



Boise VAMC Psychology Postdoctoral Residency in Clinical Psychology
Focus Areas: Primary Care-Mental Health Integration and PTSD

Boise VA Medical Center
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APPLICATION DUE DATE: January 5, 2020

Accreditation Status

The Postdoctoral Residency 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

Description

The Boise VAMC Psychology Postdoctoral Residency Program offers funding for three, 1-year Postdoctoral Residency positions for the 2020-2021 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 Residents 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 2018-2019 academic year, the Medical Education program provided training to 55 medical students, 23 physician assistant students, 32 internal medicine residents, 6 psychiatry residents, and 16 family practice residents. Additionally, the medical center's educational activities extend to more than 250 associated health professions in fields such as pharmacy, nursing, physical therapy, social work, and respiratory therapy. In recognition of the excellence in training and interprofessional 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 was created to foster transformation of clinical education by preparing health profession graduates to work in patient-centered interprofessional teams that provide coordinated, longitudinal care. The grant was extended to 8 years, \$7.25 million through September 2019, and much of the work of the CoEPCE continues on in the newly established Center of Education in Interprofessional Collaboration (CoEIPC). Specific to the Residency,

the CoEIPC provides unique opportunities for psychology interns and residents, 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 20 doctoral level psychologists. Licensed psychology staff are involved in formal teaching (seminars), supervision, and informal consultation (Interprofessional 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 43% of Veterans served residing in rural or highly rural areas. Overall, the facility serves more than 35,000 urban, rural, and highly rural Veterans annually. The Boise facility also supports two rural CBOCs in Twin Falls and Caldwell, as well as three highly rural outreach clinics in Salmon, Mountain Home, and Burns, Oregon. The Caldwell CBOC provides care to approximately 2,300 patients per year with roughly 25% designated as living in rural and 25% designated as living in highly rural settings.

Boise Behavioral Health Service (BHS) provides care to approximately 8,162 veterans a year with a range of diagnoses and complex medical presentations. Primary diagnoses include PTSD/Anxiety Disorder (44%), Depression/Mood Disorders (33%), Substance Use Disorder (10%), with remaining (primary) diagnoses including Psychotic Disorders, Adjustment Disorders, and Personality Disorders. Of the BHS-served veterans who provide ethnicity/race information, 87% identify themselves as "Not Hispanic or Latino." Approximately 85% of the total number identified their race as "White/Caucasian", with the remaining 15% identifying their race as Native American, Alaska Native, Asian American, Black or African American, and Native Hawaiian or Pacific Islander. Fourteen percent of veterans served in BHS are women and in the 2018 fiscal year nearly 1,389 Operation Iraqi Freedom / Operation Enduring Freedom (OIF/OEF) received Behavioral Health services. The age breakdown for all veterans served in BH being < 25 (1%), 25-34 (14%), 35-44 (16%), 45-54 (15%), 55-64 (19%), 65-74 (25%), 75-84 (7%), and 85+ (3%). 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. Additionally, Idaho ranks as one of the lowest ranking states for mental health care, with an estimated 66% of Idaho's population being designated as "underserved."

Training Aims and Competencies

The primary goal of the Residency 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, Residents 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 Aims include:

- 1) Integration of Science into Healthcare:** The Boise Psychology Postdoctoral Residency Program is committed to training professionals who engage in clinical practice consistent with the current state of scientific knowledge, with a particular focus on preparing psychologists for integrated and rural health care practice. The program's goal is to train future clinicians to inform their practices with extant scientific research, as well as to develop their abilities to think critically in addressing areas in which clinical research is limited. We encourage trainees to become both consumers and participants in research.

- 2) **Generalist Training:** We believe that psychologists should be well-rounded generalists, as they receive training with a variety of diverse individuals and groups (e.g., age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status) and a range of problems. As the primary focus of the internship year is training, we plan the training year based upon trainee needs and goals, and allow for flexibility as their professional identities become increasingly consolidated.
- 3) **Developmental Training:** We believe that the training process should be developmental. That is, residents follow a professional developmental process, assuming increasing levels of professional responsibility across the training year. It is expected that residents demonstrate substantial gains during the training year in the identified competencies as they receive clinical supervision and ongoing feedback regarding their progress. Objective competencies were designed to monitor progress across rotations and throughout the postdoctoral year. These competencies were developed with the goal of being sequential, cumulative, and graded in complexity, while also identifying the minimum level of achievement necessary to successfully complete the program.
- 4) **Sensitivity to Diversity:** The Boise VA Psychology training program values diversity and the unique perspectives individual differences provide. As such, we place a high value on attracting a diverse group of trainees as well as emphasizing awareness of diversity issues throughout the training year. We provide opportunities for trainees to apply their knowledge of individual and cultural diversity in clinical, research, and interprofessional settings. We encourage exploration of how individual cultural identities interact with those of others.
- 5) **Interprofessional Collaboration:** We believe that interprofessional collaboration is key to the provision of comprehensive healthcare and professional satisfaction. As such, our training year includes opportunities for our residents to integrate with other health professionals in clinical, administrative, and research settings. One way in which this is accomplished is through our trainees involvement with a variety of healthcare trainees (e.g., Internal Medicine Residents, Nurse Practitioner Residents, Pharmacy Residents) in the Center of Education.

The identified Competencies of the Residency are as follows:

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

The program structure is 80% clinical (18 to 22 direct service hours/week) and up to 20% research/program development (8 hours/week). 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 Resident.

Focus Areas:

(1) Primary Care-Mental Health Integration (PC-MHI) Focus: In this year-long primary rotation, Residents are co-located in the primary care clinic (“Silver Team;” 20 hours) and collaborate with interprofessional care providers. Residents are available for “warm-handoff” referrals and consultation. Residents provide intakes and 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.). PC-MHI Residents also rotate through

the Rapid Access clinic to provide evaluation and care to Veterans in crisis or needing immediate access to services.

The PC-MHI Residents' education, research, and clinical activities occur within interprofessional trainee healthcare teams (Nurse Practitioner students and Residents; Psychology Interns and Residents; Pharmacy Residents; Internal Medicine Residents; and Psychiatry Residents). The curriculum introduces learners to the Patient Aligned Care Team (PACT) model of primary care service delivery, which is based on shared decision-making, sustained relationships, interprofessional collaboration, and performance improvement in the care of patients. With the inclusion of Behavioral Health, the silver clinic PACT is a fully integrated care team. The CoEIPC faculty provide consultation to the Residency 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.

(2) Posttraumatic Stress Disorder Focus: In this year-long primary rotation, the Resident is primarily located in the Boise VA Transformation and Recovery Center (TRC). The TRC Team offers specialty PTSD and SUD residential treatment, and Postdoctoral Residents play an active role on both teams. Residents 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. Residents also have the opportunity to receive specialized training and become proficient in evidence-based psychotherapy (EBP) for PTSD, including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). Residents will be able to lead/co-lead groups for both PTSD and SUD residents (e.g., ACT for PTSD, Seeking Safety, Interpersonal Relationships, DBT, etc.). The residential program also offers supplemental care that will provide experience in addressing other needs (e.g., housing, unemployment, chronic pain, interpersonal difficulties). In addition, the PTSD Resident will have opportunity to work with these patients in an outpatient setting, as interested.

The PTSD focused-residency aims to train future psychologists in providing high quality care to Veterans from various geographical regions, including underserved, highly rural individuals. Residents 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. Focus 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 various modalities including telehealth.

Curriculum: In addition to didactics focused on enhancing skills and knowledge in the Resident's area of focus, all Residents will attend a seminar series as a group. The bi-weekly, 60-minute *Postdoctoral Residency Seminar Series* includes several 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 Residency seminars provide a formal opportunity for peer interaction, learning, and consultation. Residents have opportunities throughout the year to recommend topics that they find relevant to their professional training.

Interprofessional Noon Conference is held weekly and is another requirement for Residents. In this setting, Residents learn about a broad range of topics relevant to patient care and the medical setting alongside trainees from Medicine, Pharmacy, Nursing, and other disciplines. In this unique training atmosphere, each Resident will co-present a workshop with another trainee, with a focus on active, interprofessional learning experiences.

Interprofessional trainees participate in a seminar series (“*Interprofessional Quality Improvement*”) 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 (see Research and Teaching section below).

Residents also are afforded the opportunity to participate in Internship didactics, and are encouraged to attend didactics that fill gaps in knowledge. In addition, all Residents 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 Residents’ interest in presenting at Grand Rounds. Each Resident will be engaged in additional didactic programming with their supervisors within their area of focus. Didactic structure varies across emphases.

Supervision: Residents receive training that is graduated in complexity and autonomy based on continual assessment, starting with a preliminary Individualized Training Plan. Residents 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 Education in Interprofessional Collaboration (CoEIPC). Residents 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.

Residency Meeting: Residents meet quarterly with the Training Directors, 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 Residents are expected to be involved in scholarly activity throughout the Residency year. Postdoctoral Residents are given up to 20% (8 hours) release time to focus on quality improvement projects and/or original research efforts. Each Resident will be assigned to an Interprofessional Quality Improvement Project (iQIP) with quarterly works-in-progress meetings, protected time for inquiry, and continued faculty mentorship to guide them in their project development. IQIP teams present their work at hospital-wide grand rounds at the end of the academic year. Research and QI projects vary greatly, and are individually developed with supervision and consultation from the CoEIPC mentors and residency faculty. Residents may also propose their own project idea. Additionally, Residents 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 focus clinical experiences, residents select two additional 6-month minor (1 day/week) rotations in areas such as Behavioral Medicine (e.g., transplant/bariatric pre-surgical evaluations; oncology), Behavioral Health Interdisciplinary Program (BHIP), Pain Management, PTSD, Substance Use Disorders, Inpatient Psychiatry, Caldwell CBOC, Telemental Health Hub, or others (as available). Residents 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. PC-MHI Residents will be co-located in a primary care clinic, and the PTSD Resident will be co-located within the residential Transformation and Recovery Center (TRC) and related outpatient clinics. 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 typically 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. Residents 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.

Facility Resources

The Postdoctoral Residents have assigned office space on the Boise campus. All residents 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. Residents 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. Residents 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 2020, based on the selected candidates' availability.

Stipend: \$46,102

Leave: Residents 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

Resident Evaluation and Minimal Level of Achievement: Residents are surveyed at the beginning of the training year for areas of training need and interest, and this assists in the development of individualized training plans. Throughout the year, evaluation and feedback occurs through the supervisory process to aid the Resident in achieving the program's competencies and the Resident's individual goals. Residents are evaluated quarterly, with the requirement of a minimal level of achievement (MLA) of "4" by mid-year and "5" by end of year. See scale below:

- 1 = Most skills are new and Intern works under close supervision (entry practicum level)
- 2 = Some skills have been acquired and trainee works under close supervision (mid-practicum level)
- 3 = Many skills in this area have been acquired and trainee works with moderate supervision (intern entry level)
- 4 = Most skills in this area have been acquired and trainee works with minimal supervision (intern exit level/fellow entry level)
- 5 = Trainee has achieved mastery appropriate for independent function (fellow exit level)
- 6 = Experienced Psychologist level (typical psychologist 2 years post degree)

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 Residents 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 Residents 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 Resident 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 Resident progress, for the purpose of identifying additional supports and resources that may assist Residents in attaining the program competencies, and likewise keep the Training Director regularly informed of progress.

Remediation Process and Due Process: Residents are afforded the right to due process in matters of problem behavior and grievances. A due process document is distributed to and reviewed with Residents 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 Residents to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting the Resident'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 Residency must have:

- 1) A doctoral degree in psychology from an APA accredited doctoral program obtained prior to the Residency 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 Residency 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 Residency and fit the above criteria, you will have to sign it. All Residents will have to complete a Certification of Citizenship in the United States prior to beginning the Residency. 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. Residents 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 (Uniform Notification Date). 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) as well as the national VA nondiscrimination policy (VHA Directive 1018, effective May 30, 2013).

To apply, submit materials electronically to: <https://appicpostdoc.liaisoncas.com>

Training Staff

Residency Training Faculty

Adam Brotman, Psy.D., PC-MHI

Brienne Dyer, Psy.D., Training Director, Neuropsychology

Angela Enlow, Ph.D., BHIP

Eric Everson, Ph.D., BHIP

Mark Heyne, Ph.D., Chief of Psychology

Emily Konecky, Ph.D., PC-MHI (Caldwell CBOC)

Melissa Kremer, Psy.D., Telemental Health & Outpatient PTSD

Craig Lodis, Ph.D., Substance Use Disorders

Cody Maddox, Ph.D., Associate Training Director, Pain & Psychological Assessment

Gregory W. Mondin, Ph.D., RN, Home Based Primary Care

Julia Owen-Shoal, Ph.D., PTSD

Danae Perez-Cahill, Ph.D., PC-MHI

Gavin Shoal, Ph.D., BHIP

Leigh Smithkors, Ph.D., Outpatient Mental Health (Caldwell CBOC)

Jeff Sordahl, Psy.D., ABPP/CN, Tele-Neuropsychology

Ann Trotter, Psy.D., Health Behavior Coordination

Laura Wetherbee, Ph.D., PC-MHI & BHIP

Links

Boise Center of Education in Interprofessional Collaboration:

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

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

Postdoctoral Program Admissions

Date Program Tables are updated: 08/30/2019

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
If access to medical insurance is provided:		
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)

	2015-2018	
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	6
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	0	1
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.