doctoral level psychologists. Licensed psychology staff are involved in formal teaching (seminars), supervision, and informal consultation (Interdisciplinary Case Conference). Additionally, the program structure encourages multiple supervision and research opportunities with faculty supervisors. The Boise Psychology Service and staff are primarily located within two recently built Behavioral Health buildings on the main Medical Center grounds. Psychologists also have offices in Primary Care and Specialty clinics at the Medical Center, and in Community Based Outpatient Clinics (CBOC).

### ***Populations Served***

The Boise VAMC serves primarily rural Veterans, with 50% of Veterans served residing in rural or highly rural areas. Overall, the facility serves more than 40,000 urban, rural, and highly rural Veterans annually. The Boise facility also supports two rural CBOCs in Twin Falls (3,104 Veterans) and Caldwell, as well as three highly rural outreach clinics in Salmon, Mountain Home and Burns, Oregon. The Caldwell CBOC provides care to approximately 5,000 patients per year with roughly 25% designated as living in rural and 25% designated as living in highly rural settings.

Boise VAMC Behavioral Health Service (BHS) provides care to approximately 6,300 Veterans a year. Primary diagnoses include Depression/Mood Disorders, PTSD /Anxiety Disorders, Substance Use Disorders, with the remaining (primary) diagnoses including Psychotic Disorders, Adjustment Disorders, Personality Disorders, and Psychological Factors Affecting Medical Conditions. Of the BHS-served Veterans who provide ethnicity/race information, 98% identify themselves as "Not Hispanic or Latino." Approximately 91% of the total number identified their "race" as "White/Caucasian", with the remaining 9% identifying their "race" as Native American, Alaska Native, Asian American, Black or African American, and Native Hawaiian or Pacific Islander. Twenty-one percent of Veterans served in BHS are women. The service era breakdown for all Veterans served include World War II (8.8%), Korea (6.7%), Vietnam Era (36%), Deserts Storm (17.5%), OIF/OEF/OND (7.5%), and all other periods (23.5%). The age breakdown for all Veterans served in BHS is as follows: < 25 (3%), 25-34 (16%), 35-44, (13%), 45-54 (17%), 55-64 (26%) 65-74 (19%), 75-84 (4%), and 85+ (2%). Due to the overall economic climate in Idaho (i.e., approximately 14% of residents in Idaho live below the poverty line) many of the Veterans treated within Behavioral Health have limited financial resources.

### ***Training Model, Philosophy, and Training Goals***

The Boise VAMC Psychology Postdoctoral Fellowship Program offers three fellowships in Clinical Psychology; 2 with an emphasis in Primary Care Mental Health Integration (PCMHI) and 1 with an emphasis in Posttraumatic Stress Disorder (PTSD). The program is committed to training professionals who engage in clinical practice consistent with the current state of scientific knowledge. The primary goal of the Fellowship is to prepare early-career psychologists for direct care, research, education, and program development in patient-centered interprofessional care settings, with an emphasis in contributing to rural health care delivery. Additionally, the program seeks to develop leaders in the integration of mental and physical health care in rural settings through teaching and health policy/program development. To this end, Fellows engage in scholarly inquiry, participate in advanced curriculum, and provide empirically supported care and teaching/consultation for a variety of clinical conditions on interprofessional teams.

Program objectives involve competency development in ten broad areas:

1. Professional values, attitudes, and behaviors
2. Assessment
3. Intervention
4. Ethical and Legal Standards
5. Individual and Cultural Diversity
6. Research
7. Supervision
8. Communication and Interpersonal Skills

9. Consultation and Interprofessional Skills
10. Leadership/Program Management

### ***Overall Program Structure and Training Activities***

**Curriculum:** In addition to curriculum didactics focused on enhancing skills and knowledge in the Fellow's area of emphasis, all Fellows will attend a seminar series as a group. The bi-weekly 60-minute *Postdoctoral Fellowship Seminar Series* includes many professional psychology topics related to entry and practice in the field (e.g., clinical privileging, EPPP preparation, employment search, salary negotiation, curriculum vitae workshop, supervision). Psychology staff present seminars that provide a conceptual framework entailed within their area of clinical focus, providing context to the roles that psychologists play and the knowledge and skills necessary to function within various systems. Several seminars focus on diversity-related topics and all seminars are expected to incorporate critical thinking related to diversity into their presentations. Other seminars focus on enhancement of clinical skills in assessment, psychotherapy and supervision. The Postdoctoral Fellowship seminars provide a formal opportunity for peer interaction, learning, and consultation. Fellows have opportunities throughout the year to recommend topics that they find relevant to their professional training.

Fellows also are afforded the opportunity to participate in Internship didactics, and are encouraged to attend seminars that fill gaps in knowledge. In addition, all Fellows may attend monthly Psychiatry Grand Rounds and other hospital didactics. Psychiatry Grand Rounds topics vary, but generally include new psychopharmacological treatments from evidence-based practice, new and emerging therapy methodologies, and case conference presentations. Faculty also welcome Fellows' interest in presenting at Grand Rounds. Each Fellow will be engaged in additional didactic programming with their supervisors within their area of emphasis. Didactic structure varies across emphases.

**Supervision:** Fellows receive training that is graduated in complexity and autonomy based on continual assessment, starting with a preliminary Individualized Training Plan. Fellows receive one or more hours of individual supervision and at least two hours total supervision per week. Additionally, interprofessional supervision/mentorship opportunities are encouraged through the Center of Excellence in Primary Care Education (COEPCE). Fellows also are required to provide supervision to at least one Intern or practicum student over the course of the year. Supervisory education and skill development is facilitated by the monthly *Supervision Seminar Series* held with the Training Directors.

**Fellowship Meeting:** Fellows meet quarterly with the Training Directors and other Fellowship staff, providing a forum for exploration of professional practice issues, including training in supervision, ethics, professional and legal standards, culturally competent practice, and preparation for licensure.

**Research and Teaching:** All Fellows are expected to be involved in scholarly activity throughout the Fellowship year. Postdoctoral Fellows are given up to 20% (8 hours) release time to focus on original research efforts and/or Quality Improvement (QI) projects. Research and QI projects vary greatly, and are individually developed with supervision and consultation from the fellowship supervisor and fellowship faculty. Fellows will have the opportunity to join an existing or newly created quality improvement/research project focused on processes across the Medical Center. Fellows may also propose their own project idea. Additionally, under the guidance of a research mentor, Fellows can develop and conduct research projects, for which they can: formulate testable and meaningful hypotheses; design the project to test these hypotheses; prepare a statistical analysis plan and create a database; understand and respond to the ethical, cultural, and legal issues involved in clinical research, and in institutional review board applications (for human or animal use); prepare VA Research and Development applications; determine research staffing and material requirements; recruit, screen, and evaluate potential subjects (as appropriate); perform the research experiments; enter data into the database; perform statistical analyses; and present research findings as oral presentations and written reports for publication. Additionally, Fellows are expected to be active participants in, and to periodically lead, hospital seminars and internship didactics as a means of developing skills in teaching.

**Minor Rotations:** In addition to their primary emphasis clinical experiences, fellows select two additional 6 month rotations (as available) in the Behavioral Medicine (e.g., MOVE!, Smoking cessation, transplant/geriatric pre-surgical evaluations), General Behavioral Health, PTSD, Substance Use Disorders, Inpatient Psychiatry, Caldwell CBOC, Women's Primary Care Clinic, Telemental Health Hub, Home Based Primary Care, and other areas. Fellows are encouraged to choose rotations that enhance specialty focus areas, as well as those that fill gaps in training.

**Locations:** Training occurs primarily at the Boise VAMC campus. **Primary Care-Mental Health Integration** Fellows will be co-located in a primary care clinic, and the **PTSD** Fellow will be co-located within the PTSD Domiciliary. Care will be provided in a variety of modalities, including individual and group interventions, shared medical appointments, telehealth, and interprofessional team consultation.

**Schedule:** Consistent with most state licensing rules, this postdoctoral program requires a full year commitment (i.e., 2080 hours), beginning in the Summer or Fall. No part-time or unfunded positions are offered. Similar to most behavioral health employees, hours are Monday through Friday, 8:00 a.m. to 4:30 p.m., with a 30 minute lunch break, resulting in an 8-hour work day. Fellows are encouraged to maintain a 40-hour work week and exceed this only in unusual clinical situations (i.e., emergency) or by personal choice. The program fulfills the licensure requirements for postdoctoral supervised practice in the state of Idaho.

### **Emphasis Areas:**

The program structure is 80% clinical (18 to 22 direct service hours/week) and up to 20% research/program development (8 hours/week). **Primary Care-Mental Health Integration** Fellows will complete a year-long rotation in the COEPCE training clinic (Silver Primary Care Team) and the **PTSD** Fellow will complete a year-long rotation within the PTSD Clinical Team Residential and Outpatient program; all Fellows will select from two additional 6-month rotations. Rotations and concentrations will be identified at the beginning of the year based on the above-noted competencies, goals of the training program, and career goals of the Fellow.

**(1) Primary Care-Mental Health Integration Emphasis:** In this year-long primary rotation, Fellows are co-located in the primary care clinic (Silver Primary Care Team; 20 hours) and collaborate with interprofessional care providers. Fellows are available for "warm-handoff" referrals and consultation. Fellows provide assessment; brief, empirically supported psychotherapy; and psychoeducation to Veterans who present with a variety of complex medical and psychological concerns (e.g., chronic pain, diabetes, hypertension, obesity, smoking, etc.).

The **Primary Care-Mental Health Integration** Fellows' education, research, and clinical activities occur within the Boise VAMC COEPCE Center. The COEPCE offers interdisciplinary curriculum targeted to interprofessional trainee healthcare teams (Nurse Practitioner students and Fellows; Psychology Interns and Fellows; Pharmacy Fellows; Internal Medicine Fellows; and Psychiatry Fellows). This curriculum introduces learners and program faculty to the Patient Aligned Care Team (PACT) model of primary care service delivery. The PACT model is based on shared decision-making, sustained relationships, interprofessional collaboration, and performance improvement in the care of primary care patients. With the inclusion of Behavioral Health, the COEPCE Center is a fully integrated care team. The COEPCE Center faculty also provide consultation to the Fellowship Program through faculty development; scheduling and logistics; stakeholder buy-in within existing clinical teams; and professional development and teamwork within an integrated interprofessional clinical environment.

**COEPCE Curriculum: Primary Care Seminars:** Primary Care Seminars introduce Fellows to patient management in the ambulatory care setting. This series of structured small group discussions aims to provide an evidence-based framework to the "art of medicine." To accomplish this, several cases are presented that emphasize a particular facet of patient care. Fellows are provided with primary research articles, review articles, and editorial pieces that support one or another of the clinic options.

The themes and cases include:

- Deliberate use of interviewing and its impact on clinical care (e.g., returning Veteran with PTSD, chronic illness, and social stressors)
- Screening and shared decision making (e.g., prostate cancer)
- Management of asymptomatic disease (e.g., HTN, hyperlipidemia)
- Motivating toward change in chronic symptomatic disease (e.g., diabetes)
- Reduction of harmful health habits (e.g., smoking, alcohol use)

**COEPCE Curriculum: Curriculum of Inquiry:** Interprofessional trainees participate in a month-long seminar series that involves assigned reading and structured discussion along with faculty who assist in the development of quality improvement or research projects. Trainees pursue projects over the remainder of the year. Monthly works-in-progress meetings, protected time for inquiry, and continued faculty mentorship guide the Fellows in their project development. Fellows present their work at hospital-wide grand rounds at the end of the academic year.

**(2) Posttraumatic Stress Disorder Emphasis:** In this year-long primary rotation, the Fellow is located on the Boise VA Medical Center main campus (Specialty PTSD Clinic). The Boise VA Medical Center PTSD Clinical Team (PCT) offers specialty PTSD outpatient and residential treatment. The PTSD Residential Program is housed in the Transformational and Recovery Center (TRC) with the Residential Substance Abuse Program. Fellows play an active role on the PCT team. As such, Fellows administer extensive assessment measures (i.e., CAPS-5, TSI-2, etc.) specific to PTSD. They also educate patients about their symptoms and teach techniques to manage symptoms via individual and group therapy. Fellows also have the opportunity to receive specialized training and become proficient in EBPs for PTSD, including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). Fellows will be able to assist with groups in the residential program (e.g., ACT for PTSD, Seeking Safety, Interpersonal Relationships, DBT, etc.). The residential program also offers supplemental care that will provide Fellows experience in addressing other residential needs (e.g., housing, unemployment, chronic pain, interpersonal difficulties, substance abuse/dependence).

The PTSD emphasis aims to train future psychologists in providing high quality care to Veterans from various geographical regions, including underserved, highly rural individuals. Fellows are embedded on an interprofessional team and will work closely with physicians, nurses, pharmacists, social workers, peer support specialists, psychiatrists, and recreational therapists for optimal care coordination of each Veteran. Emphasis seminars, supervision, and experiences will focus on: 1) training in ethical issues related to PTSD and interprofessional care, 2) diversity training related to the unique factors that arise in rural settings, 3) evidence based psychotherapy and assessment, and 4) competency in the delivery of psychotherapy services through telehealth modalities.

### ***Facility Resources***

The Postdoctoral Fellows have assigned office space on the Boise campus. All fellows share clinical space with psychiatry, social work, nursing, and medical trainees. Additionally, trainees have temporary private offices, many of which are co-located in primary care. Fellows have administrative and program support for training and consultation with electronic medical record management, telemental health, clinical applications, data management related to clinical workload, and program and facility performance improvement programs. Video-teleconferencing technologies are available to support seminars, clinical case conferences, and other trainings, as well as clinical applications. Fellows have computers available in their private and temporary offices and online access to journals and library support.

### ***Stipend and Benefits***

**Start Date:** The start date is flexible, beginning between July and September 2019, based on the selected candidates' availability..

**Stipend:** \$46,102

**Leave:** Fellows receive 10 federal holidays, 13 paid vacation days and up to 13 paid sick days per year. Additionally, Authorized Absence (AA) may be approved by the training director and supervisors for research meetings, conference attendance, and job interviews.

### ***Administrative Policies and Procedures***

**Fellow Evaluation and Minimal Requirements:** Fellows are evaluated at the beginning of the training year for areas of training need and interest. Throughout the year, evaluation and feedback occurs through the supervisory process to aid the Fellow in achieving the program's competencies. At the Fellowship midpoint and again at the end of the Fellowship, a summative review of all training activities is conducted by the Fellowship supervisors. This process allows for analysis of performance across all supervisors and training experiences. The Fellow provides input regarding her/his assessment of his/her performance during this process and receives formal written feedback. Each of the training objectives is linked to specific behavioral competencies on the rating form. In order to successfully complete the program, the Fellow must receive a rating score indicating "mastery appropriate for independent function" on all items during the end-of-year evaluation.

Overall, the program aims to sustain an "evaluation-rich" learning environment, in which supervisors and learners habitually reflect upon themselves, and in which they exchange feedback in an on-going, supportive and validating manner. Evaluation, when practiced well, should involve dispassionate critique aimed to improve the performance of Fellows and the program itself, rather than criticism, which interferes with accurate self-reflection, impairs relationships between learners and teachers, and impedes progress.

It is always expected that supervisors would have previously identified and discussed with the Fellows any concerns that are registered in a summative evaluation. That is, concerns should not be raised for the first time in a written summative evaluation, but will have been raised earlier during on-going formative evaluation, such that the Fellow has numerous early opportunities to correct her/his performance. Similarly, concerns with a supervisor or supervision should not be raised for the first time in a written summative evaluation. Faculty meet routinely to discuss Fellow progress, for the purpose of identifying additional supports and resources that may assist Fellows in attaining the program competencies, and likewise keep the Training Director regularly informed of progress.

**Remediation Process and Due Process:** Fellows are afforded the right to due process in matters of problem behavior and grievances. A due process document is distributed to and reviewed with Fellows during their first week of orientation at the Boise VAMC. A copy of the due process and grievance policy is also available on the Boise Psychology Training Sharepoint site.

**Self-Disclosure:** We do not require Fellows to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting the Fellow's performance and such information is necessary in order to address these difficulties.

**Privacy Policy:** The programs does not collect any personal information about applicants who visit the website.

### ***Application Requirements***

A candidate for the Boise VAMC Psychology Postdoctoral Fellowship must have:

- 1) A doctoral degree in psychology from an APA accredited doctoral program obtained prior to the Fellowship start date;
- 2) Completed an APA accredited psychology internship;
- 3) Successfully defended his/her dissertation and completed all other degree requirements before the beginning of the Fellowship program.
- 4) The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you are selected for this Fellowship and fit the above criteria, you will have to sign it. All Fellows will

have to complete a Certification of Citizenship in the United States prior to beginning the Fellowship. We cannot consider applications from anyone who is not currently a U.S. citizen. The VA conducts drug screening exams on randomly selected personnel as well as new employees. Fellows are not required to be tested prior to beginning work, but once on site they are subject to random selection in the same manner as other staff.

- 5) VA appointment requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the graduate program must complete and sign this letter. 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>

### ***Selection and Interview Process***

The application and selection process has been designed to be in accordance with the policies and procedures developed by the [Association of Psychology Postdoctoral and Internship Centers](#) (APPIC), including notification of selection. Application materials will be reviewed upon receipt, and top candidates will be invited for phone/video interviews. Our interview and selection criteria is based on a goodness-of-fit model. Ideal candidates have the knowledge and skills to contribute to and succeed in our postdoctoral program, as well as professional goals that align with the experiences our program offers. Preference is given to candidates that have demonstrated strengths in clinical work (including experience with empirically supported psychotherapies), scholarly productivity, experience with relevant populations and systems (e.g., rural, interprofessional, and Veterans), and advanced professionalism. Applicants are welcome to visit the facility, but all formal interviews are completed via telephone or videoconferencing.

The Boise VAMC is committed to ensuring a range of diversity among our training classes with respect to Veteran status, members of historically underrepresented groups, sexual orientation, and disability status. All things being equal, consideration is given to applicants who identify themselves as Veterans or members of historically underrepresented groups. The Boise VAMC adheres to the Americans with Disabilities Act (ADAAA; ADA Amendment of 2008 effective January 1, 2009).

***To apply, submit materials electronically to:***

<https://appicpostdoc.liaisoncas.com>

### ***Training Staff***

#### **Fellowship Training Faculty**

Brittany Bowman, Ph.D., Associate Training Director, BHIP/PCMHI Psychologist  
Adam Brotman, Psy.D., Integrated Care Team Staff Psychologist  
Jamie Champion, Ph.D, Acting Chief of Psychology, Clinical Neuropsychologist  
Brienne Dyer, Psy.D., Psychology Training Director, Clinical Neuropsychologist  
Angela Enlow, Ph.D., PTSD Clinical Team, Staff Psychologist  
Jill Hedt, Ph.D., National V-IMPACT PCMHI Consultant  
Melissa Kremer, Psy.D., Telemental Health/PTSD Team, Staff Psychologist  
Craig Lodis, Ph.D., Substance Use Disorders Team, Staff Psychologist  
Cody Maddox, Ph.D., Pain Psychologist  
Gregory W. Mondin, Ph.D., RN, Home Based Primary Care, Staff Psychologist  
Danae Perez-Cahill, Ph.D., Integrated Care Team Leader  
Leigh Smithkors, Ph.D., Staff Psychologist (Caldwell CBOC)  
Jeff Sordahl, Psy.D., ABPP/CN, VISN 20 V-IMPACT Hub PCMHI Program Manager  
Ami Student, Psy.D., Sleep Psychologist

### ***Links***

**Boise Center of Excellence in Primary Education:**

<http://boisevacoe.org/index.php>

**Chamber of Commerce:** <http://www.boisechamber.org/cwt/external/wcpages/>



## Postdoctoral Program Admissions

Date Program Tables are updated: 08/30/2018

**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:**

The application and selection process has been designed to be in accordance with the policies and procedures developed by the [Association of Psychology Postdoctoral and Internship Centers](#) (APPIC), including notification of selection. Application materials will be reviewed upon receipt, and top candidates will be invited for phone/video interviews. Our interview and selection criteria are based on a goodness-of-fit model. Ideal candidates have the knowledge and skills to contribute to and succeed in our postdoctoral program, as well as professional goals that align with the experiences our program offers. Preference is given to candidates that have demonstrated strengths in clinical work (including experience with empirically supported psychotherapies), scholarly productivity, experience with relevant populations and systems (e.g., rural, interprofessional, and Veterans), and advanced professionalism. Applicants are welcome to visit the facility, but all formal interviews are completed via telephone or videoconferencing.

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**Describe any other required minimum criteria used to screen applicants:**

Completion of an APA accredited or VA internship; completion of an APA accredited doctoral program

### Financial and Other Benefit Support for Upcoming Training Year\*

Annual Stipend/Salary for Full-time Residents	\$46,102	
Annual Stipend/Salary for Half-time Residents	NA	
Program provides access to medical insurance for resident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If access to medical insurance is provided:</b>		
Trainee contribution to cost required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of domestic partner available?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 hours	
Hours of Annual Paid Sick Leave	104 hours	
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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other Benefits (please describe): Federal holidays (10); 5 days authorized absence for approved professional activities (e.g., VA job interviews, workshops, etc.); Eligible for Dependent Care and Medical Care Flexible Spending Accounts; Eligible for life insurance; Weekly professional development time		

\*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

## Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2014-2017	
Total # of residents who were in the 3 cohorts	8	
Total # of residents who remain in training in the residency program	0	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	0	5
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	0	2
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	1
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

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.