THIRD EDITION

MATCH MADE ON EARTH

Dr. Rebecca Pillai Riddell, CPsych & Dr. Melanie Badali, Psychologist

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Funds to support the Third Edition were provided by York University's York Research Chair Program.

Please share your kudos and criticisms with us. We hope to update the book every few years so do let us know if there is a way to make this better for the next cohort of applicants. Email us at **matchearth2004@gmail.com.**

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She completed her internship in the Behavioural Medicine Track at London Health Sciences Centre. Her clinical interests lie in the areas of perinatal mental health, infant mental health, and chronic pain. Her research focuses on the development of preterm infant pain responses and mental health in the context of parental mental health. She now leads the DIVERT Mental Health research training platform supporting mental health professionals at all career stages to practice inclusively and to embrace technology *(divertmentalhealth.ca).*

Shameless plug alert!! Become a member; it is free for faculty, clinicians, and trainees... actually, for anyone to learn about more diverse ways of approaching mental health.

DR. MELANIE BADALI, PSYCHOLOGIST

Dr. Melanie Badali is an award-winning psychologist with over two decades of experience as a clinician, researcher, and educator. At the North Shore Stress and Anxiety Clinic, she helps people optimize their mental health and well-being using science-informed strategies.

A passionate mental health advocate, Melanie shares psychological knowledge through public speaking, writing, and media engagement. She is committed to making psychology accessible and relevant to everyday life.

Melanie's dedication to helping people navigate stressful life transitions is as strong today as it was more than 20 years ago, when she was inspired to create the first edition of Match Made on Earth. With this new edition, she hopes to provide students with a trusted, practical resource as they navigate their clinical psychology residency journeys.

Co-Authorship Team

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Oana Bucsea is currently completing her Ph.D. in Clinical-Developmental Psychology (Neuropsychology Stream) at York University. She is starting her residency in the Pediatric Clinical Neuropsychology Track at Hamilton Health Sciences (HHS) in September 2026. Her clinical and research passions are in neuropsychology and health psychology, particularly working with children and youth who have experienced acute and chronic medical conditions impacting their cognitive, academic, and socio-emotional development.

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Thank you to the over 80 trainees across the country that shared their perspectives with us for this new re-vamped edition. There was so much rich data in your responses, and we are so grateful you took the time to pay forward your wisdom.

This manual has been the repository of crowd-sourced knowledge for over 20 years. We would also like to acknowledge previous authors who have collected and shared wisdom to the first two versions of the manual.

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Chapter 1

THIRD TIME'S THE CHARM: AN INTRODUCTION TO THE THIRD EDITION

Melanie Badali & Rebecca Pillai Riddell

THE HISTORY OF THE BOOK

Once upon a time, there were students applying for psychology internships. They dreamed of ideal internships and living happily ever after in their post-graduate school life. Sound familiar? Your co-editors leaped into the internship application process way back in 2002, moved to new cities for internship, moved again a year later, and lived to tell the tale. The tale turned into the original edition of *"Match Made on Earth: A guide to navigating the psychology internship application process."* When Melanie (the editor of the first edition of this guide) looped Becca in for the ride, neither of us envisioned the book would have the longevity it has (three editions!?!) and turn into the 'go to' resource for Canadian residents-to-be.

The original workbook was written primarily by students for students. It was written from a 'hot off the internship application track' perspective. The workbook came as a response to a meeting of keener students in the Department of Psychology at the University of British Columbia (UBC). The purpose of the meeting was for the students who had recently completed the internship application process to pass on their collective wisdom to the next round of applicants. After the meeting, Melanie wrote out some notes to share with future internship applicants. The UBC Director of Clinical Training (DCT) at the time, the amazing Dr. Sheila Woody, suggested that she add a few sections and share it with the Canadian Psychological Association (CPA). Melanie then convinced many of her peers and colleagues to contribute. This included Becca, who picked up the torch to lead the teams on the Second and Third editions to help keep the manual grounded in the trainee/doctoral training program perspective.

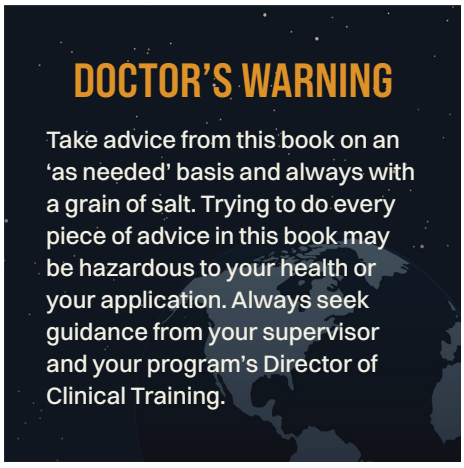
It has been a long time since we went on internships ourselves but not so long that we forget how stressful the internship application process and transitions can be. We want to start by asserting that internship is a time of tremendous growth as a psychologist and the self-reflection required during the internship application process will help you clarify your values and goals as you transition into being 'all growed up' in our profession. We wanted to start with that because much of the book is designed to lay out the many, many, many details involved with getting to that year and supporting you with the challenges you will face. When you get overwhelmed, know that it will be worth it!

If you had asked us 20 years ago what we would be doing post-internship, we both would not have given an answer that matches what we are currently doing. Melanie started grad school thinking that she would be a tea drinking academic and ended up a coffee drinking clinician. Hey–at least she got the caffeine part right. Becca came to graduate school with clinical stars in her eyes and ended up a quadruple threat–research, administration, teaching, and clinical work. Our twists and turns along our vocational journeys have given us both a clearer picture of what the internship experience means in the context of one's career as a psychologist. We learned that internship is not a destination–it is a bridge between graduate studies and your independent professional career. Whether you call it residency or internship and you want to be a resident or an intern (we will use these terms interchangeably in the book), this intense training year is best viewed as the next exciting step in your professional pathway. That framework should impact everything from your decision to apply to your rank-ordered list.

Despite having started at the same university, in the same clinical psychology program and even in the same lab, we now not only live on opposite ends of the country but at almost opposite ends of the practice spectrum. Becca brings a wealth of knowledge from decades as a clinical psychology professor who has mentored students through this process while Melanie adds her perspective as a primary clinician in private practice. We have joined forces in the internship application prep game to assemble expert guidance for new generations of interns. We also want to acknowledge the Canadian Council of Professional Psychology Programs and the Canadian Psychological Association for their support in all the different editions, for hosting them on their websites, and distributing word of its existence along their networks.

After over 20 years, we know we have gone from a "girlfriend's guide" mentality in the First Edition to a "grandmother's guide" mentality in the Third Edition. To ensure that there is new blood coursing through the book, we were absolutely thrilled to have two new voices join the authorship team. This edition benefited from the contributions of Oana Bucsea, recently successfully matched 2026 intern, and Dr. Hannah Gennis, the Director of Training at the Hospital for Sick Children in Toronto.

The Third Edition also benefitted from 20 Directors of Training and 13 Directors of Clinical Training from across the country, who offered their sage advice and opinions about how to best prepare for internship applications and the internship itself. To give you a sense of the representation across the country, about 58% of DOTs/DCTs were from Ontario, 30% from Western Canada and 12% from Eastern Canada. Thinking about their training scope,



about 28% were predominantly child-focused, 21% were predominantly adult-focused and 17% offered lifespan training. Finally, over 80 residents (current and recently completed), took time to also offer thoughtful comments. We read all of them, thematically analyzed them, and we hope you will see their lived experience also incorporated in these pages. Despite the differences in career stage, site complexity, target populations, and geography, it is reassuring how much commonality there was in their answers. We do want to state a conflict of interest in the bias of having a co-author DoT and 33 DCT/DoTs contribute–we will have a bias towards leading you to an accredited residency site.

Ultimately, this manual has been the result of so many people taking time to contribute over many generations of application cycles (115 people in this edition alone!). Hopefully, when your process is in your rearview mirror, you may consider supporting these efforts. We aspire to update and revise this book again. If you have valuable tips, insight or criticisms to share, send them to matchearth2004@gmail.com and we'll save them for later.

THE TARGET AUDIENCE

So–who is this book for? This book is generally written for graduate students currently in clinical psychology programs accredited by the Canadian Psychological Association (CPA) and/or American Psychological Association (APA) in Canada. The content is intended to guide people applying for the Association of Psychology Postdoctoral and Internship Centers (APPIC) match. If you are attending a program in another area of psychology such as counseling or education, we hope you find this book helpful but always check information specifically with your Directors of Clinical Training. If you are not planning on applying to a site as part of the APPIC match, only some sections in this guide will be helpful.

The bulk of this book is aimed at students who are planning on applying to internship programs in the next year. Ideally, you are picking up this book in spring/summer/early Fall with the goal of submitting applications in November-ish.

AN ORIENTATION TO A MATCH MADE ON EARTH, 3RD EDITION

Okay, so there is no time like the present to start thinking about internship. Let's talk chapter breakdowns. Please note that the Table of Contents and the Appendices List are both hyperlinked to help you navigate the book throughout your process.

Are you ready to apply for residency? Digging into **Chapter 2** will help you answer that question. The goal of the chapter is to ensure that you are in the internship application sweet spot of practical, professional and personal readiness. If you are not there yet, we provide suggestions about how to increase your readiness.

It's never too early to have an internship game plan and rally your team. Tips for making a successful plan abound in **Chapter 3.** This chapter includes strategic ways to approach the AAPI form. Many of the suggestions can apply to students early in the program. If you are about to apply, it provides some helpful last minute tips (now when we say last minute we mean the summer before you apply...) to organize your information and maximize the time you have pre-application. There is a great timeline chart to help you gauge what needs to be done and when.

Determining where to apply is the focus of **Chapter 4.** A strong case is made to be flexible and open to as many sites as possible. To maximize your chances of a match, consider applying to around 11-15 sites that match your interests and training goals.

Our team then guides you through the process of submitting your internship applications in **Chapter 5.** This chapter gets into the nitty gritty of applying for internship. It takes you through getting your critical NMS Applicant Code (don't know what that is? Go to **Chapter 5** to find out!), formulating your essay ideas, straightening up your CV, making it easy on your referees, and what to do once the application is submitted. The **Appendix** to our book includes samples of everything discussed in this chapter including essays, CV, and cover letters.

When January comes around, so do internship interviews. **Chapter 6** focuses on strategies that can maximize your interview performance–not only what to say, but pragmatics of the established practice of virtual interviews. The chapter ends with over 100 sample questions to practice answering and asking!

Chapter 7 is the critical chapter on ranking and matching. The time for reality sets in and you need to decide whether you can commit to interning at each site that gave you an interview by ranking them. Guidance regarding how to rank is given, as is strategy about what to do if you don't match in Phase I. Spoiler alert: there is a second chance to match in Phase 2. Special topics such as applying to internship in the US and applying as a couple are addressed as well.

The final chapter, **Chapter 8**, is meant to be read after Match Day. It is about preparing for life both during and after internship. We did not want to freak you out before the whole residency application process but now that you are through it, there are a few things you should keep in mind before you start at your site...

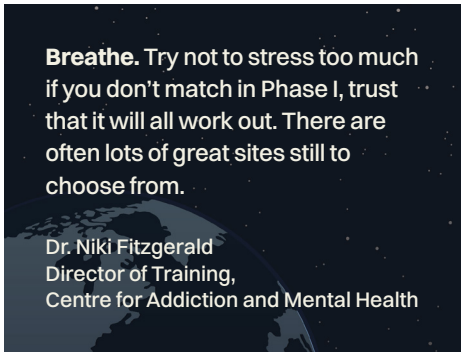
THE PRESENT STATE OF INTERNSHIPS IN CANADA

The Internship application process can be very stressful, particularly due to the application details, the competitive elements, the financial impact, and potential for having to disrupt your life depending on the geographic location of your match site. The uncertainty that needs to be tolerated at both the interview notification and the match notification steps can also fuel anxiety. However, one thing to keep in mind is that most applicants DO get an internship. Really, it's true!

APPIC recently released the Canadian Match Statistics in February-March 2026. Overall, there has been some instability in the past few years. The number of applicants in 2025 was 18%

lower (so there were more positions than applicants!), while this year, the number of applicants increased significantly with 50% more applicants. Becca's sense from boots on the ground is that this is still pandemic related. A few cohorts of people delayed on dissertation and/or were waiting for some stable footing may have been ready at the same time.

For Phase I, 243 students registered in the match, but only 231 submitted their rank ordered list. Eighty percent of applicants matched in Phase I, which is a drop from the 5-year running average of ~86% (2021-2025). Of note, matched applicants submitted about 7 ranks on average, compared with about 3 ranks being submitted among unmatched applicants.



For Phase II, 59 applicants were eligible to participate but only 42 submitted ranks. After that, 23 applicants matched in Phase II (55% match rate). Of note, Phase II matched applicants submitted about 4 ranks, while unmatched applicants submitted an average of about 2.5 ranks. So overall, almost 90% of applicants matched by the end of Phase II, which is an amazing match rate given the massive increase in applicants in 2026.

As you go through your application year, take a deep breath and repeat the mantra, 'most will match.' **Chapter 2** will talk you through readiness to apply and be competitive on residency. It is an important first step to take stock of the residency application in the context of your whole life. Ensuring that your desire to apply weighs more heavily than the professional, personal, and practical challenges to applying is an important way to ensure you are in that ~90+% of matched applicants.

We think it is also critical to note at every Phase of the match process, there were applicants who decided not to proceed. While we can't possibly know all the stories behind the withdrawals, it is important to recognize that there are many different paths through to residency –some of which included withdrawing and trying again next year. Applicants need to be grounded in the reality that the application process is stressful but wholly survivable. It may not be the exact outcome you wanted, but it is still a step forward.

This is the reason we titled the book, "Match Made on Earth" not "Match Made in Heaven." The reality is that there are more excellent internship applicants each year than there are spots for everyone to have their top choice. The reality is that many students will have to consider moving to ensure they have enough application options. The reality is that students may have to wait a year because they don't get approval from their DCT to apply. The most grounding reality for some is that they may not match at all. We recommend students have a reality-based approach to this process. Rational thinking and planning will help you through this next stage in your career development. You will get through.

We also want to recognize that the whole residency system could use an overhaul to reduce financial stress, improve inclusion, and better facilitate options for training in the same city as one's graduate program is located, among other potential changes. The expectation of leaving or uprooting one's family for an extended period does have different levels of acceptability when you come from certain cultural backgrounds or familial constellations. When you are from certain geographic areas, the option of being able to match locally can be much lower and so the stress is higher.

We also know that some of you are applying when our profession and the doctoral standard for psychologists are coming under fierce attack from outside and within. If some of these changes come into place, the costs of the internship application process and internship itself may feel like it is not a good return on investment (ROI). We understand this and want to send you all hugs. But in the flurry of erosion, we want to remind you that the level of skill resulting from a Clinical Psychology doctoral program is unrivalled in the mental health ecosystem. Through nationally accredited, high-quality training programs with extensive supervision which ends in a full-time residency, we are uniquely equipped. Doctoral level psychologists serve society with a broad and deep range of expertise to support mental health through competency in diagnosis, complex treatment plans, consultation, and teaching. An amazing document just released by the **Canadian Psychological Association** *(https://cpa.ca/docs/File/Advocacy/RandR%20WG%20Report%20EN%202026-Final-June-23-2026.pdf)* reminds us of this and can help you all to advocate as the future practitioners of our field.

Finally, do remind yourself that you have already gained acceptance into one of the most competitive programs in the country. With 3-5% acceptance rates in many programs, Clinical psychology graduate programs are among the most competitive professional programs you can choose. Moreover, by virtue of your dissertation, you are experts in a topic where few people in the world know as much as you. By virtue of even reading a planning book like this, we are confident that 'you got this'! Happy Applying!

Chapter 2

ARE YOU READY? PRACTICAL, PROFESSIONAL, AND PERSONAL READINESS

Rebecca Pillai Riddell & Melanie Badali

An interesting thing for a book to do is to question whether you should actually be reading it. While we are confident there will be a mighty but mini minority who are reading this book year(S) before they plan on applying, this chapter is focused on the larger question, "Should you apply for residency this year?". This is an important question because the decision to apply is not a one-and-done type of decision. It is a decision that ripples forward for at least two years (and often way longer). This chapter is devoted to most of you who are now picking up this book with the idea that you may or will apply in this November's application cycle.

Over our experience, we have devised the Three Ps of Challenges to Applying to Residency: Practical, Professional, Personal. Yes, another multi-P acronym in psychology. We can't help it if "P" just happens to be such an amazing letter.

- **Practical Challenges** relate to objective factors to consider, like having enough time, finances, and the capacity to spend a year engaged in the application process followed by a year on residency.
- **Professional Challenges** are the objective challenges related to your training and career trajectories such as dissertation completion, clinical readiness, and knowing what you want to do for the step after residency.
- **Personal Challenges** are subjective challenges to think about such as your bandwidth, willingness to move, and family planning. You are the ultimate arbiter.

We call them Challenges because if not planned for, they will cause challenges when on residency and beyond. We want you to ground your decision to apply for residency in the bigger picture of what the application means.

The Three-Ps of Residency Challenges are ordered to facilitate self-reflection. We have modified our thinking about the order and the focus. Accordingly, we changed the graphic. Our graphic is now a balancing scale. On one side is the big ball that is labelled, "I should apply for internship," because gosh darn it we know everyone just wants to be done. Seriously, aren't you just ready to be done with your family and friends' shock that you still aren't done school?

On the other side of the scale are the three Ps, but now they are purposefully not labelled and are different sizes. The P that weighs the most in the decision to apply will vary across people. But the key is to weigh all the Ps and purposefully decide. Based on our 2026 survey of current and past interns, it was clear that different people weighed these Ps differently. Whichever way you weigh your options, it should be important that your desire to be done is not grossly outweighed by the challenges a premature application can cause you.

Figure 1: Balancing the Three Ps of Residency Challenges

PRACTICAL READINESS: THE FOUNDATION

A good starting point is simply thinking about resources and your end goal. As graduate students, time and money are two resources that are often in short supply. However, this deficit is exponentially amplified during the entire internship process. Let's talk about the time it takes to qualify to apply. Every year across the country, most clinical psychology training programs analyze which of their trainees matched and which have not. Success rates are almost always high (expect this mantra throughout- most Canadian applicants match!) but with the few who

don't get matched after both phases, we've noticed a pattern. The students who struggled to get a spot through the match are the ones who have either not made enough progress on their other degree requirements (both clinical programs and internship sites most want applicants who are done all their program requirements) or are the ones who have the greatest geographical limitations, so have only applied to a few spots. These gaps are often due to major family or extracurricular job commitments, on top of major program commitments.

A FEW PRACTICAL READINESS QUESTIONS

Q1. Do I have enough time to dedicate to thoughtful applications, many interviews at different sites, and a full-time year dedicated to my clinical training?

Q2. If I am open to moving cities, given virtual interviews are here to stay, is it possible to visit some of the cities I am seriously considering prior to the application period?

Q3. Can I afford to apply to residency this year and live on a residency salary next year?

Q4. Can I afford NOT to apply to residency this year and extend the period I am not earning a livable paycheque?

Then there is the applying itself. Once again, one of the most common comments from our 2026 survey is that applications took much longer than expected. Moreover, for those who are applying to the magic number of about 11-15 sites, the entire month of January is lost to interviews. One of the best pieces of advice we have heard is to consider the internship application process like another part-time job that can take about 10 hours a week from about late summer to November, a full-time job in the month of January when you are interviewing, and back to a part-time job if you are relocating and have to start relocation logistics. For decades (yup we have been writing this manual for that long!), many previous interns advised not to book anything else in January aside from internship interviews. So, when you read below to think about professional readiness (what you need to get done before you leave), you must ensure that you either have or can make the time in your schedule for this new 'job' in the year prior to starting internship. Some programs actually host a mandatory course to help students structure their time for the application process.

Not only can time be in short supply, but often so is money. For many clinical psychology students, residency is a time where money is extremely tight. Many clinical doctoral students have survived due to a combination of scholarships, Teaching Assistantships, and research or clinical positions. This all STOPS on internship. You will only be able to hold the internship position. APPIC 2023 survey data suggests Canadian stipends are on average around $38 000 (with modal value of $35 000, and a standard deviation of $6000). However, our quick 2026 check across the country's major cities noted that a number of hospital-based residencies fell between $50 000 and $60 000 and several community clinics and private practices' stipends were falling between $33 000 and $40 000. The largest stipends were in Vancouver and Halifax–ocean living anyone? For some this will be a raise in salary. For those who have worked clinically, received scholarships and/or TAships, this will be a huge drop.

From a practical perspective, you may need to be ready to finance a move and make home, car, or loan payments on a reduced salary for one year (assuming you get a job right after internship; see **Chapter 8** about the end game). This may mean asking family for support, taking a new loan/line of credit, tolerating debt a little longer, selling property, or waiting a year to apply so you have longer to save up.

Another cost that is a post-pandemic swap is the desire (note: not the need) to potentially travel to cities to which you may be most interested in moving. In Canada, we don't have that many sites (about 58 at last count in 2026), and there are only a few regions with several options that you may want to strategically target. The largest density of residency sites in the country is the Greater Toronto-Hamilton Area. Within a 2-hour drive, there are about 16 sites, so it may be worth the trip to those living outside the area. Our 2026 interns often noted that the greatest drawback of virtual interviews was that it was hard to get a feel for the city and the site. You often will find out about interviews in the first week of December and interviews can start in short order (although most are scheduled in January of the following year). As they will all be virtual, it is not feasible to quickly drop into each of the sites with whom you have an interview. Some interns have reported if an applicant is seriously considering another city where they have never been, that it would be a great idea to travel to them for a fun getaway prior to the intense Fall application period. Check out if there are conferences in the city that come with funding! However, do not go to the site and knock on intern or supervisor doors (come on that is a little stalker-ish...) but you can get a sense of the city to see if you could spend a year there and visit the actual building.

FASTER IS NOT BETTER!

Being from a traditionally marginalized group, like being from a lower socioeconomic status group, racialized, a first-generation university student, having a disability, or being a working mother are often embedded with responsibilities and challenges that you have to bear on top of the intense requirements of a Clinical Ph.D. program. Equity and Inclusion means understanding that completion of these complex programs requires more scaffolding and often longer timelines due to the convergence of systemic factors that were never in your control. Research has repetitively shown how individuals from marginalized groups report having to be twice as good, to go half as far. Do not confuse slower progress because of these systemic factors as you not being 'as good.'

On the financial flip side, you also need to ask yourself if you can afford to stay a student for yet another year. Every year you are a student is another year that you are not making a professional wage, not receiving full benefits such as livable parental leave, and not contributing to your savings. It is important to ask yourself about how pushing yourself to complete the program requirements in the short-term could pay off because you would be in line for a bigger salary and benefits sooner post-residency.

Pragmatically, the last thing to consider is what internship means in terms of your training. Becca speaking here- I must admit that this is the area where I struggled the most when I was at that stage. I saw internship as the end point and did not think of anything past the idea of matching/interning. I pushed so hard around the clock and forced myself to find the time to defend my dissertation and wrap up to get to internship. I was then wholly unprepared for the time that was required during internship to land seamlessly in a job after internship. I was fortunate to go into a professorship from internship, but I believe that the time demands I put on myself contributed to the serious health challenges I experienced at the end of internship. With the benefit of hindsight, I now realize that internship was not the end point. It was a bridge to another more intense phase of landing a job (see **Chapter 8**) and then studying for three licensing exams while I worked full-time.

In terms of practical readiness, applicants should consider where they are at with their dissertation and other research projects, and whether it will be feasible to do a full-time residency program at the same time. It is helpful for applicants to also consider the implications on their work/life balance if they will be doing a full-time residency but then needing to work on research on evenings and weekends as that can be a lot of work.

Dr. Erika Portt, Director of Training
The Possibilities Clinic

I have seen many successful students who decided to take an extra year and accomplished many things during that year (like finish their dissertation, get different clinical experiences). That extra year made them ahead of the game for the job market because they had defended their dissertations and were ready to spend time on crafting great job applications.
At this stage, it is best to not be concerned about the exact details of the residency and post-internship years, but to go into those years with eyes wide open. But we also know that telling a Clinical graduate student not to stress is like telling a fish not to swim, so fear not we will discuss those years in **Chapter 8**. But remember, one step at a time.

The key to the pragmatic readiness section is to recognize that you need to ensure that your time, money, and energy spent during the application and internship process will not leave you broke or totally burned out. If you think it may do this, consider waiting another year to apply! If you think your pragmatics are in order, it is time to talk about the professional readiness angle.

PROFESSIONAL READINESS

SOME KEY PROFESSIONAL READINESS QUESTIONS

Q1. Are my clinical skills in a place where I will benefit from internship rotations?

Q2. Do I have strong clinical referees who will attest to my skills and abilities?

Q3. Will all my program requirements be done before I leave for internship?

Q4. Will I have all my data cleaned and ready to analyze for my dissertation by November applications?

Q5. Do I know what I want to do after internship and where I want to do it, so that I am ready to apply for jobs when I am on internship?

This section is where the rubber really hits the road. Full disclosure- We are biased but with good cause. Most clinical programs will not let you apply for internship if you do not have all your requirements done except for the dissertation. You often make the decision to apply for internship in the spring/summer of the year you apply. This means the decision to apply is being made about 12-18 months before you start internship. Anticipating dissertation completion requires an extensive amount of insight and foresight on behalf of the applicant about their probable progress.

We have never met a resident who was excited to go back to being a graduate student after residency to finish their dissertation. We have never met a resident who happily worked evenings and weekends on their dissertation after putting in a 40 to 50-hour clinical week on their internship. The reason we have not met these people is because these mythical rainbow unicorn interns do not exist.

We totally get that unanticipated hiccups (full-fledged belches?) can happen at the end of a research project which means a student ends up on residency not done despite both student and supervisor confidence it would be done. Curveballs in one's personal life can happen unexpectedly. Melanie's Ph.D. thesis took her way longer than she expected due to unforeseen personal loss and health issues.

However, that is not our target audience. We are talking to the students who do not strongly examine their research progress over the past 3 or so years to decide whether they are capable of completing their dissertation (or close to it) prior to internship. No one has a crystal ball but as a Professor (Becca here again) I have gleaned insight from watching many students go through the internship application process. York University has one of the largest clinical psychology Ph.D.

training programs in Canada, so we are talking between 15-20 trainees per cohort between our Clinical and Clinical-Developmental programs. Allow me to share some logistics I have witnessed-over and over again.

I would like to call this Becca's law of dissertation completion, but apparently some guy named Hofstadter would say I just stole his idea about estimating the time to completion in complex tasks. Anyways, whatever research project you are doing, it takes about double the time you think it will. Thus, in a smooth state of affairs when you have your data collection and any data coding complete in hand, you spend a few weeks cleaning and creating your dataset, a month or two working with your committee to execute and approve your analysis, a few months writing up iterations with committee and then a month to set a defense date. So let's estimate about 6 months- in rainbow unicorn land.

In reality, that means about a year, and again this is a year after your data collection is complete. This is not even considering that you need to factor in that you lose October and January to intensive internship application stuff...and then July and August are the worst possible months to try to get feedback on a draft or even schedule a dissertation defense with professors!

Bottom line, if you would not bet on the fact that your data will be collected by about the time you apply for internship (November in the year BEFORE you start internship), chances are that you will not have a full polished draft of your dissertation done BEFORE you start internship. You will be in either the 'working on your dissertation during internship year' scenario, the 'work on your dissertation after your internship year' scenario, or the heinous situation where you do both.

Trust me when I say, the students I have seen that take the extra year are ultimately happier and more prepared to take off for internship than the ones who willfully miscalculated and are struggling being a graduate student and an intern at the same time.

Training Directors were also clear on this point when we surveyed them for the Third Edition. They expressed that students who are not preoccupied with their dissertations are more focused on their clinical training and more easily have the bandwidth–physical, cognitive, emotional, temporal–needed for internship. Most trainees and trainers alike would agree that clinical takes up more energy than research demands. We will sound like a broken record, but residents are happier when they don't have a dissertation looming over them!

> While having a dissertation defended is not a requirement, our experience has been that getting dissertation defended is extremely beneficial... Put it another way-if we were deciding between two otherwise equivalent applicants, the one who is closer to defense would be ranked higher in the holistic decision-making process.
>
> Patricia Zimmerman, Director of Training
> Dr. Angela Fountain & Associates

- **Two final and very important professional questions to ask yourself that cut to the heart of the purpose of internship.**

  Q1. Are you ready to be in your final year of clinical training?
  Q2. Would two to three supervisors enthusiastically agree with you?

Stripping away all the other issues, internships are an amazing clinical training opportunity to work in a brand-new setting with increasing independence. Most of us believe that some of our best

clinical opportunities happened on internship because we were at a stage of our training where we were not focusing on the minutiae and were able to really get a sense of what being a clinician would be like.

Do not assume you are ready to be on residency because of the number of hours you have. There are the number of hours needed and what those hours contribute to feeling ready. The CCPPP notes in their August 2025 Documentation of Professional Psychology Training Experiences, that "while the CPA accreditation standards sets the minimum number of Direct Service practicum hours at 300 (before applying for a residency), more typically 400-600 Direct Service hours (1000 hours total including Direct Services, Supervision, and Support Activities) of wisely chosen practicum experience is required to attain sufficient breadth and depth." So beyond the hours is your self-assessment that you are ready. Some practica may give you the hours but not the confidence or direction you need to thrive on internship. Moreover, if the supervision was less than stellar for whatever reasons, this may impact the strength of the reference letter you need to get an internship position. One final hours comment relates to the match of your training hours to what the residency site wants. Several of the DCTs we surveyed for the Third Edition mentioned this as one of the key reasons a student ended up not matching. This is particularly important if you have geographic limitations. While residency sites want to be able to teach you and hone new skills, there is an expectation that you will have clinical training coming into residency that sets you up for more advanced training on most of your rotations. Thinking about these ideas in the spring before you apply allows you to be proactive over the Summer and Fall seasons to help consolidate any gaping holes you may have in your clinical training.

KEY PERSONAL READINESS QUESTIONS

Q1. Who else will be impacted financially if I am on residency?

Q2. Can I protect my mental and physical health while actually applying and interviewing for residency?

Q3. Who else will be impacted geographically if I had to move for residency?

Q4. Who else will be impacted when I lose my schedule flexibility on residency?

Q5. What are my shared personal goals post-residency (such as starting a family, going back to a home city, being around to support a loved one)?

Q6. Do I have the stamina for a year of intense clinical training, alongside evenings and weekends of dissertation completion and job searching?

PERSONAL READINESS

So the personal readiness section is the wild card because the only real adjudicator of these factors is you. We are saying up front that this section is completely biased by the fact that we are parents, spouses, siblings, cousins...well you get the point. We define ourselves strongly outside of just being psychologists.

For your own reflection, you may have other important roles or personal commitments like being in a choir or attending medical treatments that come into play. Regardless of the roles, it is important to think about who you are outside of being a clinical, school, or counselling psychology doctoral student, and how those roles will be affected on residency.

One of the great benefits of being a graduate student is flexibility. You have a lot of control over when and where you work. On internship, the nature of seeing patients/clients and working on clinical teams makes having days with flexible hours and locations a much rarer occurrence. This may mean thinking about your readiness to find new ways to balance childcare, household management, or travel time (e.g., having to buy a car to get to a new location).

On the extreme end, this may mean having to move children and a spouse to go to where you matched for internship or live apart from your loved ones for a year. These are not viable options for everyone and that is absolutely okay. When planning, think about the people who would be directly influenced and how the timing of internship applications and the internship will impact your significant others. Discuss with your significant others possible solutions and how being on internship sooner versus later could be helpful (or not). Having the support of loved ones is an important piece of the puzzle.

THE KID CONUNDRUM

If you don't want children or are not in a position where you want to think about children, please do skip this section. We hear you friend! We were both in that boat when applying for residency and had enough overwhelming us that if you asked us, "What about kids?", we would have looked at you like you were from another planet! But for those who are thinking about it and how this could impact whether you should apply for residency, read on.

The 2023 APPIC survey reported that about 81% of applicants identified as female, 55% were partnered, and the mean age of applicants was 30, with a standard deviation of about 5 years. So let's talk about the baby, er we mean elephant in the room. Trainees who are biologically able to have kids often come for advice about the best time to get pregnant. There is no 'best time' to be a birthing parent for people who have extensive training and qualification periods like we do in clinical psychology. If it happens, you will find a way through. But let's assume you can be more deliberate with the timing of pregnancy and residency applications/residency. Let's start saying some things out loud that you may not feel able to say.

We do not talk enough about the conundrum we have about being in a field with an extended training period during peak fertility years. According to 2022 Statistics Canada data, most women who are having children are doing so during the ages of 25 to 34, which happens to be when most Clinical Psychology trainees are applying for residency. Ultimately, in our 2026 survey when we asked trainees who were about to start residency or who had just finished residency, the overwhelming majority talked about the unanticipated physical and emotional demands of the last two years of their training. The pre-residency year is most often packed with intense dissertation work, clinical work, paid work, residency applications, interview prep, and interviews. This year is then followed by the residency year, which has a minimally flexible full-time schedule, increased emotional demands due to full-time clinical work, less pay, dissertation completion pressure, job applications, and preparation for applying to your provincial/territorial regulatory organization.

Just feel like we have to say again, we promise it is an amazing year of training and a phenomenal feeling to be so independent, but we want to be honest that there is a lot in the mix! So, all in all you will face two of the most intense years of your training at the end and we want you to be up for it.

Reflect about the financial, emotional, practical, biological and physical demands mentioned above. Now let's bring in the girl math here. A person thinking about applying for residency and

going into this intense two-year period who is 29, is biologically different than a 35-year-old contemplating a residency application. In many professional settings, we are taught to not think about the very real pressure that many women and birthing people should think about.

One old(er) woman's opinion, a woman whose kids are now around university age, is that I truly felt the pressure to be done and go back to Toronto. So, I pushed myself hard, like really hard, like too hard. I believe I ended up with significant health challenges at the end of internship because of the intensity of the last two years. My big P was "Personal"; it was not about having a child, but it was an emotional need to get back to my family. I chose my "Personal" to trump my "Practical" because I felt I was professionally ready. I'm not one for wishing to change the past, but I want to share that we often feel a pressure to be done, and if you add in the biological fertility countdown, it is hard to think about taking an extra year.

I would like to assert that part of this difficulty is because we have been in school forever, but I do think it is also because many of us have covert scripts for career trajectories, which are often based on a male model of achievement. A steep uninterrupted, linear trajectory from school, to job, to family. Research has shown that males are not as subject to steep drops in fertility, so this uninterrupted early career trajectory model does make more sense. Taking time to think about one's physical and mental health may lead you to wait to apply for residency and move up child-bearing plans to grad school. Or, for the exact same factors, you may choose to forge ahead and not have kids or postpone thoughts of family planning until a later point.

Regardless of which path you choose, do it with eyes wide open. Take deep breaths and imagine different scenarios–don't avoid thinking about it. Remember the only way to get over anxiety is through it!

One additional point. I was recently asked what happens if you get pregnant during the application/residency years? I didn't know but luckily APPIC offers some guidance. Know that this is a tricky subject but one worth discussing.
(update July 30, 2026,
https://www.appic.org/match/faqs/applicants/matching-process-and-results;
https://www.appic.org/Portals/0/Website%20docs/Parental_Leave_Update_August_2024.pdf).

- **A few of our highlights and opinions based on this document may be helpful to note:**

  - Pregnancy or adoption, in and of themselves, are not grounds for deferment of your residency year.
  - The path forward will be site dependent. While sites will most likely be as accommodating as possible, some sites will not have the resources or ability to accommodate either a paid leave, deferment, and/or a part-time, extended residency period. Don't assume your site will accommodate in the way you want.
  - Before the match you do not have to disclose your pregnancy. But if you are pregnant pre-match, think about the pros and cons of continuing with the match versus re-applying next year. My opinion, for you to ignore at will, is if you get pregnant in the application year and your life circumstances are such that you can wait for residency, WAIT!! Being pregnant can be amazing but also can be exhausting. Moreover, being

pregnant and postpartum is not an ideal time to have an intense set of demands outside of you and baby!

- It behooves you to let the site know as soon as possible if you will be in a position to give birth between the February Match Day and the end of residency the following Summer. Work with the site to create a written agreement of the parental leave plan. Involving your program's DCT can help support the negotiation of the written agreement, so that your program requirements are met.

DILIGENCE IS THE MOTHER OF GOOD LUCK

For many years, many times a year, I often have the privilege to lead all sorts of mentoring activities to prepare graduate and undergraduate students for some type of elite competition or another. Scholarships, practicums, fellowships, internships... It can sometimes seem that graduate school is an unending series of applications.

There is a saying by Benjamin Franklin that really encapsulates a philosophy that I think applies to all these competitive application processes we have to undergo to be a psychologist...

> ***Diligence is the mother of good luck.***

Obviously, it would be great to have a magic genie or a real good luck charm. But in lieu of that we must make our own luck. Applying for internship is no exception. I know that the students that end up getting the match not only worked extremely hard to be qualified for that honour but also likely had some luck on their side. There is a random element to all these types of competitions. You don't know when an interviewer you connected with best will go on sick leave or your application just happened to come to the top of the pile when they were deciding. Also, there can be more unacceptable external factors at play such as systemic racism, sexism, homophobia, transphobia and any other number of prejudices and discriminatory practices. We **HOPE** and work hard to keep internship programs and the process free from these problems, but they may be factors that are outside your control related to your success or lack of success. All you can do is diligently work on the known factors of the equation.

We hope this chapter has helped ensure you are ready to start the application process or know what you need to do to be ready to start the process. Being in the right combination of practical, professional, and personal staging and then being diligent in your approach may be all the luck you need to find your own internship match on earth.

Chapter 3

THE PRE-GAME PLAN: PREPARING TO APPLY

Oana Bucsea & Rebecca Pillai Riddell

SETTING THE MINDSET

So, this can be a hard chapter to write because we don't know when exactly you are reading this book. There are going to be a big chunk of you who are in the Spring prior to the Fall application season, procrastinating on dissertation progress or a patient report, and through some mildly focused googling, you got to us. Or, you have heard whispers (groans?) about the book that helps you through the residency application process from senior students, so you got here in a straightforward manner. Regardless, you ended up in the spot that we chose to target–the Spring ahead of the application due dates across the continent. You are just gonna love our handy-dandy chart at the very end of the chapter that will help you gently transition from doctoral candidate to doctoral candidate applying for residency.

KEENER ALERT!

Talk to your DCT early in the process. By early I mean when you enter your Ph.D. (or even during the Masters!) If you haven't done this yet, the next best time to do that is now. Track everything and add detailed notes or annotations if you're uncertain about how to categorize a clinical activity. Make connections with cohorts above you and learn from them.

Dr. Natalie Vilhena-Churchill,
Director of Training,
Toronto Area Residency Consortium (TARC)

But we know that some of you are going to be the keeners who pick this book up way before your time. Rather than follow your CBT principles of waiting until the residency anxiety drops on its own, you chose to safety behaviour your way for a quick anxiety drop by looking at the manual. We hear you... we are you. But you have so

much going on, and you may not want to spend too much time on an application prep book that really is meant to be focused on during the year of application. We also know that some of you, for whatever the reason, have decided at the last minute to apply for residency and there is not a summer to separate you from the Fall application season. We get it, and we were there too. If you got through **Chapter 2**, and in good faith, still think a "Hail Mary" application is the way you want to go, we are here for you too. You are best served by keeping calm, ignoring the noise (e.g., other applicants saying they are working on their third draft of an essay based on feedback from their clinical supervisor), and pressing forward. Don't not read the book because you don't have time! Think of ways to take as much advice as possible and remember you can only do what you can do. After all, you don't know what will happen until you go through the application process. You are not penalized if you need to enter the match a second time.

WORDS OF ADVICE FOR THE SUCCESSFUL PROCRASTINATORS

Those of you who tend to leave things until the very last minute, please read this. Although applications may not be due until Late October/Early November, the absolute latest that you will want to be getting started is September (and did we mention we do not recommend this?). Between getting your APPIC standardized reference letters, transcripts, finding sites you want to apply for to ensure a good number of sites, and organizing your hour tracking, it will not be possible for you to complete all of the pieces of the APPIC application over a couple weeks.

We know that some people prepare over a year in advance and some people start preparing months in advance. Different approaches work for different people. There is no one "right" way to apply for internship! Regardless of how you come to this book, remind yourself that you have been honing your application skills since you got into graduate school. Throughout your academic career you have applied to graduate school, scholarships and funding opportunities, practicum placements, and the list is ongoing. These experiences will serve you well in the internship application process. Having a solid plan helps you to be successful in your applications, but ultimately also helps to reduce anxiety.

Our hope is that this chapter provides practical tips and helps you to reflect on the best way to plan and get organized. In many ways you've already started to prepare through coursework, research, and clinical placements. Now is the time to bring all these experiences together and present them in a cohesive way that allows internship sites to understand who you are and where you are headed. Take a moment to reflect and be proud of all the hard work you have done to date. We don't do this enough in our intense day-to-day lives.

Internship is the capstone of your doctoral training. Most of the work you have done in the classroom and with your patients or clients has been helping to prepare you for the supervised independence (how's that for an oxymoron!) of internship. However, *the internship application* process is a bit like following instructions to build a piece of IKEA © furniture- if you take your time and go step by step, you will end up with a great piece of furniture (we have bookshelves that have lasted decades!) However, skipping ahead, trying to do too many steps at once or trying to go rogue with new steps can leave you with a chipped chipboard disaster.

As was mentioned in **Chapter 2**, there is a certain degree of readiness (i.e., progress in the program) that is needed. This chapter picks up on the assumption that you are ready and provides suggestions for the months leading up to the application deadlines.

Find an application buddy or group. Create a list of all the elements of the application and determine a chronological plan of attack with timelines. Meet weekly for 30 minutes at least either as a work period to work on the application, or as a support session to vent and validate each other. Brainstorm ideas together, review each other's material, keep each other accountable to meet collaboratively determined deadlines for each element of the application package. Be sure to allow enough time for elements that rely on others, e.g., ordering your transcripts, asking supervisors to write letters of reference, asking supervisors to review your written materials, etc.

Dr. Yael Goldberg, Director of Training
Baycrest Pre-doctoral Internship in Clinical Neuropsychology

The suggestions we provide in the current chapter are strategies and approaches that we found helpful in our own preparations and in our experience of supporting and watching many interns over the past decades. However, it is important to note that this process is an individual one. You need to prepare in a way that works well for you. It's a good idea to reflect on how you have prepared for major applications or milestones in the past. What worked well for you in that process? Do you like to prep far in advance, or do you prefer to do everything at the last minute? What would you have changed? How do you want to feel when you click the submit button on your online application? Along with the suggestions and tips we provide below, think about what you need to do to put your best application forward and imagine yourself being successful.

Once again in 2026, we surveyed trainees across Canada who have recently gone through the application process and the (overwhelmingly!) most common piece of advice they have for future applicants is to start chipping away at applications in the summer. Check out the **APPIC website** as they have an "Internship Applications: Step-by-Step" outline starting in July *(https://www.appic.org/Internships/Internship-Application-AAPI-Portals/AAPI-For-Applicants/AAPI-Step-by-Step).* However, some of the pieces they suggest working on in September (e.g., contacting references, ensuring all your clinical hours and practicum experiences are tracked) can even be started in the summer months to reduce your workload in the fall.

Another tip as you get started. Develop an organizational system that works for you to make sure you consistently chip away at the applications. Maybe set aside one day per week for applications or 1 hour every morning before moving on to all your other commitments.

Our surveyed trainees repeatedly talked about the challenges of juggling internship applications with ongoing clinical work, research, classes, personal commitments, etc. Whether you're someone who likes to switch between tasks within a day to keep things interesting, or you prefer to allocate longer blocks to one task, come up with a system that works for you!

TRAINEE TIP

Looking back on my application experience, one of the biggest challenges was staying organized while juggling clinical responsibilities and application deadlines. I underestimated how much time it would take to prepare materials like personal statements and coordinate reference letters. One thing that helped me a lot was creating a simple spreadsheet to track deadlines and requirements for each program. I would recommend future applicants start earlier than they think they need to, especially when it comes to reaching out to referees.

TRACK CLINICAL HOURS AND PRACTICUM DETAILS

One of the single most important ways that you can make your life easier when applying is to use an effective strategy for tracking your clinical hours. We can't stress this enough! Over the years, students in psychology graduate programs have used many different approaches including Excel tracking sheets, Word documents, and notebooks. Many graduate programs have moved towards using online tracking websites such as **Time2Track** *(www.time2track.com)*. Tracking your clinical hours online has several advantages.

First, these programs allow you to manage and keep track of your hours in an organized fashion.

Second, because your hours are entered, online tracking programs allow you to select several different output formats to view your hours. One of the generated output formats lines up with the requirements for the AAPI. For example, in your AAPI CAS portal, you can connect your AAPI CAS account with your Time2Track one. Once you have entered the pertinent information in Time2Track, an AAPI tab will auto-populate which will include all the clinical information you need to submit as part of your application. Your DCT will then verify it, and you can easily send your verified form back to your AAPI application (see **Chapter 5** for more information).

Third, if you stay on top of entering these hours daily (or at least semi-regularly!), these types of websites save you a lot of time in completing your application. Get into the habit of regular hour tracking. For some of these websites you can even download an app to your phone to directly upload your hours on your commute home or at the end of the day. This approach helps you accurately capture what you did that day. For many students, some practicum placements are completed at the beginning of graduate school, and many years have passed by the time they are applying for an internship. You do not want to have to piece together your past practicum placements. Some of us can't remember what we ate for lunch yesterday (this ain't an age thing, it is a psychologist-types be busy people thing!), so think of the future stress. Minutes of work during your practicum rotations can save you a lot of time and hassle when you are completing your applications!

If your university does not use one of these tracking systems, it may be worth talking to your DCT to see if this might be something they would consider implementing. Of note, some individuals we know (including us) continued to use Time2Track while on internship to keep track of hours for registration as clinical psychologists with our provincial organizations. If you have not used a mechanism to track your hours yet, we recommend downloading the APPIC form for the year you are applying (typically available in July) right away! Create an Excel file based on the categories you need as the columns (e.g. diversity, tests administered). Next, you will want to go through each of the cases you saw at your practicum placements and classify them on the 'columns.' See why we recommend track as you go? It is a lot of detail to track! Additionally, if you need help jogging your memory, you could ask your DCT about forms you would have submitted during your training with hours and number of cases seen.

A tracking website like Time2Track can also help you beyond hour tracking. It can help you to record how many assessments or treatment sessions you completed, the various measures you administered, the clients you saw, and the number of reports you wrote. Recording an informal

summary narrative about what you did during the placement, what you learned, what went well, and what didn't, can refresh your memory when you are preparing for your internship interviews.

Trainees often report confusion about the proper way to record their clinical hours, especially in the post-pandemic context when clinical work delivered virtually or over the phone has become more common. Do I document Zoom or phone-based services the same way as in-person ones? How do I track hours spent shadowing my colleague/supervisor? Is it different if I make a meaningful contribution to the session vs. if I simply observe? What if my video was turned off? Luckily, the Canadian Council of Professional Psychology Programs (CCPPP) has got our backs! Check out their most recent (updated in August 2025) guidelines for documenting professional psychology training experiences (*https://ccppp.ca/Student_Resources*). In a perfect world, you'd have followed these guidelines since your first practicum. But, even if you did not know this document existed until now, the summer prior to applications is a good time to make sure your hours are tracked correctly.

And now a few final notes about the hours part of the AAPI. This part of the form should be prioritized first over the summer. This is the part that must be finalized so the DCT can ensure your eligibility and write their letter of support. Also, if you are early in your program and can benefit from foresight, keep a copy of all the forms you submit to your program regarding program-approved hours. It is always good to have the documentation for your hours as you go along. Just in case there are discrepancies between your hour tracking and their hour tracking. Lastly, also on the subject of keeping things, keeping copies of any written evaluations you have received from your placements would be helpful to have in case you end up asking the supervisor for a reference letter. You can use their evaluations to refresh their memory about how wonderful they thought you were!

When you start to write your essays (see **Chapter 5**) and prepare for your interviews (see **Chapter 6**), you will quickly realize that it is helpful to have written down details from interesting case examples you have been involved in along the way. It can be hard to remember several years later the exact details of a case or what you were thinking and feeling at the time. It can be very helpful to have kept a log of interesting clinical cases. Factors to consider in the cases you keep track of include whether the case had an interesting diversity component, whether the case went particularly well and why, whether the case was particularly challenging and why, or whether it was a case that presented an ethical dilemma and why. When it comes time to prepare for your internship applications and interviews, you will want to reflect on all of your practicum placements for cases that may be good examples of when you took initiative, when you may have disagreed with a supervisor, when you faced an ethical dilemma, when your theoretical orientation did not work and you were forced to change approaches, or when you were exposed to a rarer population (e.g., member of a minority group, a rare disorder, etc.) Also, keep in mind that some sites may explicitly say during the interviews that they'd like you to discuss a separate case from the one you may have presented in your cover letters/essays. So be prepared with a couple cases that exemplify each of the scenarios mentioned above. One last point is that really interesting cases may be easier to identify because of the case's unique characteristics. Take care when de-identifying the case for discussion on the internship circuit. Change a few key variables to protect the patient's privacy (e.g., age, sex).

SEEK OUT DIVERSE POPULATIONS AND EXPERIENCES TO COMPLEMENT YOUR ASSESSMENT OR INTERVENTION TRAINING

Depending on the city in which you are completing your graduate training, it may be more or less difficult to obtain experiences with clients from diverse populations. It can be helpful to have an eye out for these types of experiences or clients, as you will be required to report on the ethnicity, sexual orientation, age, and diagnoses of your clients in your application. Being mindful of getting exposure to diverse populations will be especially helpful when it comes time to writing the essay on diversity. It is also worth asserting that, way beyond the basic importance of having experiences with people from diverse backgrounds to check boxes on a form, patients/clients from diverse backgrounds teach us important lessons about different cultures, sensitize us to new ways of conceptualizing the human condition, challenge the relevance of our knowledge base, and ultimately allow us to grow as clinicians.

The year or the summer before internship application deadlines are both ideal times to pick up a case or two that rounds out your assessment or intervention training. Approaching supervisors/sites you have worked with in March of your application year could give them enough time to think about cases on their waiting list that could support the experiences you want. Additionally, if you feel you have enough hours to apply but think you might benefit from additional breadth or depth, it may be worth doing a short practicum for which you can use the projected hours in your application and talk about your experiences in your interviews. Think about the clinical experiences mentioned in **Chapter 2**! Do you feel your application is strong in the areas rated by directors of training as highly important to ensure readiness to apply? Are there any remaining gaps? If so, this would be the time to connect with your supervisors and try to address some of these gaps.

POTENTIAL NEED FOR REPORTS

Although most Canadian internship sites do not require sample written assessment or treatment reports as part of their application, it may be useful to have a discussion with current clinical supervisors about their process if you need to obtain a sample report for your internship applications, particularly if you are applying to neuropsychology sites. Some practicum sites have policies or an informed consent process to release this information even if it is de-identified. These are discussions that are worthwhile having well in advance with your clinical supervisors, which means that you need to have gone through the brochures of the sites to which you will be applying.

GETTING SET TO APPLY

We have outlined the tasks that you can complete in the months and years leading up to your internship application (or how to play catch up if you have not been as on the ball as you could have been). Next, we discuss specific topics to consider when getting ready to apply for residency. Among these topics are instrumental preparation tips, including making sure that you've set aside

enough time and money required for this process. Then, we will discuss the importance of obtaining all the information that you need to complete the process. We also discuss how others can help you and what items you will need to request from others to complete your application. Finally, we provide some quick tips to ensure you put your best face forward in the application process!

COUNT YOUR PENNIES

While the expense of travelling from site to site for interviews is now a thing of the past, there's no doubt that applying for internship is still expensive. Although the total cost of applying for an internship will vary from person to person, all applicants will have to incur the costs of submitting applications and ordering transcripts. Being aware of the costs associated with applying for an internship is the first step in being able to prepare and plan financially.

Okay, so we know pennies don't exist anymore in Canada, but the point is applying to internship is a costly endeavor. As of 2026, the cost of an APPIC application was $50 USD (~$70 CAD) with each of the next 2-15 submissions costing $32 USD (~$45 CAD) and $60 USD (~$85 CAD) for applications 16 and above. This means that 15 applications would cost approximately $700 CAD. An additional $160 USD (~$225 CAD; this price was raised from $130 for the 2026 application cycle) is required to register for the Match on the NMS website. One of the benefits of a unified application through APPIC is that individuals are only required to send one transcript to APPIC for all the applications. Most universities charge between $15-30 CAD to send an official transcript. Thus, assuming you apply to close to 15 sites, the application costs can be nearly $1000 CAD.

TRAINEE TIP

Even though your interviewers won't see your full outfit, I found that putting on dress shoes helped me get in the headspace of 'this is an interview for an important position.'

Other potential application/interview costs include increased phone bill costs (especially for those doing phone interviews), lost wages from part-time employment during the month of January (you really need to clear your deck to make room), as well as extra childcare or pet-care costs. During the interview month, you may be home in body but not in mind, and you do not want to be interrupted during an interview. You will also want to put some money aside to purchase an outfit for your interviews. We recommend considering buying 2 or 3 blouses or shirts to wear under your suit so that you can rotate at different interviews. Think ahead and pick wardrobe elements that you could wear on internship or job interviews. Now technically, to save money you could not buy suit pants or skirts but that is not advised. You just never know when you might need to stand up in PJ bottoms (or oh gosh no bottoms!), which does not scream hire me as a resident. Ultimately, it can be helpful to consider these costs and to start planning for these expenses in advance to reduce financial hardship during this time. These are part of the necessary costs to get you there, like tuition or books.

Putting money aside can be challenging as a graduate student, especially when you are just getting by on scholarships and/or teaching assistantships. Some students take out a loan to help pay for costs associated with internship applications as well as costs associated with moving and relocating during the internship year. Furthermore, although stipends at various internship

sites do vary, most Canadian internship sites have stipends in the $40 000 to $50 000 range before taking tax and tuition into consideration (although unpaid internships are particularly prevalent in Quebec). Many students who have had tax-free scholarship funding over the course of their Ph.D. might find themselves having a lower take-home pay than they did as a full-time graduate student. So, if you need to go the loan route, you need to take the income of internship into account in terms of payments over the year. Lines of credit are particularly helpful at providing low monthly payments.

If you're stressed about finances, you are not alone! The financial cost of applying to internship has been identified as a major source of frustration for Canadian students, even after interviews turned virtual, which offered some financial relief (Morton et al., 2026). Hold tight- you are going to make a real salary one day!

COUNT YOUR MINUTES

The most important thing to budget in the internship application process is your time. You can get a loan to get more money, but you can't buy more time. First, it is important to consider the time it will take you to get all the components of the application together and submitted. Of course, this time commitment fluctuates based on the month, but it will be important to consider this additional time requirement in your schedule. For example, the Fall you are planning to apply for internship is not the right time to take on loads of additional work at a private practice or as a TA. Your application year is best spent ensuring you can complete your dissertation and put your best effort into your internship applications/interviews. Trust us, this research intensity will pay off in spades down the line.

Also, in the year prior to internship, it will be important to clear lots of time in October for the application end game and most of your schedule for the month of January for internship interviews (assuming you go with applying for the recommended 11-15 sites and get the majority of interviews). With all the time spent interviewing, it is very challenging to fit anything else in during that month. Talk to your research supervisor, employers and course directors in advance about these application responsibilities and how they will interfere with your other commitments. This conversation is great to have the summer before you apply. Also, as you will be reminded throughout, getting your dissertation done is a critical step to a healthier balance for life on internship. Between September and February in the year before your residency starts, there is little time for much else other than applications, interviews, some necessary clinical and likely paid work, and the dissertation push.

BE IN THE LOOP: GET INFORMED

An essential part of starting to embark on internship applications is to gather information from the right places. **Chapter 5** will get into the nitty gritty of the application but allow us to provide some overview orientation.

1) The first and most important place to gather information is from the **APPIC** website *(https://www.appic.org)*. This website has all the information you need for registering and completing your application as well as information about sites that participate in the Match. The **CCPPP** website also provides information specific to Canadian sites *(https://ccppp.ca/Directory)*. Print off a sample APPIC form for the year you plan to apply (comes out in July of your application year). Read through it carefully at the very start to get a "forest-view" of what is required and create your to-do list.

2) Register for helpful and relevant listservs. The APPIC email listserv (Match-News) provides reminders and updates that are directly related to the APPIC Match. This is the formal listserv run by APPIC and you can subscribe by simply sending a blank email to: subscribe-match-news@lyris.appic.org. Other listservs exist but be warned! Many students find that they do not generally include helpful information and can, in fact, be quite anxiety-provoking. Finally, for an overview of the magic behind the Match application process, watch this video put together by the **National Matching Services:** *https://natmatch.com/ashprmp/algorithm.html.*

3) Other helpful sources of information before you dive into your application are current interns from your program. Set up an IRL or Zoom coffee date (coffee on you!) to get some mentoring on the process and ask them about their tips. They are now on residency and successfully matched, so they would be able to reflect better with you than when they were in the emotional and practical weeds with the application. It is incredibly helpful to see the full application of a peer who has recently successfully completed the process. In the summer before applying to internship, reach out to former applicants whom you trust and who would be willing to share their application materials with you. Not only will seeing a full application provide you the opportunity to see exactly what is expected of you, but it will also give you an idea of how that individual approached their essays and cover letters. It is important to see many examples of essays from successful applicants to appreciate the variability and help you create your own essays. To help add to your repertoire, we also provide samples in our **Appendix** at the end of the book. Senior students who are not in your lab would make great reviewers for your research essay because they will get stuck if you have not simplified it enough.

RALLY YOUR APPLICATION TEAM

It takes a village to support a Clinical Psychology Internship Applicant! Being able to access the networks of support around you is an important part to being successful in the internship application process. Here's who we think are top draft picks for your fantasy... Oops... match made on earth, internship team.

Head coaches (DCT and Research Supervisor)

Critical to the plan is to have your research supervisor in explicit agreement that they believe it is probable your dissertation will be done by internship time (or at least highly probable you will have a polished draft). Strong dissertation progress depends on strong planning from the very beginning of the Ph.D. Before you apply for an internship, you may find it helpful to explicitly discuss with your supervisor ideas about what support you will need to ensure your dissertation will be ready (or close to ready) before you leave on internship. Be proactive, take responsibility for anticipating barriers to completion, and have a Plan B if something does not go according to plan with your data collection or your analyses. Be prepared for your supervisor to tell you that you have not made enough progress to apply. As disappointing as this conversation can be, taking that extra year to advance your dissertation progress is well worth it. You want your supervisor to write a compelling and explicit narrative in your reference letter about your dissertation progress and completion plan. When these dissertation ducks are in a row, then it is time to go to the other head coach, the Director of Clinical Training (DCT), about your readiness to apply for an internship.

Outside the dissertation, all programs have requirements that need to be met prior to applying for internship. Make sure you know these requirements, and that you have met these requirements (or have a plan to do so) before approaching your DCT about your potential application. You will need a strong letter of support from your DCT for your application. Some trainees expressed feeling nervous about their reference letter from their DCT because they felt they had not built a close relationship with their DCT throughout their program. Relatedly, some internship sites identified DCT letters as useful for several reasons. First, the DCT letter is meant to summarize all the feedback provided to a student throughout the program which may highlight areas of growth that were not identified by the references students chose. Second, based on your chosen courses and experiences during the program, your DCT may inadvertently paint a picture of you and your desired career trajectory that may be different than what you wrote in a certain cover letter. Don't let this worry you! Meet with your DCT in advance, talk through your training to date and future goals, and make sure their letter is consistent with the other components of your application. If there are any experiences you feel may be a red flag in your application (e.g., unexplained leaves, poor grade, poor experience at a clinical placement), discuss these with your DCT, which may help them contextualize these events in their letter.

Training coaches (Practicum Supervisors)

When you apply for internship, you will need to ask clinical supervisors for reference letters. Details on this process and factors to consider are presented in **Chapter 5.** Focusing on good relationships with clinical supervisors as potential referees is paramount. Consider reconnecting with clinical supervisors by sending them an update on your progress and letting them know you would like to ask them to be a referee in the future. This can be a nice way to maintain a relationship with them even if it has been several years since you have worked with them. When you have the choice, always go to clinical supervisors that are more recent for reference letters. Remember internship sites want to read about where you are pre-internship, not where your clinical skills were 4

years ago. Consider going back to a site you trained with early in your training to get more advanced experiences and a reference letter that reflects a deeper understanding of your clinical progress.

Teammates (Fellow Applicants)

It's worth considering working with a small group of peers who you trust to support one another through the internship application process. Working with one or two other individuals from your program to split the work of researching sites, to review essays and cover letters, and to generally provide moral support could be extremely helpful. Make sure you select individuals that you trust and with whom you get along well. It can be stressful to work with someone who isn't open and honest or who constantly makes you feel like you are in competition. In addition, do consider visiting the CCPPP Facebook page for helpful dialogue and updates regarding the Canadian Match experience *(https://www.facebook.com/ccpppstudents).*

One word of advice may be to select individuals who have different training goals or different internship sites in mind than you. That way, you can work collaboratively without feeling you are directly competing. That being said, the autobiographical essay and research essay must be individualized so they can easily be peer reviewed by fellow applicants. Moreover, every accredited site has more than one position so the competitive factor, while present, may not be as much of a factor.

TRAINEE TIP

What really helped me during the application process was having a group of cohort-mates who were applying at the same time. We set regular weekly meetings starting in July to keep ourselves accountable and work on target goals at the same time. With how busy our schedules can get, it can be easy to forget/push back internship tasks until the deadline, so having our group was helpful to remind ourselves to keep working on our applications. It was also helpful to be able to ask for advice from each other, such as reading over our essays or conducting mock interviews. Most importantly for me, it also made the process less stressful, and I felt like I had a space where I could seek support/vent about the process (which was often!).

SELF-CARE

An important thing to keep in mind is that this will be a marathon, not a sprint! The whole internship application process until Match Day is close to 6 months long. Trainees have expressed experiencing difficulties with stress, low mood, elevated anxiety, self-doubt, and burnout throughout the process. We know self-care can sometimes fall through the cracks, but it will be especially important during this time! We're not the only ones who think so–there are plenty of online resources emphasizing the importance of self-care and simple ways to practice

it *(https://cmha.ca/news/self-care-simplified-why-its-essential-and-how-to-make-it-happen).* If you have a therapist, carve some time to be able to get extra support in the Fall/Winter of the application year. If you don't have a therapist, feel you would benefit from it but haven't made the time, there is no time like the present. Check your benefits from your school or job to see about coverage and create a plan accordingly. Also, consider starting to build this therapeutic relationship before the highest stress period from application creation to Match notification day.

SOCIAL MEDIA CLEANSE

In the day of social media, it is especially important to be mindful of your online presence when applying for internship. Clinical directors and supervisors at various internship sites may investigate your online presence. Ensure that your privacy settings on social media are set so that only approved friends can see or access your personal profiles. It is also important to be mindful of your activity on platforms like Instagram and keep public posts professional. You may also want to update any profiles that are research-related (e.g. ResearchGate, Google Scholar, or LinkedIn) so that potential supervisors can get accurate information about your research productivity. By no means are these types of profiles required to apply for internship, but if you typically use them or already have them, keep them up to date so that they are consistent with the information you provide in your application.

Internet hygiene (ensuring you have a professional internet presence) is simply good practice for life. Remember that your online presence reflects upon the field. Given the memory of the internet is forever plus two days, avoid ever posting pictures you would not feel comfortable showing in a talk at a conference. Have 'that talk' with friends and family to avoid any of them posting pictures of you in circumstances that could be particularly unprofessional. No matter the privacy setting, accidents can happen.

CONCLUSION

Although there are several tasks to do prior to filling out your application, taking small steps along the way in your program will ultimately help you to submit an application worthy of pride. In addition to the little things you can do in advance to be efficient and save time (e.g., recording clinical hours, noting practicum experiences, noting diverse cases and experiences), it is also important to use your time and resources wisely. Some of the best resources are the team of people who have surrounded you throughout your graduate career including your colleagues, supervisors, and Director of Clinical Training. Following these steps will definitely start you off on the right foot for completing your applications.

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Residency Application Timeline

EARLY GRAD SCHOOL

- Track clinical hours
- Track interesting cases
- Track ethical issues
- Note details of rotations
- Consider course requirements
- Samples of written work
- Diversity experiences
- Lay a game plan for your dissertation with annual goals

YEAR BEFORE APPLYING

- Plan financially
- Work to meet graduate program requirements to apply
- Think about cases or experiences you may need to round out your training (e.g. more treatment, more diversity cases) and approach supervisors

MAY – JUNE

- Readiness discussion with DCT and research supervisor

JULY – AUGUST

- Review APPIC website and familiarize with requirements
- Register on APPIC website
- Running word document for essay brainstorming
- Order your transcript and send to APPIC
- Make timeline for essays and cover letters
- Request reference letters
- Review brochures and make a running list of sites to apply to
- Work on your APPIC CV (it is more detailed and will require ample time)
- Fill in tracking sections of APPIC for DCT

SEPTEMBER

- Finalize list of sites to apply to
- Continue reviewing brochures as some sites do not provide the current year brochures until September
- Write the 4 essays
- Book time to review essays with peers
- Get feedback on essays from your research and clinical supervisors
- Complete AAPI online
- Input hours into AAPI

OCTOBER

- Write and personalize cover letters for sites
- Proof read, proof read, proof read!
- Get feedback on cover letters from your peers, as well as research and clinical supervisors
- Submit applications due end of October

NOVEMBER

- Submit applications due mid-November
- Plan something to celebrate submitting your applications
- Engage in self-care before gearing up for interviews
- Start preparing and gathering materials for mock-interviews in December
- *Note: Some American sites have interviews in December*

Figure 2: Residency Application Timeline

Chapter 4

CHOOSING WHERE ON EARTH TO APPLY

Oana Bucsea, Hannah Gennis & Rebecca Pillai Riddell

All four of your friendly neighbourhood Third Edition authors chose to move cities in pursuit of their dream of being in a graduate program in clinical psychology. Three of the four of us then ended up moving again for residency while the fourth was able to stay put for residency–all based on the almighty matching algorithm. Finally, the three of us who have since completed residency, moved one more time to start our careers and our lives in different cities than we resident-ed. So, among the four of us, we have logged about 21 000 kilometres of relocation as we moved from our undergraduate university to our graduate school university to our internship residency to where we ended up choosing to start our professional careers. From the east coast to the west coast to the centre, we have schlepped ourselves from training site to training site across this great country of ours. Our bias is that the sacrifices and joys we experienced from moving so we could become psychologists have most definitely played a role in framing this chapter. These moves were not made lightly but we believe opening our geographical flexibility for different periods in our career has contributed to our success.

For the Third Edition, we asked DCTs about the most important reasons students in their programs did not match. The modal reason for not matching (mentioned by 70% of the DCTs) was geographic restrictions of the applicants. Because we know you are curious, the other top reasons were not having enough clinical hours to match the residency sites (discussed in **Chapter 2**) and poorer interview skills. But don't worry, we have a chapter dedicated to the interview coming up. So back to where on earth to apply.

Once you have determined you are ready and willing to apply, the next step is deciding what internship sites interest you. The **match** between your training needs and future goals and each site's training goals and available experiences is critical to where you will end up being matched by the National Matching Service program. Deciding where to apply is so important that we dedicated an entire chapter just to this process! Remember that applying is not the same as ranking. Applying to sites is about casting the net as widely as possible and carries no commitment to go to the site. Ranking happens after you secure interviews. When you submit a ranking for a site, you are contractually obligated to go there should you be matched.

Although the first step of applying may seem overwhelming, we find it helpful to see this process as an opportunity to explore what the various sites have to offer and how these align with your training goals. Explore outside of your comfort zone! Is there a great site with rotations that would fit well with your training goals but is in a city you haven't really considered? Don't rule out site options just because of geography or goals like wanting to only be in a community-based clinic.

As we alluded to earlier in the book, self-reflection is a key part of this process. Now is the time to get informed and think about your priorities for your internship year. For some, it will be most important to get specific training experiences to set them up for registration in their home province. For others, it may be more important to stay close to home and just graduate from the program. A wise mentor once advised us to think about priorities in terms of degrees of freedom–something all psychologists know about. In statistics, degrees of freedom are the number of values in the final calculation of a statistic that are free to vary. The more degrees of freedom you can create in your application choices, the better your chances for matching to a site that will truly fit with your end goals.

Step 1: Do Your Research About You

It can be helpful to make a list of the potential variables in applying to internship such as location, family, training and career goals, prestige, work-life balance, finances, and your "degrees of freedom." Decide which variables are most important to you and which you will leave free to vary. It is important to consider that you are looking for the internship site that is the best match (on earth) for your life circumstances and your needs. Remember, just because you apply to a site doesn't mean you are committed to going there for internship! The worst thing that could happen at this stage is that a site does not interview you. Work through the activity in this section to see what parameters you can use to increase your degrees of freedom.

We encourage you to be open in the application process while being mindful of not applying to so many sites that the quality of your application suffers. It is important from the start of the application process to think about your career goals. What do you want to be when you are done and what type of setting can you envision yourself in? This critical self-reflection determines your training goal. Your training goals are a key aspect of making the 'match' with a site and how you will write your cover letters/essays. "To thine own self be true" isn't just for Shakespeare fans!

DEGREES OF FREEDOM ACTIVITY
Given your applications should be somewhere around the 11-15 zone to maximize your options for matching, it is important to try to expand your boundaries before you hit the search engines to catch all potentially suitable sites in your net. Keep asking yourself –would I rather wait another year or expand my degrees of freedom?

Geographic Flexibility:
Define your absolute maximum possible geographical region (i.e. North America? Canada? Pacific North-west? Greater Toronto Area? Halifax?). Can you rent out your house and take the family far away? Could you handle a 90-minute commute if you could work on a commuter train? Could you move to a new apartment in between a potential internship site and your partner's place of work.

Different Populations served:
While the diverse experiences available at hospitals and community mental health settings tend to be best to set you up post-graduation, would you consider smaller, specialized sites such as a setting focused on working with children with autism? Moreover, if you have generally focused on health psychology sites, do you have enough experience to match with a primarily clinical or counseling psychology site? Be careful here though...remember you need to have some clinical experience from which to build on that matches with at least some of what is being offered by the site. For example, don't apply to a specialty autism site if you have no experience working with people with autism. Assessment versus treatment: Although many sites offer a balanced exposure to both, would you be willing to consider a site that has a heavier emphasis on training in one versus the other?

Research Status:
Some sites have more of a research focus than others and depending on your perspective this could be good or bad news. Would you be willing to go to a clinical site that had a reputation that did not match your research intensity preference?

Accreditation Status:
As the last resort, would you/your program allow for an unaccredited site as the post Phase II back up plan if you don't match?

Step 2: Do Your Research About Them

Start by generating a list of the potential internship sites where you are considering applying. At first, keep the list broad and make note of what particularly attracts you to the site as well as potential barriers and drawbacks. Don't worry about having too many sites on the list for now; you can go through a process of narrowing down your list gradually. It will be helpful to have a list of your personal and professional goals handy as you review sites.

Once you have a list of all the possible sites, start to narrow down your list. Although you don't need to decide what internship sites you will apply to until a month or 2 months before applications are due, you may have an idea of sites (or cities) that are of particular interest, or the general types of internship program you will apply to (e.g., child-focused, neuropsychology-focused). Many sites like to hire their interns after internship, so thinking of places you may want to work longer-term may be factored into generating your potential sites list.

Having a general sense of what sites are looking for and how it matches your experiences is helpful. You are not really expanding your degrees of freedom if all your training and coursework is

child-focused and you apply to an adult-only site. For example, if you are potentially interested in doing a neuropsychology-focused internship, do they have specific practicum or course requirements? Do you have clinical and course experience to substantiate advanced training in neuropsychology? Although most sites do not specifically outline a minimum number of hours, it is helpful to know whether sites include a range of hours for previously successful applicants.

To generate your list and obtain the information we describe above, you will need to access the internship sites and preferably their documents. There are at least five places you will be able to find this information:

1) The directory on the **APPIC** website *(https://membership.appic.org/directory/search)* is probably the best place to start if you have a handle on some of your parameters because it has helpful filter options. For example, you can filter your search to just Canadian or certain provincial training sites (Canadian and US internship sites are listed), programs that mention "child," or even select more advanced options like stipend amount and training opportunities. Be aware that just because a site is registered on the APPIC website does not mean that it is accredited by CPA (or APA). This brings up the issue of unaccredited internships.

   We think it is best practice to prioritize trying to obtain an accredited residency position. While the current training climate has seen an increase in non-accredited residency programs, the gold standard of CPA- or APA-accredited programs remains. An accredited internship often makes licensure easier and some jobs have an accredited internship as a requirement. Moreover, for a Canadian doctoral program to stay accredited by the CPA, the program must require that students attend an accredited internship. We recognize that many applicants face barriers to applying to accredited programs. Anecdotally, we have seen a rise in unaccredited programs or applicants coordinating their own residency programs outside of the APPIC process. If you are considering applying for an unaccredited residency program or are coordinating a residency program outside of the APPIC process, it is imperative that you speak with your DCT to ensure that these sites meet your program's doctoral requirements for successful completion.

2) At the time of printing, the CCPPP does have a member directory *(https://ccppp.ca/Directory)* with advanced search options but it does not have filters that are as easily fine-tunable. However, we like to be thorough with exploring options. It is worth it to ensure your search in APPIC is validated with the CCPPP so that you are aware of all Canadian options. CCPPP has also been hosting a Fall Residency Open House in mid-September where sites come and you have a chance to hear about their programs. So, head to the CCPPP website in late August-early September to look for the date and registration link.

3) People in your program. Another important resource when making your initial list of sites is speaking to senior students, your Director of Clinical Training, and your research supervisor. These individuals may have suggestions of sites based on what they know about you and your training goals.

4) Some internship programs will post brochures and additional information directly on their website. If you know the site has an internship, you can go straight to their website. Once you have generated your initial list, you will want to acquire the most recent internship program brochure. Many sites do not post their brochure for the upcoming academic year until late August/Early September, so it is best to wait until then to download the brochure. Most brochures do not change substantially from year to year so you can likely obtain major pieces of information about the program from the previous brochure. However, available rotations will change from year to year depending on availability of supervisors and other resources. Make sure you obtain the most recent brochure once it is available so that you have the correct deadlines, due dates, and contact information for your cover letter and applications. If you notice that information has not been updated by mid-September, consider reaching out to the Director of Training, or asking them at the CCPPP open house.

5) Conferences such as the Annual Convention of the Canadian Psychological Association (CPA) are also a great place to network with current and past interns. CCPPP and CPA host an "Internship Fair" every year at the annual convention in June. Many Training Directors attend from across the country, and this is a valuable and efficient opportunity to get intel on sites you are considering. If you are unable to attend this event, or the CCPPP virtual fair, you are not at a disadvantage. These are opportunities to gather information–Directors of Training do not use these as opportunities to start assessing candidates!

> Think about what you'd like to do when you become an autonomous clinician, then work backwards to find the program that offers the best training experience necessary to become registered in the area(s) of competency you are interest in, while providing the ability to have a work-life balance.
>
> Dr. Yael Goldberg, Director of Training
> Baycrest Pre-doctoral Internship in Clinical Neuropsychology

This information can be easily tracked in an Excel document. We strongly recommend that you have a master document of all the sites, their deadlines, name and contact info for your cover letters, and any special application instructions the site provides. Make notes in one column with specific points about why this training excites you and is a good match with where you have been and where you are going. Think about what your top sites are shaping up to be and why. While this can and likely will change post interview (see **Chapter 7**), you need to know why a site is a match for you when writing your essays and then when trying to prioritize interview slots (something you don't need to think about until early December!).

Step 3: Making Your Application Choices

Once you have generated an initial list of internship sites that interest you, start to consolidate your list. Take into consideration whether a given site is a good match for your personal and professional goals and whether you would even consider travelling there to intern. However, at this stage of the game, it is more important to ensure that you are applying to enough sites to increase your chances of getting interviews. As discussed below, the best strategy is to apply to between 11-15 sites.

The following section discusses potential issues you may wish to consider in narrowing down your application choices. We recommend first applying broadly (cast a wide net) and then considering side to side comparisons after you interview (**Chapter 6**) to determine the best approach to ranking sites. You do not want to spend a lot of time sweating over whether to apply to a site and then find out you did not get an interview. If in doubt, take Nike's advice and just do it! But there has got to be some limits in mind, right? Glad you asked us...

FIT! FIT! FIT!

We surveyed 20 Directors of Training across Canada and, when we asked them what is the biggest factor that influences their decision when choosing between candidates, fit was the clear winner! Importantly, both clinical/professional and interpersonal fit came up as important. First, sites look for fit with respect to students' ultimate career goals and clinical experiences. They also want to see genuine interest in working with their populations of interest. Finally, they want interpersonal fit–making sure the student's personability, clinical perspectives, and clinical values will be a good match with the rest of the team and the supervisors. Some self-reflection on your ultimate career goals is necessary at this point because it should influence the whole trajectory of your applications. What kind of work do you want to do?? What setting do you want to work in? Do you want to work with a specialized population? Sites like to train people where their training matches the trainees' future goals. This will also make it a lot easier to draft tailored cover letters for each site down the road (more details in **Chapter 5**).

Goodness of fit is so important. Think about where you will be most happy. Happy residents are usually successful residents.

Dr. Christina Drost,
Director of Training
Horizon Health New Brunswick

All in all, as you're reviewing brochures and trying to narrow down your initial broad list of potential sites, think about sites you are getting genuinely excited about and that set you up for your dream career path, as opposed to sites you feel you have a good chance of matching with despite not meeting your true goals. Importantly, sites have emphasized that they can tell when a student is not genuinely interested and excited about their program, and that lack of enthusiasm significantly reduces their chances of being interviewed by that site. While we understand that not all sites will be 'dream sites,' the sites you ultimately apply to should still further your training and get you one step closer to your career goals.

SO, HOW MANY SHOULD I PICK?

How many internship sites should you apply to? Although there is no magic number, there are some reasonable earthly stats that can inform your decision. We recommend considering the statistics published with regards to the APPIC match results from 2026 for Canadian Schools and Programs *(https://www.appic.org/Match/Match-Statistics)*. At the risk of being redundant with **Chapter 1**, we want to revisit some of the stats for practical application support.

Save your money and only apply to sites that you feel passionately about. Reviewers can tell when you aren't really interested. We often choose to not interview incredibly strong applicants, because we can tell we are a 'back-up' choice.

Dr. Brittany Budzan, Director of Training
Counselling and Clinical Services–
University of Alberta

In the 2026 Match, 80% of Canadian applicants matched in Phase 1. The average number of rankings submitted by Phase 1 matched applicants was 6.7 vs. 3.4 for Phase 1 unmatched applicants. Remember this is about rank submissions, not applications. To us, this underscores the importance of applying broadly initially to ensure you get enough interviews from sites so that you can rank them. It may seem obvious, but we'll say it, you don't rank sites that did not invite you for an interview. If you don't match in the first phase, there is a second phase match (discussed more in **Chapter 7**)

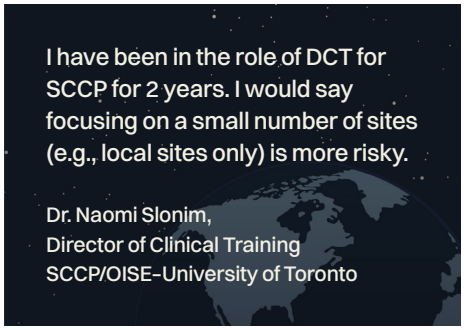
Remember you will have to tailor a cover letter for every site you apply to, so to do this well, the 11 to 15 zone is likely optimal. You are also priced punitively if you exceed 15 applications. On the other hand, if you choose to apply to less than 10 sites, you may be significantly reducing your chance of matching. If your choices are restricted by geographic location, this may reduce your chances. Are there sites in nearby locations that you would consider commuting to? Would it be possible for you to be somewhere during the week and home on the weekend? Are you applying to mostly unicorn dream sites (lots of applications, only 2 spots)? You may want to hit the higher end of the range of applications. Remember that you will get to rank sites after you interview and do not have to rank sites that you don't realistically think you would choose. Given that you likely want to maximize your chances of getting interviews and of matching, applying broadly is wise. Be practical about your chances on earth but include dream sites too.

Even if moving is not feasible (often the case for people with dependents/partners) think about how far you could commute for just one year. Public transportation may provide time to work en route, so consider a 1.5 to two-hour public transit radius (public transit also helps avoid winter driving). Or maybe you could squat with a family member or a close friend in another city during the week and go home on Friday nights? Grueling, yes, but would you rather wait and try again next year? A more extreme option is trying to move your family for the year. An adventure for the family? If you are lucky enough to have a house, you could rent it out like professors do when they go for sabbaticals. There is a whole infrastructure around sabbatical home swapping (organized websites, tips for when you have children, etc.) that you can tap into such as *https://www.sabbaticalhomes.com*.

Again, if you feel stressed out by the thought of potentially having to relocate during residency, you are not alone! Morton et al. (2026) identified geographic constraints as one of the five major sources of frustration/barriers to applying for Canadian students. Students in this study discussed the contrast between site stipends and the cost of living in most urban areas (where most residency sites are clustered) as a stressor. The new CPA standards emphasize providing residents remuneration that meets or exceeds the living wage for the city or town the residency site is in (Canadian Psychological Association, 2023). There are several online 'cost of living' calculators that may be helpful to get a sense of the costs associated with living in a new location.

While we understand the stress potentially having to relocate introduces, we do need to repeat again that, when we asked directors of clinical training from Canadian universities what they

think are the top reasons students do not match, fewer applications due to location restrictions was consistently reported as the top reason.



APPLYING INTERNATIONALLY: CANADA VS. THE UNITED STATES

For decades, many Canadian applicants choose to apply for internship positions in the United States and have enjoyed successful internship placements south of the border. However, there are some important considerations when deciding whether to apply to American sites that are discussed in detail later in **Chapter 7**. At the application stage, it is simply important to be aware of potential challenges that can be associated with applying to an American site if you are not an American citizen or, if you are a Canadian citizen who was not born in Canada.

The situation for non-Americans to cross the border to work is in flux at the time of this edition. If your dream site is in the United States, you might want to just apply and figure out the logistics before you submit your rank-ordered list. The CCPPP is working to keep DCTs and DoTs aware and updated on the facts involved with training at an American site. However, note that given the potential instability of the cross-border situation, if you did match in February the same working visa rules may not apply in September or stay consistent over the residency year.

CONCLUSION

Exploring site brochures and learning about all the potential training opportunities is exciting! You have worked hard to get to this stage. Dream big and include a couple of "wish sites" on your application list but apply broadly enough that you can put a diligent effort in each application so that you can increase your chances of a match made on earth.

Internship is a unique time where you get to try somewhere new. Take a chance –remember it is only a year! Next, you'll be starting to work on the individual components of the application and getting to know the sites you have selected in much greater detail.

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Chapter 5

THE APPLICATION

Oana Bucsea & Rebecca Pillai Riddell

At this stage, you have either carefully read the previous chapters and reflected on the process, so you know you're ready to apply—or you've skipped all that and have gone straight for the juicy bits. Either way, buckle your seatbelt and welcome to **Chapter 5**!

This chapter takes you through the step-by-step nitty-gritty of developing and submitting your internship application. We focus primarily on applications for internship sites participating in the APPIC Match, as most internship sites in North America participate in this process. The information provided is based on what was available at the time this guide was developed. Please check the APPIC website (*www.appic.org*) for the most up-to-date information. If there are any inaccuracies, please send the editors a note at matchearth2004@gmail.com so they can update the information.

But wait... what is APPIC? APPIC stands for the Association of Psychology Postdoctoral and Internship Centres. We have been alluding to them in other chapters but let's give a little more detail. They are the organization that provides the structure and guidance to members who support the training of doctoral and postdoctoral psychologists. In essence, members are internship (residency) centres and postdoctoral training centres (not you!). Most relevant for our purpose for **Chapter 5** is that they host the AAPI applicant portal, which is where you submit your information to apply for internship spots, and they work with the National Matching Service to run the APPIC Internship Matching Program. The Association of Psychology Postdoctoral and Internship Centers (APPIC) is responsible for establishing the policies of the Match and for

monitoring the implementation of the Match. The APPIC Match is then administered by National Matching Services Inc. (NMS) on behalf of APPIC *(https://natmatch.com/psychint).*

REGISTER FOR THE MATCH

So, if you are in an accredited CPA program, have not already matched via APPIC, and are allowed to apply by your doctoral program, you are most likely eligible to register.

However, full policy documents for the **2027 Match Eligibility** (which will be updated annually), are available here: *https://www.appic.org/Internships/Match/About-The-APPIC-Match/Match-Overview#MatchEligibility*

Assuming you are eligible, registering for the Match is done through the **National Match Program** here: *https://natmatch.com/psychint/applicants/register.html.*

You have likely already started to familiarize yourself with the Match process. We previously recommended the video on the National Match Program website providing an overview of the Match process: *https://natmatch.com/psychint/algorithm.html.* If you have not watched it yet, now is the time. The most important step at this stage is to register for the Match online and obtain your NMS Applicant Code. This numerical code is unique to you and is the number that internship sites will enter to rank you in the Match system for Phase I (and Phase II, if needed; described later in **Chapter 7**).

Steps in Registering:

1) Create an account.
2) Review the Applicant Agreement.
3) Pay the fee. The total fee (~$160 or $225 CAD in 2026 Match) and it is non-refundable (even if you withdraw from the Match). This fee covers both phases of the Match if you do not obtain a position in Phase 1 of the Match. It comprises both a Match fee and access to the APPIC Online Directory.
4) Obtain your NMS Applicant Code. Include this number in other components of your application (e.g., site cover letters and essays). This makes it easier for internship sites to find the information they need to rank you.
5) You need to register for the Match before a pre-set deadline. The deadline is typically before the end of the calendar year in which applications are due (e.g., December 31, 2026, for internships beginning in 2027). According to the APPIC website, later registration is possible, but additional approvals from your DCT are needed. We recommend registering much earlier. Register before your applications are due, so that you can include your NMS Applicant Code as part of your application (e.g., under your name in your cover letters). This is an easy thing to get checked off your list in September. Crossing things off a checklist just feels wonderful, so why not do it early. Registering for the Match does not constitute an application to any of the internship sites. You need to do that separately through AAPI. What's that? Read on to find out...

MEET AAPI

Your second stop is creating an account through the AAPI Online Applicant Portal. This is the centralized online system where you create and submit your standardized application for all internship sites participating in the APPIC Match. There is no fee to set up an account (you pay when you submit applications). You can find the **AAPI online portal** here: *https://aapicas.cas.myliaison.com/applicant/login* or link to it through the **APPIC** website here: *www.appic.org.* If you need special accommodations regarding the accessibility of the AAPI Online, contact their technical support team at **1-617-612-2899.**

We're going to walk through all sections in the AAPI application, but detailed instructions for each section of the AAPI application can be found on the AAPI Online Applicant Portal by clicking the Help Center tab on the left side of your screen or by clicking here: *https://help.liaisonedu.com/AAPI_Applicant_Help_Center/Filling_Out_Your_AAPI_Application/AAPI_Program_Materials/AAPI_Program_Materials.* This instructional information is a very useful reference as you develop your application! You may consider printing it out for easy reference.

You can check out an example of a completed application on the APPIC website: *https://www.appic.org/Portals/0/downloads/Sample_AAPI_Application_2018.pdf*

Now is a good time to refresh your knowledge of each internship site's individual application requirements and deadlines! If you have followed the steps to prepare in **Chapter 4**, you have an Excel document with this information easily accessible and neatly organized for each site. Once you create a log-in through the AAPI portal, you will receive an email confirming your registration. AAPI encourages you to check back periodically on the status of your application to ensure it is complete (i.e. whether your transcripts and letter from your DCT have been uploaded, whether your reference letters have been submitted).

After you create your AAPI log-in, you will receive an AAPI CAS ID. This ID is different than the NMS applicant code! The point of this CAS ID is to help AAPIC identify you if you contact them with questions and for them to match your transcript to your online applications. This ID will not go on your application documents (e.g., cover letters, essays), only the NMS applicant code is shared with your sites.

Upon logging into your AAPI CAS portal, you will see four separate sections on your home page. Each section is described in more detail below.

1) Personal Information

This is probably the simplest part of the application to complete and is an easy place to start.

- Biographic and contact information (e.g., name, date of birth, address, phone number).
- Citizenship/residency status information. Multiple citizenships can be identified.
- Other information (e.g., language proficiency, military status)
- Professional conduct. This is a series of yes or no questions inquiring about any professional disciplinary action, complaints, and/or previous convictions or felonies you may have. Space is provided to elaborate if a response of 'yes' is given to any of the questions.

- Applicant Match number–This is the NMS Applicant Code you got after registering for the Match.

2) Academic History

- Colleges & universities attended (e.g., name of all college/university attended, type of degree, major, minor(s), dates that degree was awarded).
- Additional graduate program info (e.g., location of current graduate program, degree, GPA, dissertation title, research supervisor(s) information and contact information).
- Adding Transcripts. Once you've entered your list of colleges and universities attended, a transcript order icon will appear only for the institutions where you are currently enrolled or have completed graduate-level coursework. The AAPI application requires official copies of all your graduate level transcripts, regardless of whether a degree was obtained.

  AAPI only accepts electronic transcripts from Parchment and National Student Clearinghouse. If your school does not offer either of these services, your transcript will have to be sent by mail. Official printed copies of graduate transcripts must be sent directly in a sealed envelope from the institution to AAPI Online located in the United States. AAPI has a Transcript Request Form that can be downloaded and sent to your university with the transcript request. This form helps AAPI Online match your transcripts with your application. Institutions may also have their own transcript request form to complete.

  AAPI recommends sending your transcripts to them no less than 5-6 weeks before your first application deadline. It can take several weeks for AAPI to upload your transcript, and you want to give yourself lots of buffer time in case the transcript is misplaced or lost. We think this is best as a July-August activity. It is advisable to courier them if you can afford this so that you have a tracking number. However, keep in mind that, since the AAPI Transcript Processing Center address is a PO Box in the United States, some Canadian mail services do not allow for courier services with tracking numbers to PO boxes. If this is the case for your school, order your transcripts even earlier so that you have time to potentially re-order them if needed.

  A helpful step-by-step guide from AAPIC for ordering transcripts can be found on their website. Use the AAPI Online portal to check that your transcripts have been received by AAPI and uploaded to your application. AAPI will only contact you directly about transcripts in rare circumstances (e.g., wrong transcript), but don't rely on this.
  Important Note: Some sites also require copies of undergraduate transcripts. This is relatively rare. In these cases, undergraduate transcripts should be sent directly to the site. AAPI does not accept undergraduate transcripts.

3) Supporting Information

- Psychology training experiences. Here is where you enter all the information about the clinical hours you accrued during graduate training. Hours are entered separately for those accrued during a Terminal Masters or Doctoral degree. This is the page that you connect with Time2Track for a seamless import of your clinical hours into your AAPI portal. Once the two platforms have been connected, update your hours in Time2Track and they will be compiled into an AAPI tab in your Time2Track. This section of your application requires electronic approval from your current program's Director of Clinical Training (DCT) through the AAPI Online application system. Submission for approval is done by entering your DCT's contact information. The online application indicates when it has been approved by your DCT.

■ **Important note:** You cannot submit an application to an internship site until your DCT has provided approval/verification. Typically, your DCT will give you a deadline by which to send them your hours, so they have time to verify them well before the application deadlines.

If you have hours from a previous program (e.g., from a terminal Master's degree at another university), you may need to provide documentation to your current DCT to confirm those hours before they give their approval. If you're lucky (and organized), you've already been using a tracking system, such as PsychTrack/Time2Track, to track your practicum hours throughout your graduate training. Even if you have, this section will take longer than you think to make sure everything has been entered correctly. Give yourself lots of time! Assuming you are fully up to date, we would estimate it takes around 10 to 15 hours to go from Time2Track to the AAPI. You may also need to schedule a meeting with your program's DCT or practicum placement coordinator to confirm the number of hours and obtain their approval (described in previous section above). Now is a good time to pull up those CCPPP guidelines for documenting clinical hours and experiences we told you about in **Chapter 3**!

■ **If you have not been as diligent at tracking, the list below gives you a sense of the data that you must report:**

1. Number of intervention hours and assessment hours split by type (e.g., individual therapy vs. group counselling vs. family therapy, etc.; psychodiagnostic assessments vs. neuropsychological assessments, etc.).
2. Number of supervision hours received (e.g., by a licensed psychologist, by another licensed allied mental health professional, etc.).
3. Total number of support hours. Include a brief description of activities included in support hours (e.g., clinical writing, scoring, planning/preparation, chart review, etc.).
4. Number of hours by treatment setting (e.g., hospital vs. community mental health vs. private practice, etc.).
5. Practicum experience with diverse populations (e.g., number of clients based on categories of race, ethnicity, gender, sexual orientation, etc.).

6. All assessment instruments/measures/tests you have administered separately for adults, and children or adolescents.
7. Number of clinical reports you have written with each assessment measure, and number you have administered as part of research projects.
8. Total number of psychological 'integrated reports' separately for adults, and children or adolescents. AAPI includes a definition to guide what constitutes an 'integrated report.' In essence, it is a report that includes a review of history, results of an interview, and at least two psychological tests from one or more categories, including personality measures, intellectual tests, cognitive tests, and neuropsychological tests.
9. Brief descriptions of groups you have led or co-led. This might include type and nature of the group, how long the group ran, and the number and type of participants.

- Description of any non-practicum clinical experiences accrued prior to or during your doctoral program. Text boxes are provided to briefly describe these experiences in your own words (e.g., dates, populations exposed to, nature of experience, total number of hours gained in the role)
- Total number of presentations & publications
- Any licenses or certifications you've received

4) Supplemental Materials

- **Reference Letters.**

Most internship sites require three letters of recommendation to support your application. Although you can append up to a maximum of four letters per site, we do not recommend including more reference letters than requested by each site. Typically, one letter is included from your research supervisor, plus two others from clinical supervisors. You can ask more than two clinical supervisors to provide reference letters and then submit different combinations of letters to different sites, if desired. This is not necessary and may only be relevant if you were applying to sites with a very different focus (for example, applying to child only sites AND adult only sites). There are additional details provided in **Chapter 3** about considerations when selecting referees. When we asked residency sites which aspects of the application are most important, quality of references letters was consistently rated as one of the most important factors in their decision-making process. The average importance rating was 8.8/10 (10 being most important) and was second only to interview performance. So, make sure to choose your three referees appropriately!

> With reference letters, we look for personalization, using examples of activities/skills that are specific not repetitive if they're recommending more than one applicant (e.g., not templated). Letters don't hide the areas of growth; this is what we need to know and sets up applicants for success.
>
> Dr. Gillian Stanley,
> Director of Training
> OCDSB Internship Program in School Psychology

Standard reference form

There is now a standard reference form for all referees to complete for all internship sites. This standard form is the only acceptable format for internship reference letters. Free form letters are no longer accepted. Reference requests must be sent

through the AAPI CAS portal. It is important to provide this information to potential referees so that they are not surprised when it comes time for them to complete and submit their reference letter.

Who to ask

Above all, you want to ask for references from supervisors that view you positively and with whom you have a good relationship. You want people who will write you strong and supportive reference letters, even if it is not directly in the area of clinical practice you are seeking for internship. A bad or mediocre reference letter can badly damage your chances of being invited for an interview. It's not enough to assume that a reference will be positive, even if you have received positive feedback from that supervisor before. Be aware that the standard reference letter form asks referees to comment directly on areas for your growth and development. When you approach them about providing you a reference letter for internship applications, ask them if they would be able to provide a strong letter of support despite your areas of development (i.e. they are about 100% confident in your ability to be an intern but recognize you have things to still learn). Sometimes, less experienced letter writers will include critical feedback that may inadvertently cast doubt on your file. Honest letters are important, so it is important to go with supervisors who can strongly vouch for you.

What is in a strong letter?

From our surveys over the three editions, some tips that residency sites identified lead to stronger letters are:

- Letter is tailored to the applicant as opposed to being overly broad and vague (e.g., provides specific examples to illustrate trainee experience)
- Letter compares the student to other students to provide sites with more context (e.g., "this applicant is in the XX % of students I have worked with...")
- Letter is recent and gives an account of the student's current clinical skills sites described being suspicious of letters that do not identify any developmentally appropriate areas of growth; however, this can act as a double—edged sword as some areas of difficulty can act as 'red flags' (e.g., interpersonal difficulties, difficulties following supervision, ethical concerns).
- If referees specify that they would supervise the student again

When to ask

Referees should be given a lot of extra time for these letters because of both the formatting and the number of internship letter requests they will get. Provide referees with a PDF of the form so they can judge for themselves how much time they will need. It's important to ask early enough to leave referees as much time as possible to write your letter. A minimum of 4 weeks is advisable, but 4-8 weeks is even better. Two weeks before the letter is due, check in with the letter writer to see if they need any more information because of the unique formatting of the letter (this will have the added benefit of putting the letter and specific formatting on their radar).

How to ask

Send them a direct email with a package of information (see Box). Some people prefer paper (sorry trees). If the person you are asking gets flooded with emails, you may want to provide them with a hard copy of your package and send a follow up email.

Send reference letter requests through the AAPI applicant online portal. Referees must upload their completed reference letters to the AAPI online portal. For them to do this, you need to add them to the system by inputting their name and contact information under the Standardized Reference Form section. This generates an automatic e-mail notification to the referees with instructions for them about how to upload their letter. Keep in mind that you can only do this once you have selected programs to apply to, which typically open mid-September. Once referees upload their letters to the AAPI online portal, you will then need to assign their letter to the different programs you are applying to. Although you can't send the official letter request through AAPI until mid-September, it's important to send a personal email request or have a conversation with your referee prior to adding them to the online portal (we recommend in the summer).

REDUCE THEIR LEG WORK

Make it easy for your referees, create one package that has your CV, a summary of the dates you were under their supervision and number of hours, a bulleted list of the skills you developed on their practicum and your thoughts about your strengths and "growth areas." The letter also asks them to comment on your career goals and professional trajectory, so providing a few points on this will be helpful so that you have the coveted consistency across documents that sites look for in excellent applications. Finally, if you can also include a copy of their written evaluation in your package do it to job their memory.

- **Program Materials**

The final heading under Supplemental Materials is Program Materials. In this section, you will first need to select your programs. Then, in the Documents tab, you will be asked to upload the supporting documents requested by that site, including essays, CV, cover letter, and assessment report or treatment summary if required (which is rare). Each supporting document that you need to upload in Program Materials will be discussed in more detail below. Keep in mind that the quality of cover letters and essays were both consistently rated by sites as two of the most important components of the application influencing their decision. In our 2026 survey, both got average importance ratings of 8.2/10 with narrow standard deviations indicating consensus amongst sites. Before we provide more detailed descriptions of each type of material below, let's take a minute to discuss some important themes that emerged from our data collected from residency sites and university programs that relate to all written components of your applications (i.e., cover letters, essays):

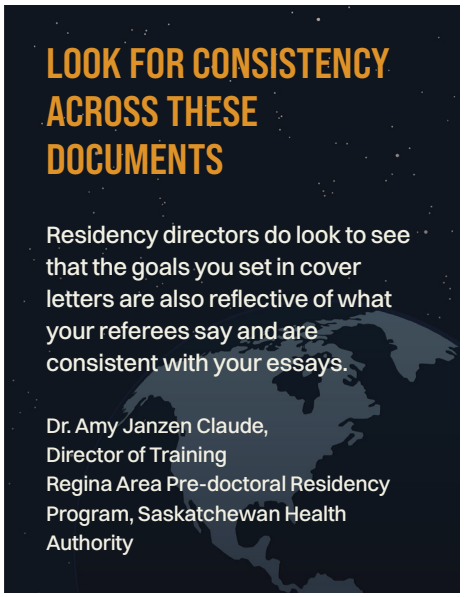
The quality of the writing matters!

The DOTs surveyed repeatedly emphasized the importance of having a well-written application. First, these documents give residency sites a first impression of the candidate and an application riddled with errors and poor writing points to potential red flags (e.g., poor attention to details, difficulties meeting deadlines). A second reason mentioned by sites (particularly more assessment-heavy sites such as neuropsychology) is that it gives them insight into your report writing skills.

Finally, AI comes into the Match Made on Earth. Congratulations, you are witnessing the first mention of using AI in applications. A thought that would never even have been on our mind or in our wildest dreams when we first released this book in 2004. A note on the use of artificial intelligence (AI) tools to write your materials. Long story short-we don't recommend it. While we know AI can help boost productivity (so maybe you can use it to generate an application schedule to help you stay on track in the months leading up to the deadlines), sites said that they can 100% spot AI-written materials (e.g., essays, cover letters) and they are not a fan. The potential that several applicants, using the same generative AI programs, then use the exact same sentences is high! So don't risk it! Take your time with these documents and let your personality, values, and vast amount of knowledge you've accumulated during your program shine through your writing!

Consistency across documents is key!

While we know that there is a lot of documents that are part of your application and it may be hard to track what you've said in each one, it is absolutely critical that you do! Everything in your application should paint a cohesive story of who you are, your experiences to date, your future career goals, and how the site will fit perfectly within that pathway. Sites look for consistency when reading your documents, as well as when reading your reference letters. If there is something in your journey that doesn't quite fit, don't fret! Just think of what you've learnt from that experience and how that could be tied to your training goals or gaps (e.g., if you've done some adult work despite applying only to pediatric programs, maybe this adult experience helped solidify your clinical interviewing skills or exposed you to a presentation you're interested in, such as Autism Spectrum Disorder).



- **The Four Essays**

The internship application contains four standard essays that everyone must write. Start early so you can get feedback and develop them with the benefit of having time. The wording may change slightly year to year, but the questions to answer are generally in the below four areas. Each essay has a recommended maximum length of 500 words. You can write as many different versions of the essays as you want, although it's not necessary. Most people choose to write one version that they submit to all sites. If you do have the bandwidth to think about some site tailoring of essays, our recommendation is to be modular i.e., you are swapping in one tailored paragraph while the rest of the essay is the same between sites. For example, with the research essay, you may have research experience with a specific population that didn't result in 'countable hours' on the AAPI, but this could enhance your match with a few of your sites but add nothing to other sites. Another example would be

for the Diversity Essay, if you have specific experiences with a certain population that may be relevant to a particular site. The American Psychological Association has an oldie but a goodie blog with more tips from training directors on writing strong essays which you can access at *https://www.apa.org/gradpsych/2005/09/pulling*. Don't panic, there are only 4 essays (the 5th essay was back in the day), and site-specific information is expected in the cover letter (see below)

Writing style and tone.
Use professional language and tone in your essays, but you can be less formal than you would be for typical academic writing. It's nice to use first person, as this is a chance for internship sites to get to know you better. It's your time to shine, so don't be modest! Be authentic and be yourself but be professional. Include your name and NMS Applicant Code Number at the top of all your essays.

Get samples from others.
You'll notice that directions for the essays are relatively vague. It's incredibly helpful to view samples of essays from people you know or former students in your program that have successfully matched for internship. We found it helpful to reflect on what you might include in your own essays before reading the essays of others. There are many ways to approach the essays, and different people will have a different style! You want to strike a balance between being authentic and original but professional. We have included some samples in the **Appendix** of this book to help get you started.

Get feedback from others.
Ask former grad students, lab mates, classmates, your program DCT or clinical placement coordinator, research supervisor, clinical supervisors, or other faculty members to read your essays. Check the call out box about getting an Essay Posse behind you. Getting others to read your essays can be helpful for checking spelling and grammar, but it is also useful to make sure that your writing is clear, that it really captures who you are, and that you haven't inadvertently included any 'red flags.' Ultimately, you want to ask people who have some experience in the field and people from whom you feel comfortable receiving feedback.

The following sections present each essay and provide suggestions and prompts that can help get your creative juices flowing.

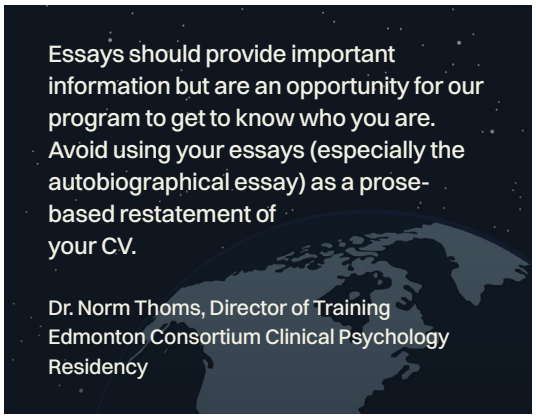
> We want to know the whole mammal, not just your CV. Use your essays to show us your personality, your passion, and your quirks. If we wanted a robot, we'd hire a submarine. Also, don't rush the surface. Give your content time to pressurize. If you draft your cover letter at the speed of a startled squid, we can tell. Marinate in your thoughts before you ink them. Oh, also-narwhals are extremely judgmental of your spelling and grammar!
>
> Dr. Dilys Haner, Director of Training
> Narwhal Psychology Consortium

(1) AUTOBIOGRAPHICAL ESSAY

There is no "correct" format for this question. Answer this question as if someone had asked you, "tell me something about yourself." It is an opportunity for you to provide internship sites with some information about yourself. It is entirely up to you to decide what information you wish to provide, along with the format in which to represent it. Don't

write what you think sites want to hear or mimic what a previously successful applicant wrote. Be who you are. A true match involves the real you. Write in a professional manner but write from the heart too. Interestingly, the trainees we've surveyed who have recently gone through this process repeatedly said that they found this to be the hardest essay to write. And we get it! This essay comes with a high risk of having a major existential crisis- ask Oana "What happened over graduate school? I used to have hobbies and do interesting things" Bucsea. This is an essay that needs self-reflection and wallowing. In addition to being well-written, sites want to get a better sense of who you are from this essay. Your materials should share something unique about you to help sites remember you but also to help them form a sense of whether you'd be a good addition to their team.

One thing to keep an eye out for here–you want to let your personality shine, but don't self-disclose too much or make it too personal. If in doubt, get feedback from a clinical supervisor that may err on the side of being a wee bit too conservative.



Autobiographical Essay Prompts

- How and why did you get interested in psychology in general or a specific area of psychology (e.g., forensics, neuropsychology, pediatrics)?
- What are some of your core values personally and professionally?
- What inspires you about the field?
- What do you bring as an individual to your work as a nearly-psychologist?
- Are there things about you that would be appropriate and relevant to share that brought you to where you are today? For example, a story, metaphor, life experience. Some students describe a specific moment or experience they had that played a role in recognizing their interest in psychology.
- Try to think about a unique experience, value, or inspiration (that is not too personal) to grab the reader's interest.

(2) THEORETICAL ORIENTATION ESSAY

A theoretical orientation frames how you assess, formulate, and treat patients/clients. Humans are complex beings and clinical psychology scholars have articulated major camps in which to ground your approach. Embedded in many programs is the cognitive-behavioural orientation. But since your introductory treatment course, you may have learned and gotten clinical and theoretical experience in psychodynamic, emotion-focused, interpersonal, or other orientations. This essay can provide an opportunity to show how you match to a site's clinical perspective or would benefit from a new perspective. Some trainees described having difficulty knowing off the top of their heads what their theoretical orientation is. It is okay to say you are integrative, but you need to discuss which orientations you are integrating. One helpful strategy is to go to a clinical supervisor

you have done/are doing intervention with and discuss what orientations you have used together to assess, formulate, and treat. You may use de-identified case material to illustrate your points if you choose. If you end up using de-identified case materials to illustrate your points in this essay, make sure the approach you took with the case matches the theoretical orientation to which you are ascribing.

Theoretical Orientation Essay Prompts

- How would you label your theoretical orientation? What do you consider the hallmarks of mental health or disorder (cognitive-behavioural [thoughts, behaviours, emotions], psychodynamic [early relations experiences], interpersonal, etc.)
- How does your orientation inform how you approach assessments, formulation, and intervention?
- How have you applied your orientation in a practicum? Was your orientation validated through your practice or did you need to consider other orientations?
- In what theoretical orientation or therapeutic approaches are you most skilled or proficient?
- What other theoretical orientations or therapeutic approaches are you interested in but have had limited exposure (e.g., through coursework, clinical training workshops, on practica)?
- What are you hoping to get on internship? More exposure to the same or are you open to other theoretical orientations or therapeutic approaches?

(3) DIVERSITY ESSAY

You may also want to include comments about inclusion. As this manual evolves, so have expectations towards competency in equity, diversity, and inclusion. An important starting point is understanding your positionality. No one is free of bias. It is critical to continuously reflect how your identity has afforded you privilege or marginalization, and how this will impact how you perceive your patients/clients or as importantly, how they perceive you. If you want a little more help to reflect on your positionality, Becca uses this in her clinical professional practice class, *https://www.equalityinstitute.org/how-to-write-a-positionality-statement-and-why-positioning-identity-matters-in-decolonising-research-and-knowledge-production*. While it discusses research, we think the application to clinical is clear.

Okay, shameless plug here again, but you should consider joining **DIVERT Mental Health** (takes minutes to join and it's free training; *https://divertmentalhealth.ca*). DIVERT Mental Health is a Canadian Institutes of Health Research Training Platform dedicated to diversifying the knowledges we use in mental health. It was designed for researchers and clinicians to learn together. DIVERT has an online archive with access to many webinars on topics that would be helpful in writing this essay. Another quick resource...one of our DIVERT Co-I's, Dr. Geneviève Belleville, discusses the struggle of being inclusive using a Western approach like **CBT** *https://www.cacbt.ca/cacbt-blog/the-challenges-of-offering-inclusive-cbt* and is worth a quick read for percolation. Don't just espouse platitudes, this essay is done well when you specifically denote how you have approached diverse populations with specific examples (deidentified) from your training.

Diversity Essay Prompts

- What is your positionality? How has your positionality differed when you have worked with different patients/clients from different communities?
- What diversity factors do you consider when conceptualizing cases? Are there conceptual models in your research or clinical practice that guide your conceptualization of diversity?
- How do or how have diversity factors influenced your conceptualization of cases?
- What experience do you have working with diverse clients?
- Have you received any formal training in diversity, cultural safety, or inclusion?
- How have you practiced cultural humility?
- Do you bring personal or life experiences that influence how you consider or conceptualize diversity?
- Are there some clinical cases that stand out for you because of what you learned about diversity issues? In our experience, providing examples of clinical cases to illustrate your points in the diversity essay can be very effective. And in fact, the AAPI website clearly states to use de-identified case materials to illustrate your approach here (*https://help.liaisonedu.com/AAPI_Applicant_Help_Center/Filling_Out_Your_AAPI_Application/AAPI_Program_Materials/AAPI_Program_Materials#Essays*)
- How do you create a safe environment for your clients?

(4) RESEARCH ESSAY

This is another opportunity to demonstrate how you match a site, so consider slight modifications between versions to highlight different pieces of your research that match with clinical experiences they offer. Do not use jargon. Write it so that a 2nd year undergraduate student will understand. Another critical part, often omitted because students focus solely on what they are doing, is starting with why this research is needed and ending with how you think your research will help.

Research Essay Prompts

- What is your dissertation about? What progress have you made with your dissertation? (Highlight your dissertation progress if you are on track to be finished before internship starts; this is often a distinguishing factor between two excellent candidates).

THROW AN ESSAY REVIEW PARTY

Yes, a geeky endeavor... Quelle surprise! You are Ph.D.s-to-be, what do you expect? So while there is no need to post pics on your Instagram feed, hosting an essay review potluck can be a great way to have peers edit and review your essays. Invite other applicants you trust to flag content in your essay that may be too personal, too jargony, too corny, etc.

Make it a BYOE and so everyone brings enough printed copies of the essays on which they most want support. Everybody then swaps essays and provides comments (grammatical and conceptual). Don't forget to schedule a treat for the after essay part...ice cream, martinis, a popcorn movie night? You all deserve it!

- Do you have other research areas that you are pursuing outside of your dissertation?
- How does your research relate to your past or future clinical practice?
- What are your main research achievements?
- (Go for the humble brag "I have been fortunate to have been supported by a Canadian Institutes of Health Research Fellowship so that I have had dedicated time to make dissertation progress" as opposed to "I am a Canadian Institutes of Health Research Doctoral Fellow").

THE CURRICULUM VITAE

You likely already have a professional Curriculum Vitae (CV) that you've used for funding or award applications. This is a great starting place. Your CV will benefit from some modification, tweaks, and additions for the purposes of internship applications. We have provided a sample in the **Appendix** of the book. At this stage in the game, your CV should have five main parts: Biographical Information (name, address, education, awards), Clinical Experiences, Research Experiences, Teaching Experiences, and Service/Volunteer Experiences. You should always vary the order of these sections based on the goal (e.g., research versus teaching job). Your AAPI CV should be the version where the Clinical Experiences section follows right after the Biographical Information.

Below are some suggested sections for an AAPI CV. These include, but are not limited to:

I. BIOGRAPHICAL

- Name and contact information
- Your NMS Applicant Code Number (for the Match)
- Education/degree information
- Awards and scholarships

II. CLINICAL BACKGROUND

- Practicum Experiences. Your practicum experiences should be listed chronologically and described in detail. Include the setting, name of primary supervisor with their credentialing, number of hours, types and numbers of clients, your major responsibilities, tests administered, number of integrated reports, treatment approaches, and primary theoretical orientation.
- Clinical Workshops. Clinical workshops attended that were run by health professionals for skill development (include date, location, duration in hours, and 1 sentence to describe content, if title is not self-explanatory).
- If relevant, you may have taken a clinical course (with a competency/mastery test, clinical supervision and feedback, etc.). Find a logical way to distinguish this type of credentialling from the knowledge dissemination workshop.

III. TEACHING BACKGROUND

- Teaching (e.g., course directorships, guest lectures, teaching assistantships, training workshops in teaching that you took, training workshops that you offered)

IV. RESEARCH BACKGROUND

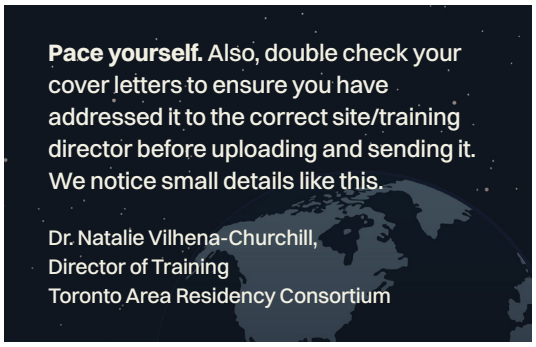
- Research grants or funding
- Peer-reviewed publications
- Non-peer reviewed publications (e.g., book chapters, newsletters)
- Conference presentations (subsections for symposia/workshops versus posters)
- Related employment (e.g., research assistant, clinical)
- Knowledge translation (e.g., media, public talks)
- Other relevant research training or experiences

V. SERVICE/VOLUNTEER EXPERIENCES

- Professional organization affiliations (e.g. CPA, BCPA, OPA, etc.)
- Committee memberships (e.g. Member, Student Clinical Advisory Board)
- Leadership roles (e.g. Chair, Graduate Student Society)

THE COVER LETTERS

This part of your application is worth some careful thought, time, and attention. It's your chance to really sell yourself as a great applicant, to stand out from others, and to show why you are a good match for the site and why the site is a good match for you. In our humble opinion, it is the best section and most important for selling the "match."



The cover letter is one of the first things DoTs and internship supervisors will read. These letters should be personalized and professional. Do not simply regurgitate the program's brochure and say you are interested in every rotation. The cover letter is what will take up the lion's share of your time during the application process. Cover letters need to be personalized for each site, whereas the essays can be used across sites. We highly recommend asking senior students/previous interns that you know for samples of their cover letters. We have included sample cover letters at the end of the book.

Letter structure.

Cover letters should be formatted and written as appropriate for a professional letter. They should be addressed to the site's Director of Training and should clearly indicate the name of the site/program and specific track (if relevant) to which you are applying. If you are applying to multiple tracks at the same site, you can choose to write one cover letter for both tracks or to write two separate letters. Cover letters should be no more than 1-2 pages single-spaced in length (be sure to insert double spaces between paragraphs). Include your NMS Applicant code number with your signature and contact information at the end of your letter. Quick note here–residency sites expressed that they could tell when students have not carefully read the brochure (e.g., they may

mention rotations in their cover letters that are not offered by that site, get supervisor names wrong, apply to too many tracks when sites only allow one) and that this is a major red flag! This is another important place to pay attention to typos and grammar! The cover letter is often the site's first impression of you. Don't be afraid to convey your enthusiasm about a site. Show them you want to be there.

It's all about the match.

A great cover letter clearly indicates why you're an ideal match for that internship site and why it's also a great match for you. This constitutes the body and bulk of your cover letter. Now is a good time to go back and check your goals you developed for internship and beyond (**Chapter 2**) and why each site excites you (**Chapter 4**). It needs to come across that you have carefully read the site's brochure. Be clear about how your previous practicum experiences and learning goals for internship match what the internship site has to offer. You may include several separate paragraphs for different areas as relevant (e.g., one for assessment, one for intervention, one for research, etc.). Don't worry if you haven't had a lot (or any) previous experience in an area of interest. Sites want to see where they can fill in your training or need for further training! If you haven't had any experience in a particular rotation you are interested in, try to link how some training you do have will help you be prepared for this new area in which you are interested at their site. Convey excitement about learning opportunities and openness to growth on internship. Some sites require specific information to be included in your cover letter. Check the site brochure (or the handy dandy excel file you created earlier) and be sure to address those points in the letter, if appropriate. If the site has any specific requirements, such as graduate courses (e.g., child development, neuropsychology) or absolute minimum number of hours or integrated reports, specifically state how you meet those requirements. Don't make a site have to dig around to find whether you have the requirements they clearly laid out in their program brochure.

THE SUPPLEMENTAL MATERIAL

Some internship sites require supplemental materials. This seems to be increasingly rare, but it's important to check each site's program brochure. Requested materials include samples of de-identified treatment or case summaries, or assessment reports. In some instances, undergraduate transcripts may be requested.

If treatment summaries or assessment reports are requested, it's ethically important that they be appropriately de-identified (e.g., removal of patient/client names, birthdates, addresses, or other potential identifying information). As mentioned in **Chapter 3**, check if the institution where you worked with this client has any formal procedures or required permissions to include clinical summaries or reports in internship applications–even if they are de-identified.

THE SUBMISSION

The end is near! Just a few final details left.

Application certification

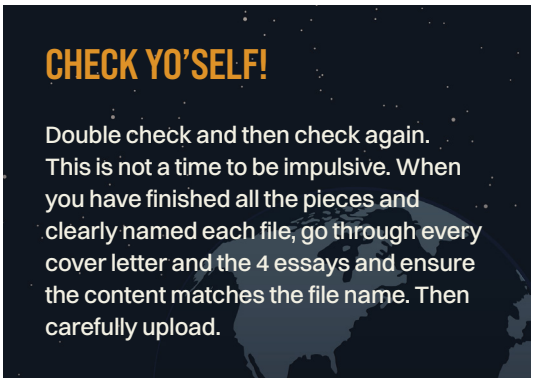
You need to electronically sign your application for it to be finalized. This is done within the AAPI online applicant portal.

Enter internship site and track information

To submit your application(s), you will need to select the relevant site and track numbers in the Program Questions tab of each site. You can find this information in the site brochures or the directory in the AAPI Online submission portal. Double-check that the number, site name, and track are correct! Different tracks at the same site have different numbers.

Upload all supporting documents

Make sure all the appropriate documents you want included in the application for each specific site are uploaded correctly. This includes the relevant cover letter, reference letters, essays, CV, and any requested supplemental material (e.g., sample reports or treatment summaries). All uploaded word documents are converted automatically to PDF. It is best to convert your files to PDF before uploading them to the AAPI online applicant portal to ensure correct formatting and appearance. Page numbers or information at the bottom of the page could get cut off, so it is best to convert to PDF yourself to ensure this doesn't happen. Clearly and carefully label all electronic files with the site name so that you are sure you upload the right documents for each site (e.g., JonesBayHospitalCover Letter.pdf).



Submission fees

You must pay a fee to submit your applications. The fees to applicants are associated with the number of applications you submit. The first application is the most expensive with a lower rate for subsequent applications. More details on internship application costs and planning can be found in **Chapter 3**. Rates can change from year to year. Check the APPIC website (*www.appic.org*) for current information.

Submission deadlines

You can submit and pay for each application before their individual deadlines. You don't need to submit all your applications at once. It's your choice! Just be sure you don't leave your submissions to the very last minute. Submit your applications at least one day before they are due in case you run into any technical difficulties. This gives you time to call the AAPI Online Help and still meet the site application deadline. Submit a few days before the deadline if it falls on a weekend.

And then...you submit. Congratulations! You are amazing!

THE WAITING GAME

Submitting your applications often brings a range of emotions–relief, worry, excitement, worry, relief, worry, excitement. You get the picture! And really, there is a long stretch of time (weeks to months) from submitting your final applications to hearing about interviews. So, how should you spend your time while you wait?

Reward Yourself

This is listed first for a reason. Applying for internship is stressful and the AAPI submission is a lot of work. Make sure you have something fun planned or a way to reward yourself after submitting all your applications. Too often, we skip over celebrating significant accomplishments because we process it as just a box to check off before we go on to the next task. In our opinion, submitting your last application deserves a day off where you are celebrating yourself. Is that a day in PJ's with a tub of ice cream and Netflix, a day at the spa with a friend, getting decked out to celebrate with your posse at a club, or perhaps a long hike you have wanted to take but just haven't had the time. In this marathon process towards completing your residency, submitting your applications is a massive accomplishment. It demands acknowledgement!

Regulate Yourself

It's important to check in with yourself to do activities that keep stress manageable. Get back to regular sleep, eat healthy, and be active. For some people, waiting is the toughest part! Not engaging in adequate self-care can make it hard to engage effectively in other useful ways to spend this time between submitting applications and interview offers (see **suggestions 2 and 3**). This is also time to give yourself a chance to catch your breath before the intensity of December scheduling and January interviews. If you have benefits, use them for a massage now!

Make progress on your dissertation research

This is a great time to shift your focus and efforts to your dissertation research. Often, the assembling of the AAPI means students disconnect almost completely from their dissertation to get through. Totally understandable! Now that you have the application off your plate, create (or re-create) your dissertation timeline to completion. This thinking will come in handy at interview time when you are asked about your dissertation progress. You can give a more convincing answer if you know the details of the completion plan. Your application year tends to be a time when you have no coursework, no mandatory practicum placements, and your comprehensives are done. You're unlikely to make much (if any!) progress on your dissertation during internship interview month, and dedicating some serious time to your research now puts you that much closer to completion. Getting interviews is a great first step to matching, but then you need to set yourself up to be highly ranked. While being able to confidently assert during internship interviews that you will defend by internship will help get you to the top of the list, sites have experience at knowing from your narrative if this may not be feasible. However, having your dissertation predominantly written by internship is feasible and viewed favorably by residency sites so strive for that! See **Chapter 2** for more info on dissertation status and residency sites' views on it.

If you must, prepare for internship interviews–a little!

Feeling healthy, making fantastic progress on your dissertation, and already watched everything on Netflix? Okay, if you still want something to do, you can slowly spend November and December starting to prepare answers for the generic internship questions (i.e., not site specific). You may get interviews at every site to which you've applied, but more likely not. At this stage, it's worth waiting until you know where you've gotten interviews before spending too much effort preparing for site-specific interview questions. See the next chapter (**Chapter 6**) for more details and ideas about prepping and going through internship interviews. But we did mention that right after AAPI submission is a good time for a massage, right?

Chapter 6

THE INTERVIEWS

Hannah Gennis, Oana Bucsea & Rebecca Pillai Riddell

Hopefully you have come to this chapter feeling a little more refreshed and perhaps a little more excited. Your applications were successfully submitted and now you have heard from sites about interviews. Don't wallow in discouragement if you didn't get as many interviews as you wanted or you learned that a peer got more interviews than you. It only takes one interview to get matched! Planning for interviews can feel exciting and overwhelming, particularly if you have many interviews to coordinate. Even without traveling to sites in person, it can be challenging to coordinate several different interview offers across the country. This chapter provides an overview of the interview process, including how to schedule your interviews, prepare effectively, and make the most of each interview opportunity. One of the themes that came up from current and previous interns that responded to our 2026 survey was a request for a little more residency-specific advice for supporting mental health during this process. Given the interview notification day(s) can be the first big external trigger of the ol' imposter syndrome, we thought we would talk a little bit about when things don't go how you wanted with interview notifications.

PSYCHOLOGIST (TO-BE) HEAL THYSELF:

So, you didn't get as many interviews as you wanted or didn't get a specific interview...your anxiety may want to hijack your thoughts and cause you to worry about the future or ruminate

on the past. This takes up a lot of energy–energy you do not have to spare. You need to find a sweet spot between total suppression and total depression. First, do give yourself some mental space to be sad and acknowledge the validity of your disappointment. You may want to go for a walk and think. Or, cry and chat with someone outside of the whole residency game. Or perhaps write your feelings to organize them. Process in a constructive, goal-oriented way that leads to learning and clarity rather than getting stuck in repetitive, circular loops of worry or ruminations. Feel the feels, learn what you can, and move forward.

Rumination about why this person got an interview and you did not or speculating in a loop about why your top site did not give you an interview can cause a lot of distress. It is important to actively challenge unproductive cognitive questioning loops, where you go round and round, and true resolution is not possible. It's not possible because you do not have any true objective evidence to base any judgement about why a site did not interview you. That can only come directly from the site, so everything else is unproductive speculation now. At the end of the day, you will not get this information from the site selection committee (at least, for sure not during the active residency recruitment process), so break the loop by reminding yourself that this is not a valuable use of time. Direct your attention to something that is valuable.

Catastrophizing could also be a top distortion that will be coursing through your brain. Remind yourself that not getting as many interviews as you wanted does not mean you will not match – the true goal of the process. There are still a lot of steps in the residency process before you know whether or not you will be interning in the Fall. Take it step by step.

Behaviourally, it may be helpful to also temporarily distract yourself with some non-residency activities. Throw yourself into helping to plan holiday celebrations for your family, get some extra gym visits to help regulate the cortisol or do something FUN. Getting some flow time going with your dissertation would be a double win. Finally, if you are having a hard time challenging the anxiety, this may be a great time for a booster appointment with your psychologist/therapist/psychiatrist or maybe to start seeing a solution-focused therapist to get you through this rough spot. If you are reading this before interview notifications, plan and book some support to help process the inevitable stress at this stage. The end of the year is always a great time for a booster session!

The reality of applying to residency sites in Canada is that there are many exceptional candidates competing for a limited number of interview spots. Not getting an interview does not mean you do not deserve to be a resident. It does mean you will not be interning at that site in the Fall. Take your moment to process the loss. Then recognize that now is the time to focus on doing your best for the interviews you did get. Your time will be best spent focused on what you can do that will help you get matched. One final inspirational note. One of our authors did not get interviews at two sites she previously trained at and still matched at her overall top site. Even more amazingly, she now works at one of those sites that did not interview her. A lack of fit for a residency interview does not mean a lack of fit forever!

SCHEDULING

Overview of CCPPP Rules and Guidelines

The CCPPP has standardized the interview notification process for all Canadian pre-doctoral residency sites. Prior to this standardization, sites notified applicants about interviews at different times, which was challenging and stressful! Now, Canadian sites follow a universal notification date for interviews each year **on the first Friday in December.** It is recommended that you block this day off in your calendar to allow yourself to get organized and start planning! You will receive an email from the site's Director of Training (DoT) notifying you of whether you have been invited for an interview or not. If you have been invited for an interview, many sites now use the National Matching Service (NMS) Scheduler to ease the process of scheduling interviews. Given the varied time zones across the country, CCPPP asks that interview notifications not be sent out until 11am EST (which is 8am on the West Coast and lunch time on the East Coast). Be careful not to confuse your time zones! Sites set interviews up in their time zones, so be sure to do your calculations with a clear head.

The CCPPP also provides residency sites across the country with guidelines that set out interview weeks for each region: East/Atlantic, Central Ontario (except Thunder Bay), and West (Thunder Bay and Western Provinces). Despite best efforts to follow recommendations, applicants should be prepared to have interviews across all regions within a similar timeframe. Always check the CCPPP website for updates regarding interview time frames across sites.

INTERVIEW NOTIFICATION DAY AND BOOKING INTERVIEWS

On the universal interview notification date, applicants can expect to begin receiving interview notifications at 11am EST. Offers are typically made via email. If you do not receive your email notification at that time, try not to panic! It is possible that the site is having technical issues. Emails can also end up in spam or junk folders, so check those folders frequently as you wait for your interview notifications.

While many sites have transitioned to using the NMS Scheduler, some sites may still coordinate interviews through email. Regardless of their methodology, some sites might offer only a single date for your interview, while others might offer multiple dates to choose from. Also note that while some sites may offer only a single day in their interview notification, it can be worth asking if there is any flexibility in dates or times (if you do so, make sure to convey excitement about the site so that they do not feel as though they are not a priority or you have little interest in interviewing at their site).

For sites that are using NMS Scheduler (which is the majority of them as of 2026), you will typically first receive an email directly from the site DoTs informing you that they would like to offer you an interview. Shortly afterwards, you will receive a generic email from NMS Scheduler informing you that you have an interview invitation from a specific site. You will receive a separate email for each interview you are offered. Within that email, there is a link that will bring you to the NMS Match website and allow you to see all the interview dates/times offered by a site and book

yourself in. Note that these emails generally all pour in at roughly the same time (around 11am EST) which can be overwhelming at first. As someone who just went through the process, Oana highly recommends taking that day off from other commitments if possible so you can be ready once the emails start coming (or at least block a good 4-hour chunk of time). Have your January calendar open and be ready to quickly slot yourself in! It can be a stressful morning so make sure you plan ahead to have a good night's sleep the night before.

Each site's interview process will look slightly different, and may include several components such as the interview itself, opportunities to meet current residents, a meet and greet with prospective supervisors, and a period to ask questions to the DoT. Read your interview offers carefully. The DoT should let you know which parts of the interview are mandatory, and which parts are a bonus component to help give you a better sense of the site.

- **To help you make those quick decisions when booking your interviews, ask yourself the following questions in advance:**

  - **What are generally my top sites?**
    This always changes in some way post-interview but in **Chapter 4**, we mentioned taking notes about why each site excites you. While the question of prioritizing in-person interviews is no longer an issue, it is helpful to think about your top sites to prioritize ordering interviews. Try to schedule your highest ranked sites (pre-interview- rankings definitely change post-interview!) later in your interview schedule if you somehow luck out and get a choice.
  - **Do I really want to have more than one interview in a day?**
    Do not underestimate how exhausting it is to interview and prepare to interview. Every interview requires site-specific preparation right before the interview and taking detailed notes right after the interview. If you can avoid two interviews in one day, do it!
  - **When do I typically present at my best?**
    If you are someone who generally has more energy in the morning, you may want to try and schedule earlier interview slots. If you are not a morning person, perhaps those later spots are calling your name.
  - **Are there times that are better for interviewing at home (or in the lab)?**
    You want to interview in a space with as few distractions as possible. Even with the best intentions, people around can disrupt. Is there a better time when your partner, your kids, your roommates, etc., are not around?

A NOTE ABOUT INTERVIEW NOTIFICATIONS FROM AMERICAN SITES

US sites do not have a universal notification date. Canadian sites typically only offer interview dates in January, so if a US site offers a December interview, you can be fairly certain it won't conflict with a potential interview date at a Canadian site. Some applicants to US sites join online forums in which other applicants will post about receiving interview notifications and rejections. Before joining a forum, reflect on whether this is something that is likely to give you peace of mind or increase your anxiety.

So, let's take another mental health moment before we dive into preparing for interviews. Celebrate the victory of getting some interviews! Do not let this success pass you by without taking a pause. An important component of resilience during chronically stressful times is to work on being able to objectively see positive events and experience positive emotions. Getting any interviews is a cause for celebration, without any qualification. Tell your imposter syndrome-anxiety-shame thoughts to go take a hike!

PREPARING FOR INTERVIEWS

General Approach

Preparing for internship interviews is like a full-time job for a short period of time. There are no two ways about it. In a competitive environment, where the number of internship applicants exceeds the number of available spots, this is preparation time that will be well spent. In the 2026 Match, 233 applicants from Canadian schools submitted ranks in Phase 1 and 2 of the Match for 213 positions. With this imbalance in mind, set aside the time to be thoughtful and deliberate about your responses to questions that sites will ask.

> Interviews are very important for our program as this gives us a better understanding of the applicant's clinical skills, interests, and overall fit to our program. We understand interviews are anxiety provoking so applicants are not penalized for that, we're just looking for general fit and genuine interest in our program.
>
> Dr. Katherine Vink,
> Director of Training
> South Island Pre-doctoral Residency in Clinical and Counseling Psychology

As a residency applicant, you have many competing demands to balance, with research, clinical practice, courses, committee involvement, and personal life commitments. Prepare others who are involved in these activities for the time you will need to take off for interviews and to devote to the internship preparation process. Letting others know you will be busy preparing for interviews will help you to take the time that you need without the guilt. The further in advance you plan for this, the better. See... that's why we talked about losing January to interviews in earlier chapters so you could take this into account when planning your pre-internship year.

How to Prepare to Answer Specific Questions

Across all reputable internship sites in Canada, there will be an expectation that applicants can show their knowledge in several key areas. If you have made it this far in your graduate training, you know how to answer these questions! The pre-interview preparation allows you to build confidence in your knowledge in the face of interview anxiety.

> We love it when we see your genuine self. We don't want your canned or scripted answers, we want to know who you are and what you're looking for from our site so we can ensure that it'll be a good fit and a good year.
>
> Dr. Gillian Stanley,
> Director of Training
> Ottawa Carlton District School Board

There will be an expectation that students hold and demonstrate belief in evidence-based practice. It is always good to show that you integrate research and practice but also ensure that you demonstrate strong clinical training in assessment, treatment, and consultation. Be ready to provide examples of particular cases and experiences on practica and integrate these into your answers. This is primarily a clinical year, so show that you are passionate about the clinical practice of psychology. The chapter will end

with a comprehensive list of potential interview questions. However, across sites, there are common threads that you should prepare in more detail. Use point form, NOT full sentences. The idea is to think about speaking points, not memorize a speech. You want to sound polished but not too rehearsed (you don't want to sound like you have memorized a spiel!) We have offered advice about preparation for interview questions below.

The Cheat Sheet.

Create a one-page cheat sheet for each site that helps you organize your thoughts. Format it in a way that makes it easy to glance over on the morning of your interview. This is why you should keep it to one page. Going through the cognitive process of distilling key points will help you remember these points and sound more natural on interview day. Remember you may have interviews day after day (back-to-back) which can make details for each site run together in your mind. You'll want to include things like:

- Rotations you selected in your application cover letter (and other ones you would be open to completing)
- What you love about the site and why your past training experiences, current training need, and future professional goals match what they offer. Think FIT! FIT!! FIT!!!
- Specific in-depth questions you have for the site.

Two Cases.

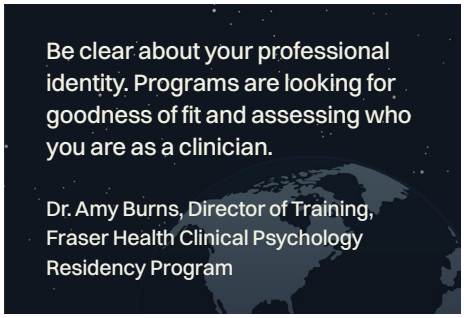
Have two (at least) interesting cases ready to present in multiple formats, one assessment and one treatment. Pick cases that are relevant to the work you would be doing at the internship site (e.g., child, adult, family, clinical, health, neuropsychology). Key points to include: diagnosis, your formulation grounded in your theoretical orientation (e.g., cognitive behavioural), where individual and/or cultural diversity fit into your formulation, and your treatment recommendations and/or plan (e.g., cognitive restructuring, exposure, behavioral activation, homework). Try to choose cases that will naturally allow you to answer the following questions:

- What would you have done differently in your work on this case?
- What do you think went well (or didn't go well) with this case?
- What different diagnoses/treatment options did you consider and why did you make your choice?
- Any differences of opinion with supervisor that you successfully and respectfully navigated?
- What were some developmental and/or systemic perspectives on the case?
- Were there ethical issues to think through?

Theoretical Orientation.

Knowing what a theoretical orientation is and knowing how to apply it is critically important. For example, a cognitive-behavioural orientation is one that focuses on the interconnection of thoughts, feelings, and behaviours. Strategies that stem from that orientation work on changing maladaptive cognitions, feelings, and behaviours through evidence-based strategies. So a case

conceptualization/formulation and therapeutic approach would stem from this orientation. Clinical psychology graduate programs typically adopt particular theoretical orientations (and the most common one is cognitive-behavioral) so this should be familiar to you. Be aware of the dominant theoretical orientation of the site where you are interviewing. Illustrate your theoretical orientation by using it to conceptualize a disorder or presenting problem. In discussing your theoretical background, be sure to consider developmental and/or systemic factors and acknowledge limitations of your orientation that you have encountered. For example, think about equity issues and how marginalization may impact your orientation. Show how your theoretical orientation informs your treatment plans and recommendations for disorders. Importantly, when describing your theoretical orientation and how it guides your clinical work, be sure to use language that is specific to the theory.



Case Vignettes.

Many interviewees feel nervous about case vignettes because it is very difficult to prepare an answer in advance–which is ultimately a good thing! Case vignettes are your opportunity to show in real time how you take in and gather additional information, reflect and ask clarifying questions, and consider all pertinent factors to formulate clinical and diagnostic impressions. Some case vignettes may be assessment and diagnosis-focused, whereas others may ask you to make treatment recommendations based on your formulation. Case vignettes are an interview panel's best window into your knowledge foundation, how you think on your feet, and also how you navigate distress if you feel stuck–all incredibly important in clinical practice. Do not be afraid to ask questions, and if you truly are stuck, think about what you would do in a real situation–seek supervision or engage in consultation. Some recommendations for preparing for case vignettes are provided below:

- **Know your sites and the types of populations they work with.** If you have applied broadly, it will be important to review materials from each program to get a sense of the populations they see. You have likely applied to these sites because they work with clinical populations of interest! While the broader setting will help you narrow this down, reviewing rotations can be a helpful way to pin down specific populations. It is helpful to review diagnostic criteria in preparation of case vignettes, so when you are given test scores or clinical information, you have this knowledge accessible to narrow down your formulation.

- **Know your own and the site's general theoretical orientation.** Case vignettes are an excellent way to show how your theoretical orientation informs clinical decision making in real time. It is okay if your theoretical orientation differs from that of your interview site; however, you will want to ensure that you are thinking thoughtfully about the information being provided and which theoretical orientation likely fits best. Further, if you have discussed formulating from a biopsychosocial perspective in your essay, you will want to ensure that you are doing so during your case vignettes. Remember–if you and the site are a good fit, and you have the experience they are looking for, these case vignettes should not come as a major surprise.

- **Answers should show clinical depth yet be succinct.** It is tempting with vignettes to overexplain and give great detail to show your thinking process and knowledge. Remember that an important clinical skill is to be able to give critical information in a clear and concise manner.

- **It is okay to ask for clarifying information.** Interviewers want to see how you handle challenging situations. If you feel stuck, take a moment, and ask for additional information that could help you get unstuck. At the end of the day, if you are unsure, explain how you would handle feeling unsure in a real clinical situation (e.g., seek supervision, consult).

- **Incorporating diversity perspectives into responses.** More than ever, it is important for applicants to show how they integrate a person's diversity and intersectionality into clinical formulations. While applicants will differ in their opportunities to have worked with diverse populations, all applicants should be able to show that they can conceptualize cases with these factors in mind and adapt their treatment approaches accordingly.

- **Know how to interpret standardized scores for assessments results.** Many sites, particularly ones that have rotations focused on assessment, will present you with an assessment case and ask you to provide a case conceptualization. This might look like showing you a page of results from multiple cognitive tests formatted as standardized scores, percentiles, T scores, or z-scores. As such, make sure you know how to interpret these scores and how to incorporate that information into your case conceptualization.

ETHICAL DILEMMA

Prepare notes on an ethical dilemma that you have faced in your clinical practica. Have a clear, specific issue that it addresses. Start any response with the crux of the dilemma using a clear label (e.g., confidentiality, consent), focusing on the patient. The interviewers need to know where this is going. Don't ramble about non-specifics. Ask yourself, "does this forward my narrative?" Always present your dilemma in the context of the Canadian Code of Ethics for Psychologists and in the context of any relevant legislation/laws (ask supervisors for help here). The ten steps of Canadian Code of Ethics ethical decision-making process is a great way to organize your answer. Students will sometimes discuss ethical issues rather than true ethical dilemmas (i.e., where two principles conflict). If you have not faced a true ethical dilemma, present an ethical issue instead but be prepared to acknowledge this.

Be aware that sites might also present you with a case vignette focused on an ethical dilemma and ask you to think out loud through your decision-making process. Therefore, make sure you know all four principles of the Canadian Code of Ethics for Psychologists, even those that may not have applied to your 'prepared' ethical dilemma.

DISSERTATION BLURB

Start with a succinct statement on the overall purpose of your dissertation. Give some general background and explain why your dissertation is important and novel. Briefly describe variables of interest, your population, and a summary of methodology that a smart 12-year-old could understand. Catch the interviewer's interest and show your enthusiasm! This blurb should be 2-3 minutes long in TOTAL. This is an elevator pitch not a dissertation defense. They can ask more questions if they need more information. Speaking of defenses, explain where you are in the dissertation process and your expected timelines (finishing early or before internship is always ideal and should be emphasized!).

PRACTICE MAKES PERFECT

You have thought through your responses to questions... now what? Have you ever noticed that you could have the perfect answer on paper, but somehow, you have a hard time explaining it out loud? That's where role playing comes in. One of the best ways to feel prepared for an interview is to complete mock interviews with those who have been on the other side. It is common for mock interviews to be arranged for students in clinical psychology programs by faculty. If this is not the case, we strongly recommend you set these up with faculty psychologists (e.g., your DCT, your academic supervisor) who have familiarity with the process and who know what is required to position you well for success. If you want to practice with a cohort member who is also preparing for interviews, be mindful of preparing with those who do not peak your anxiety (even unintentionally!). It is an important clinical skill to be able to answer questions in a clear, thoughtful, and concise manner.... on the spot. Like all skills, answering aloud takes practice.

> Practice giving spontaneous (not scripted) answers in front of a mirror. Your nonverbal presentation can speak louder than your actual response.
>
> Dr. Patricia Zimmerman,
> Director of Training
> Dr. Angela Fountain & Associates.

Another really great way to practice is to record yourself answering questions. While many of us cringe at the thought of watching ourselves on video, this process is an excellent way to get a sense of your non-verbal cues and ensure that you are conveying your ideas with depth, yet succinctly. Especially since you will be interviewing virtually, your online digital persona and virtual interpersonal skills need to be honed (more on virtual interviewing follows).

DURING THE INTERVIEW

> Being genuine and stating what you want from a program rather than attempting to tell interviewers what you think they are looking for.
>
> Dr. Norm Thoms, Director of Training, Edmonton Consortium Clinical Psychology Residency

General Approach

During the interview, convey enthusiasm and show interest, no matter how tired you are. Remember to express excitement even at sites that you think might not rank highly on your list (they were good enough to make it on your list, after all). Over and over, we have heard that applicants think they know which site they will rank first, only to have this ranking change

(sometimes dramatically!) after the interview. It is important during your interviews to have specific examples of why a given site is uniquely ideal for YOU in terms of philosophy, people (e.g., experts in specific areas), and training opportunities. As much as possible, try to link back to your training goals, and to emphasize the FIT or MATCH between your goals and the training that the site has to offer. Doing this will help you show the site how you are well fit and remind yourself why they are on your list. Ideally, you get to the place where you can see the learning opportunities at all sites on your list. That way–any match, will be a good match (earth match not rainbow unicorn match, but good match nonetheless).

Interviews are not intelligence tests; they are interpersonal fit assessments. Your application showed them you are qualified, now it is about selling the fit. Be sure to show enthusiasm for the site's geographical location–the interviewers will try to get a sense of whether you would actually want to move there.

Never speak ill about anyone in an interview, no matter how deserving you believe it is. As you know from your time in grad school and your vast experience with patients and their families, it is best to avoid talking about your political or religious beliefs. Even in the virtual space, you will have several opportunities to connect with other staff members and applicants during the interview process–not only your interview panel. Remember–every interaction can make a difference in how you come off to a site. Try to engage in conversations with other applicants–you will likely run into them again, and you could both end up matching at the same site. Keep in mind that the Canadian Psychology community is fairly small and interconnected–so conduct yourself accordingly. Finally, remember that APPIC regulations strictly prohibit applicants from sharing information about their rankings with interview sites.

VIRTUAL INTERVIEWS

One of the most significant changes to the residency interview process since the last edition was the switch to virtual interviews. With the pandemic behind us, the CCPPP has permanently shifted to virtual interviews to create an equitable interview process for all applicants. Prior to this change, applicants were spending thousands of dollars on travel, accommodation, and other interviews costs (e.g., interview wear). Given that the financial cost of applying to residency was identified as a major source of frustration by Canadian applicants, the switch to virtual interviews offered some relief with costs and was thus generally seen as a positive change (Morton et al., 2026). There are several important considerations when preparing for a virtual interview.

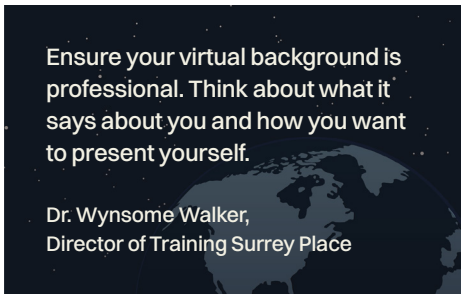
DO'S:

1) Find a private, reliable, and professional space for your interview.

It is strongly recommended that interviewees find a private/quiet space for their interview. Ensure that you have checked your internet connection beforehand and test your devices prior to the interview. Interviewees have often joined from their academic

institutions as this often allows for a more professional background and reliable internet connection. When thinking about location, remember you don't want distractions to accidentally occur (think Amazon deliveries, your dog barking, your cat walking across your desk, your child crying). Have a backup internet plan–do you know how to hotspot your phone or can you ask a neighbour to be your emergency backup plan (make sure they don't have the same service provider as you!). You may want to go to a friend's place who lives alone or do the interview from your parents' place. Regardless of where you are, put a sign on the door, "Interviews in Progress–Do Not Disturb."

2) Evaluate the Angles.



Find a place where the lighting is good. Ideally, you should be facing a light like a ring light or a window. Assess what the camera is visually picking up. At the CPA Residency workshop in June, DoT's expressed shock that some interviewees took the interview in a bedroom with inappropriate posters or a mess behind them. If possible, avoid a camera angle where a bed is showing. Think blank wall, bookshelves, appropriate neutral pictures for a background. Consider temporarily moving your desk if you are doing an interview in your bedroom. The Zoom blur background feature (or other video conferencing blurring features) are okay if you must. But do know that it is a less than pleasing camera image (surreal coming in and out of blur when you move around). It is better to try to have a neutral, 'in real life' background. Finally, have you heard what YOU sound like from your laptop or computer? Have a labmate or a friend call you from their phone and listen to how clear your microphone is on the device you plan to use. Consider borrowing or buying an external microphone headset which makes an enormous difference in audio quality. Finally, if you are using a laptop camera, practice at different elevations so that you are looking straight into the camera. Consider propping the laptop up on books, changing the height of your chair, or moving the camera itself so that interviewers get a better angle. It is absolutely worth googling, "best framing for a zoom call." There are literally 1,000's of videos and sites that discuss this. A good easy and practical read on this is in **Medium**.
(https://medium.com/@bobsacha/a-cinematographers-guide-to-looking-good-in-web-based-video-conferencing-fb6cf651714c)

3) Dress the part.

While it is tempting to dress more comfortably in a virtual interview, ensure that you are still dressing professionally from head to toe (i.e., no blouses/dress shirts on top and sweatpants on the bottom). Hey–coffee spills happen–you never know when you may need to suddenly stand up during the interview! It also helps you get into the professional mindset.

4) Be mindful of body language (yours and theirs).

In a virtual interview when not all cues are available to interviewers, it is especially important to convey your enthusiasm and excitement. Interviewers can gauge your interest in their site through your tone of voice and facial expressions. Some find it helpful to be able to see their "self-view" to monitor the signals they are giving during the

interview. As clinicians, we are taught the importance of equanimity, showing composure and evenness of temper in difficult situations. Avoid communicating negative affect too overtly (e.g., through frowns, blatant disgust faces), be sure to sit up straight, and look directly at your camera as to foster natural communication. A big rookie mistake in an interview is not paying attention to body language (even virtually) of your interviewers because of anxiety and being preoccupied with what you want to say. Notice and take your cues from what their body language says: Are they looking away? Are they trying to jump in? Do they look confused? Modify your behaviour accordingly.

DON'TS:

1) Do not have pages of notes and prepared answers on or off your screen.
While a cheat sheet to review for each site can be helpful, be careful not to have too many notes around you. Interviewers can tell when you are looking down or are reading off another window on your screen. While it is tempting to have notes with you to ensure you are giving the perfect answer, interview panels are looking for your ability to think on your feet! This provides them with insight into your critical and flexible thinking skills–an asset to any future clinician.

2) Do not use AI to record and/or support answering interview questions.
Interviewers can tell when you are pausing, reading, and relaying canned responses through an AI program. They can likely hear your typing, see your eyes moving somewhere else, and feel the pausing between their question and your response. You need to be natural and fluent. Step away from the AI. Moreover, be mindful using AI for your interview prep in advance. One of the biggest pet peeves that came up in our research for the new edition is that interns are preparing answers to questions by turning to tools like Reddit or ChatGPT. So there are literally verbatim sentences being presented by multiple interviewees now. Again, if you are not going through the cognitive process of thinking answers through because you are using AI, when it comes to talking out loud on the spot, it will not be as fluent because you are cognitive off-loading. Make the time to think about your answers and even consider writing points down on paper. Both lead to deeper processing, which will improve your memory. If you have more information stored in your memory and more facile access to it, it will be way easier to be spontaneous.

Don't panic if you don't know. Expect to be asked questions where you don't understand what is being asked or you don't know the answer. That is normal and will happen at least a few times over the course of your interview circuit. Mock interviews are great time to get exposure to the initially overwhelming feeling you get when someone asks you a question that you have no idea about how to answer. When this happens, take a deep breath, ask them to repeat the question, or try and break down what they want into parts or mini questions. If there is a word you don't understand (even interviewers can lose track of their own jargon), offer a suggested definition and ask for clarification. Trainees are not expected to know everything. Supervisors like to know when trainees know they don't know something–intellectual humility is an important asset. It is ok to

acknowledge when you are unsure–try to approach the question as you would if you were unsure of something in a real clinical situation. Interviewers want to see how you handle a challenging situation.

POST-INTERVIEW

It is important that you take notes after each interview. Your impressions of each site will tend to blur together by the time you are ready to make your rank order list (particularly sites that offer similar rotations). This process can also be helpful in terms of formulating additional questions or forming preliminary rankings.

You will end up having a general feeling when meeting with each site. Listen to that feeling and allow yourself to imagine being a resident in their program. Some applicants use a 0-10 scale, right after each interview, to be more objective for ranking. This 'overall feeling' can often represent a synthesis of many different factors about a site (the location, the opportunity, the interns, the supervisors, the resources, the mood...) so it is worth exploring.

Do your research about each city and see if you can see yourself living there. This can be a wonderful time in your life (and involve many fun things outside of your residency rotations), so make sure you like the "feel" of the city too.

In terms of post-interview contact, you can send thank you emails if you wish, but they are not required. A few DoTs even discouraged it because they felt it was not a good use of the intern applicant's time. If you send thank you notes, do not read into the fact that site directors have or have not responded to your message–remember that they are also busy with residency interviews and may not have the opportunity to reply. If you are going to do thank you notes, personalize each note and send notes to all the people with whom you met. Generic thank you notes are not worth the effort. The interview panel will talk about each interviewee after the interview, so they may know who received a note and who did not. While being mindful of others' time, it may be worthwhile to contact sites with follow-up questions, particularly if these questions will affect your rankings. Avoid gratuitous contact.

WHEN (YOU THINK) AN INTERVIEW DOESN'T GO SO WELL

Residency applicants often hold themselves to a very high standard. Consider that what you might think has been a 'bad' interview may in fact not be as bad as you have built it up to be. You may be basing your overall judgment on one salient question you did not answer as well as you would have liked but are ignoring the 10 other questions on which you did amazing. You have been working in professional settings for many years during graduate school and most of you will have developed better than average interpersonal skills (and likely went into graduate school with better than average interpersonal skills!). Chances are the interview went better than you think.

You are likely already aware of the relaxation strategies and reframing skills we might want to present here–instead of listing them, we would encourage you to take some time to unwind and to use the coping skills that you have used to get yourself through graduate school thus far. As much as possible, try to put your mistakes or missteps into perspective (e.g., by running them by a colleague or friend, asking yourself what you would say to a friend, or by considering it in the broader context of the entire interview). Your flubs could be positive because you can now try to avoid the same issues at your next interview. Mistakes are learning opportunities. Remember that each new interview is a fresh start, so keep morale high and stay positive!

A FINAL WORD ON INTERVIEWS

As you head out to your interviews, savour the moment. Getting interviews shows that you are qualified to be a resident! While it can absolutely be a nerve-wracking process to undergo, with organization, preparation, and some good old-fashioned social graces (smiling, manners, listening, mindful speaking), we are confident that you will do great.

SAMPLE INTERVIEW QUESTIONS

Over the past few decades, we have collected common questions that tend to be used in some form across Canadian and American sites. We also include questions you may want to ask interviewers and current interns.

Once again, while we think it is important to reflect on these questions and helpful to jot notes in response to these questions, do so in point form. Do not script answers. Do NOT ask AI to script answers for you. Try to focus on exploration that will help you not only ace your interviews but also develop your understanding of yourself as a clinician. In residency as in romance, finding a good match is easier if you know who you are and are true to yourself.

After you have reflected and made some notes, practice responding aloud through mock interviews and solo practicing. Although it can feel like torture to watch yourself on video, it can be very helpful. Judge your videos for professional environment (lighting, sound, background, camera angle), nonverbal behaviours, and then finally for content.

While sites are proprietary about their specific interview questions, we have identified key questions that are asked frequently, as well as a comprehensive list of potential questions that you may want to ask at certain sites.

KEY QUESTIONS

Q1. Describe your personal strengths and weaknesses and the role they play in your clinical practice.
Q2. Describe your theoretical orientation and how it guides your clinical work.
Q3. Describe your assessment and intervention experience with children, adolescents, adults, etc. (e.g., practicum experience, range of ages and presenting problems, types of assessments and interventions carried out).
Q4. Describe an assessment or intervention case that you had involving either a child, adolescent, adult, older adult, etc. Describe the presenting problem, your approach, how it turned out, and what you learned.
Q5. Describe an ethical dilemma or professional issue that you have had and how you dealt with it. What would you do differently if the same thing happened on internship?
Q6. Tell me about a case that went well.
Q7. Tell me about a challenging assessment/intervention case.
Q8. What characteristics do you like in a supervisor?
Q9. Tell me about your experience as a supervisor.
Q10. What is the role of a psychologist on an interdisciplinary team?
Q11. Tell me about your experience working on multidisciplinary teams and some challenges that arose.
Q12. Tell me about a difficult interpersonal issue you have faced in your clinical work/training.
Q13. Tell us about your dissertation and where you are with it in terms of progress.
Q14. Why would you want to come to this site? OR What are your training goals and how do they fit with this site (comment on rotations that you're interested in)?
Q15. What are your internship goals and how would they be met here?

COMPREHENSIVE LIST OF QUESTIONS

Q1. Tell us about yourself.
Q2. What made you interested in Psychology?
Q3. How do you see your dissertation going next year?
Q4. Tell us about what you're doing right now academically and clinically and where you are with your dissertation.
Q5. What kind of clinical experience do you have in assessment and intervention?
Q6. Tell us about your academic and clinical experiences.
Q7. What do you bring to the site that would make you especially suited to intern here?
Q8. What experience do you have with people with physical disabilities and with diversity more broadly?
Q9. How has your lived experience with marginalized populations impacted your approach to assessment and intervention?
Q10. What experience do you have with specific populations (i.e. young children, older adults)?
Q11. Tell us about your psycho-educational assessment experience.
Q12. What kind of experience do you have with neuropsychological assessments?
Q13. How do you see this experience fitting with your future as a psychologist?

Q14. Tell us about a difficult assessment case.
Q15. Tell us about a difficult intervention case (and would you do anything different)?
Q16. Tell us about two cases–a challenging case that didn't go so well, and a complicated case that went the way you hoped. What would you have done differently?
Q17. Tell us about a therapy case.
Q18. What are the limitations of your theoretical orientation? How do you mitigate those limitations?
Q19. What is your approach to assessment and treatment and how do you incorporate developmental context?
Q20. Tell us about a case and how you dealt with it and what you learned from it.
Q21. What is the role of psychology within a multi-disciplinary team?
Q22. What do you think about multi-disciplinary teams and how do you see yourself fitting into them?
Q23. What's your experience in multi-disciplinary teams?
Q24. What kind of supervision are you interested in (style and content)?
Q25. What kind of supervision have you had and what have you liked and disliked?
Q26. Tell us about a conflict that you've had with a supervisor and how you resolved it.
Q27. Tell us about your supervision experience, what you've liked, what you haven't liked, and what you're looking for.
Q28. What supervision model are you experienced with?
Q29. What type of supervision would you like?
Q30. Tell us about a personal conflict that you've dealt with.
Q31. What do you think about the issue of when to stop seeing clients given their needs, but keeping in mind the long wait lists that we have?
Q32. Tell us about a positive experience you've had at one of your clinical sites and a negative experience you've had.
Q33. What are your strengths and what are your areas of growth?
Q34. How do your personal strengths and areas of growth apply to your clinical work?
Q35. What clients do you find difficult to work with?
Q36. What do you see yourself doing after graduating?
Q37. Where will you be by the end of your internship (how do you see yourself then)?
Q38. What are your long-term goals (where do you want to be five years from now)?
Q39. You would be working in a stressful setting here. How do you see yourself coping with it?
Q40. Provide an example where you demonstrated empathy.
Q41. What does empathy mean to you?
Q42. Provide an example of an interaction with a client that was not planned/went wrong/was not well received...

NEUROPSYCHOLOGY-SPECIFIC

Applicants may be asked to review a neuropsychological or cognitive assessment case (on paper) and then answer a series of questions about the case, for example:

Q1. What specific types of tests would you use to assess this client?
Q2. What are the possible differential diagnoses?
Q3. Given the etiology of this client's disorder, what would you expect would be their difficulties and why?
Q4. How would you handle potential malingering?
Q5. What is your general approach to case formulation (i.e., looking for lateralized effects; what is the general cognitive profile for a particular disease/area of brain damage; frontal deficits, temporal deficits)?
Q6. What other types of information would you want to collect besides the test data?
Q7. What sort of accommodations or recommendations would you want to put in place for this client?

QUESTIONS FOR THE CURRENT INTERNS

Q1. If you could change anything about this program, what would you change and why?
Q2. Compared to other similar programs, what do you think makes this program unique or special?
Q3. What is the quality of the supervision provided? Do you get enough supervision?
Q4. Is there time protected for research? What types of research do interns typically get involved in at this site?
Q5. What does your typical workweek look like? i.e., division of assessment, therapy, research.
Q6. In an average week, how many hours do you work, including time at home? What is your work-life balance like? Is this supported by the supervisors/site director?
Q7. Do you take a great deal of work home with you?
Q8. What was your biggest surprise at this site?
Q9. Are you on call after hours? If so, how does this work?
Q10. Do you feel supported by the staff here?
Q11. How do interns get along here?
Q12. What is it like being the only child track/neuropsych track intern (if applicable)?
Q13. Do you regard the physical resources (e.g., computer availability, office space, etc.) as adequate here?
Q14. At what point in your Ph.D. thesis were you when you started internship? How has that been for you? Do you have time to work on it while on internship if needed?
Q15. What rotations are you doing? What has been your most/least enjoyable rotation so far?
Q16. Do you socialize with other interns outside of work hours?
Q17. What was the most difficult thing to adjust to when you first started internship?
Q18. What was the biggest factor for you in choosing this internship program?
Q19. When you were interviewing last year, is there anything that you didn't ask that you think would have been important to know?
Q20. Does this site provide everything that they promised when you applied?
Q21. I have a spouse/partner moving with me. Do any of you have partners or family? How easy was it for them to find jobs, childcare, etc.?

QUESTIONS FOR TRAINING DIRECTORS AND SUPERVISORS

Q1. What types of positions do your interns typically take after internship? Are there regular opportunities for post-internship for former interns within the site?
Q2. What is the relationship between psychology and other disciplines here?
Q3. How are rotations assigned? Do interns typically get the rotations they request?
Q4. What theoretical orientations are represented in your program? Which is most strongly represented?
Q5. How much of an emphasis does your program place on research?
Q6. What are the opportunities available for research here?
Q7. How are research topics assigned?
Q8. Are interns on call after hours? If so, how does this work?
Q9. What office resources are available to interns? (e.g., computers, own office, etc.)
Q10. Is there an education fund to assist interns in attending conferences or workshops?
Q11. Are there opportunities to gain experience in providing supervision to other trainees?
Q12. Have there been any changes to your program or staff from what was listed in the application materials prior to applying? In the coming year?
Q13. How many individuals do you interview for each position?
Q14. Do you ever accept more than one student from a given university?

Chapter 7

THE MATCH

Oana Bucsea, Hannah Gennis, & Rebecca Pillai Riddell

During the internship application year, the gap between interviewing and ranking sites may not be very big. This is another plug to organize your site-specific thoughts during the application process and after each interview. Once the interviews are done, you will be immediately thinking about how you will rank sites.

Using the published 2027 dates as a rough guide, NMS will open the system for ranking in mid-January and the Rank Order List for Phase 1 is due in early February (about 2.5 weeks later). For Phase 2, the system will open up for Phase II updates at the end of February, and then open for Phase 2 rank submissions just a few days later. The Phase 2 Rank Order List are then due mid-March (about 2.5 weeks later). NMS has a guide for the step-by-step process for ranking here: *https://natmatch.com/psychint/applicants/rankings-guide.html*. We advise you to rank based on your true preferences. Don't engage in mind reading or try to rank sites based on how you think the sites ranked you. Okay, you still don't believe us... It can not be as simple as rank how you truly feel-it is! But perhaps APPIC can convince you. APPIC maintains a fulsome FAQ to help with the disbelief: *https://www.appic.org/match/faqs/applicants/rank-order-lists*.

ORGANIZE YOUR FACTS AND FEELINGS

Make a spreadsheet. Shocking, right? Another recommendation for a spreadsheet to organize your thoughts from this book...who would have guessed (insert sarcastic look here)? But this is an

A SUCCESSFUL MATCH'S PERSPECTIVE:

You will be told numerous times, 'It's all about the match,' and you may not be convinced... Of course, you'll need to ensure you're a relatively competitive applicant, but ensuring that you're truly a match, and that you can see yourself as a resident in that program, that will be something apparent to you as soon as you interview with sites. Choosing between your personal life and where you want to apply or rank will be an incredibly challenging decision. Be mindful of where you're willing to go before applying. If there's zero chance, you'll financially or emotionally be able to move across Canada, then maybe reconsider applying there. It's hard to put your heart into an interview when you have zero intention of ranking them. It will also allow programs and other applicants to also give that space to another who can attend that program.

important spreadsheet, perhaps **THE** most important. It will determine your rank ordered list of internship sites, which contributes to where you actually end up interning. List all of the dimensions of the internship and decision that are important to you. These aspects should reflect professional but also personal considerations. Your internship experiences should fit your training goals and should strive to parallel the areas of practice you wish to pursue in the future-or at least in the years after you graduate. Important considerations in this process are a site's fit with your personal and pragmatic limitations (remembering to increase those degrees of freedom as much as possible). These priorities will differ based on your own life and individual goals. Different priorities will have different weightings- for some people the professional experiences will be the most important and for others geography comes into play.

When you figure out your key priorities, use them as a variable to assign a score for every site. So imagine your key priorities are: staying in the same city, getting assessment training, exposure to community mental health, stipend amount, and getting lifespan supervision. Rank each site on each of your key priorities, on a 0 (Does not meet this priority at all) to 10 (Fully meets this priority) scale. Add up the scores and see where the sites end up.

Now we all have research training right? So if you want to be really honest with yourself, you should actually do a weighted sum. So in our above example, imagine staying in the same city is the most important, it should be 50% of your score, while the other four priorities are each 10% of the sum. Now see how the sites' priority scores compare.

Rank sites based on your genuine interest and perceived fit. Your residency year is a unique time where you get to hone your clinical skills and develop your professional identity. Finding a residency site that is the right fit is more important than just trying to match to any site.

Dr. Katherine Vink, Director of Training
South Island Pre-doctoral Residency in
Clinical and Counseling Psychology

Some suggestions for potential key priorities are: alignment with your professional goals, available clinical rotations, supervisors (diversity, quality, engagement), stipend, benefits (vacation, professional development opportunities, and sick time), geographical location (good city for concerts, hiking, culture; good city for family/partner, cost of living), intern satisfaction, intern resources, intern didactic opportunities, post-internship opportunities (post-docs, jobs), prestige, protected research time, additional training opportunities (e.g., specialized training in a different therapeutic modality or assessment technique), accreditation status (note a non-accredited internship may limit future job opportunities by making you less competitive than a candidate who did an accredited internship), plus any other relevant factors that are important to you.

Beyond the priority scores you just calculated, your 'gut feeling' can be very telling. Go back to your overall impression/feeling scale that was rated immediately upon leaving the interview or do one now that you have gone through all the interviews. Really try to envision yourself living in

the city, working with the people, and enjoying yourself on the weekends in the new city (yes, this can be even more probable after graduate school!) Another big picture consideration is to think about where you want to be in two years (i.e., the year after internship) and whether certain sites facilitate that goal better than others.

Your style in decision-making may be more 'big picture' (rather than doing the detailed rating on 12 different priorities). Some people "just know." That's cool. If you are unsure, a systematic process will help you create your ranked list. Some applicants find themselves quite surprised that a site they were not so sure of seems like a much better fit. You may also find that a site that was high up on your list during applications, may not meet all of your priorities in the way you thought they would. It is important to trust your process, whichever process you take for ranking your sites.

One final thought, you may end up not wanting to rank a site at which you interviewed. Before you officially take them off your Rank Order List, ask yourself one very important question. Would you rather go back to graduate school for another year than be a resident at that site? If the answer is, "Yes!", then by all means take it off the list.

POINTS TO PONDER FOR CANADIAN APPLICANTS RANKING AMERICAN SITES

In **Chapter 4**, we recommended that you apply broadly and think issues through more deeply later. Well...that time in the process has come.

In the wayback, Editor Melanie went to the US for her residency. It was one of the best professional and personal experiences of her life. While there were a few minor hiccups, her residency was used to taking Canadians and the process was generally clear. The landscape has changed in the past several years regarding norms and rules for US visas and immigration. Moreover, as mentioned earlier, agreements between Canada-US are subject to regular changes at a pace that appears to be more frequent than times past. As such, it is impossible for us to offer up-to-date information for Canadian applicants.

Here are some factors that you need to be aware of before you rank your sites. Even if you match to the top ivy-league internship site in the US, the responsibility for obtaining a visa to live in the US is entirely your responsibility. In the past, the vast majority of Canadian students have successfully obtained visas to enter the US to complete their internship. However, there have been recent cases of students who were denied. The worst-case scenario is that you will not be able to complete your internship and another Canadian site may not be able to make special allowances to take you. So, you are back in the Match for next year.

Even when you are completely eligible for a particular visa mechanism, the reality is that the interpretation of your eligibility and ultimately, your acceptance, is entirely up to the discretion of the particular border officer with whom you meet. There have been clear cases of students with valid visas who were nearly not allowed back to the US after a vacation or visit to Canada mid-way through internship. Sometimes falling under the category of "Psychologist" is tricky as we

complete internship before receiving our Ph.D. and we do not become licensed or registered as a psychologist until after the internship is completed (unlike our medical colleagues). This can be a sticking point for some visa mechanisms. Moreover, appropriateness of particular visa mechanisms to allow Canadians entry to complete the US-based internships can change, have changed, and continue to change.

For example, past residents who were allowed into the country on the J1 mechanism (visa type) would not be granted that mechanism today given that it now does not allow individuals to have direct patient contact. Similarly while the TN mechanism (visa status) was subsequently used by dozens of Canadians to complete internship in the past, it was this mechanism that led to a Canadian student not being allowed to enter the US in recent years.

Students should **fully** inform themselves about what this can mean. This may change from year to year–and even within any given year. Do not rely on the grapevine in this case. Know the risks and then make an informed choice as to whether you will take the chance. If you do take this chance, do your homework, and think about having a Plan B if you are not able to legally enter and work in the US, despite assurances to the contrary. Connect with Canadian residents who most recently completed their internship at a US site. Ask to consult with them and to see their materials. Hiring an immigration lawyer, although expensive, may be ideal in this current climate where your Canadian citizenship may be overshadowed by your country of birth. However, even with an immigration lawyer, there are no guarantees regarding entry. And application entry for some visa mechanisms cannot happen until 1-2 weeks before your internship starts, which doesn't leave you with much time for arranging a back-up plan. Beyond visa mechanisms, do your homework as to what kind of health/medical coverage you will receive (particularly if you have preexisting conditions, plan to have a baby while in the US, etc.), CAD to USD exchange rates, banking, access to lines of credit and other loans, etc.

Taking all these factors together, we want to offer some concrete advice. If you are a Canadian citizen, only rank an American site (i.e. meaning you are committing to go there), if you are willing to take the risk that you may NOT be able to get a visa mechanism that will allow you to complete your internship there. An important question to ask a US site when you are interviewing with them is if they prioritize US citizens due to the potential challenges with non-US citizens obtaining visas. Some sites may have a strong process for bringing in international trainees so this is not a factor, others may not. You need to factor up-to-date site-specific information in your decision about ranking US sites. This is in addition to being knowledgeable about the most recent regulations about working in America as a Canadian citizen, keeping in mind your original country of birth as a potentially mitigating factor.

> "While a number of professional organizations in psychology (including APPIC, APAGS, CCPPP, CPA, and APA) continue to work on developing a legitimate and reliable pathway for the future, APPIC strongly encourages students who are considering a cross-border internship experience to familiarize themselves with the issues and the significant risks involved."
>
> **FAQs, UW Medicine Psychology Internship Program Page** (downloaded August 28, 2026; *https://pip.psychiatry.uw.edu/faqs/#Canadian*)

Similar challenges are faced by Non-Canadians trying to work in a Canadian program. Immigration and Visa laws are evolving, and being knowledgeable of the current state of affairs at the time of ranking is critical. But we want to state again, given the rapidly changing environment, what is true at the time of ranking may not be true at the time of your residency start date.

PARTICIPATING IN THE MATCH AS A COUPLE

Any two applicants who are simultaneously participating in the Match, and who want to coordinate where they match, are able to participate in the Match as a "couple" (sometimes referred to as the "Couples Match"). For example, a couple may wish to try to match to the same internship site, or to two internship sites in the same geographical location. Applicants who participate in the Match as a couple will submit pairs of program choices, and these paired choices will be used in rank order sequence in the Match. Ultimately, the couple will be matched to the highest ranked pair of programs to which both partners can match.

In terms of process, the initial steps are the same as for applicants participating as individuals. After registering individually, applicants select the option to participate as a member of a couple in the National Matching Services system. At the time of publication, full details about participating in the Match as a couple could be found on the **National Matching Services** website. *(https://www.natmatch.com/psychint/applicants/couples.html).*

A common question that arises is whether participating in the Match as a couple reduces each individual applicant's chances of being matched to an internship site. The simple answer is "no," so long as the couple submits all possible pairings of internship sites, as well as combinations in which one member of the couple remains unmatched. However, if couples submit only pairings in which they are matched together, this would indeed reduce their chances of matching to internship sites. It is also worth noting that participating as a couple has the potential to produce different results than if each partner had participated as an individual.

The APPIC Match Statistics website provides annual statistics for couples. To give you a sense of how couples fared in 2026, 16 "couples" (representing 32 individual applicants) in the United States and Canada participated in Phase I of the Match. All 16 couples had both partners successfully match to an internship program. Four couples matched in the same city (3 couple matched to the same site), four couples were within 80 km of each other, three couples were within 240–800 km, two were within 800–1600 km, and three were over 1600 km apart. One couple matched to the internship program pairing they had ranked as their first choice, three couples matched in spots between their 2nd and 4th ranks, five matched in spots between their 5th and 10th ranks, and seven matched in program pairings they ranked between 11th–50th.

Participating in the match as a couple can be lot of work, particularly if both applicants applied to, and interviewed at, a large number of internship programs. Typically, couples create their individual rank-ordered lists and then sit down with their partner and consider the pairs of options that are best for them as a couple. Before embarking on this complicated, time-consuming, and potentially contentious journey, it is worth asking yourselves about your priorities. Is your main personal and professional priority matching to the same program, being in the same city, or even being in the same province? If so, then participating as a couple is likely to be worth the extra effort. If you are able to personally live apart from your spouse or partner for a year and think that matching to one of your top-ranked sites is important for your final year of training, then your paired list will likely look a lot like your two sets of individual rank order lists. If this is the case, taking the time to construct a list containing each possible permutation of pairings may not be as worthwhile an endeavor.

If you and your partner decide to participate in the Match as a couple, you will likely have to come to an agreement about whether (and how) to disclose this to internship sites. Although ultimately a personal decision, it may be helpful to consult with your clinical supervisor, your program's director of clinical training, or others familiar with the Match process.

MATCH DAY

About two and a half weeks after you submit your ranked lists, the Phase 1 Match results are released to applicants and their Directors of Clinical Training. Prior to Phase I Match Results day, have a clear game plan about the main outcomes that can happen on that day to help you emotionally prepare. You could match and be ecstatic, match and feel some degree of disappointment, or you may not match. In advance, let your key support people know when Match Day is so they can be available to provide you with emotional support and help you be compassionate with yourself should the need arise. We advise not booking anything else for Match Day to keep the day as flexible as possible, no matter the outcome.

MATCH DAY COMES AND YOU MATCH: CONGRATULATIONS!

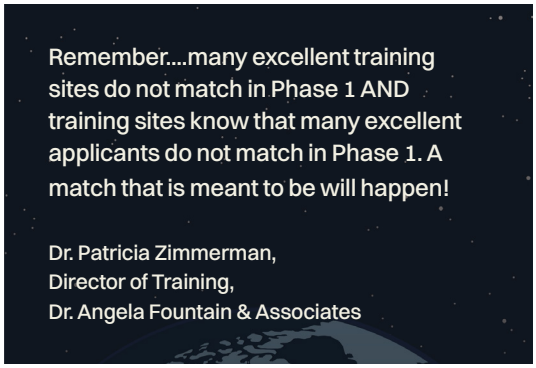
If you are successful in matching in Phase 1, congratulations! Matching marks the end of the residency application process for you. For some, this experience is full of excitement and celebration. For others, they may have matched at a site that was lower on their ranking list, and they may be experiencing mixed emotions ranging from excitement, relief, to disappointment. These are all valid reactions to the Match. Take time to process the news with your support system. Even if it is not the perfect outcome, remember that there was something about this site that kept it on your rank list. Now with the knowledge of where you have matched, you can start to plan how to make your residency year the best one yet. But remember to take time to savour the success! Do something intentional to celebrate. You will likely hear from the Director of Training at your matched site, who will be excited to congratulate you. It is difficult to not feel excited when you hear how thrilled the site is to welcome you!

> We all know that there are good students who do not match in Phase I, and we are not judging you harshly because you did not match. Take another look at your application and consider if you would like to make any small adjustments or refinements, but overall, take a deep breath and show up for Phase II as if it were Phase I. We are all in this together, and it benefits everyone if programs fill all their slots and as many students match as possible.
>
> Dr. Anya Moon, Director of Training,
> The Mindful Living Centre

MATCH DAY COMES AND YOU DO NOT MATCH: CALMLY PROCEED TO PHASE II

Finding out that you have not matched in Phase I can be disappointing and discouraging. As with everything we do as academics, the fluke factor is often present with applications and matching. Although it may not initially provide much comfort, know that each year there are first-rate sites and qualified applicants that fail to match in the first round. Be aware that this happens for a variety of reasons, and

that there are often a number of unfilled positions for which you can apply in Phase II. There were 15 Canadian positions available in Phase II in 2026.



Connect with your Director of Clinical Training (DCT) as soon as you are able that day. They receive a list of unmatched students so they will already know. They are great people to remind you that you are a stellar person and that all hope is not lost... not by a long shot. There is a reason there is a formal Phase II process-not matching is a common occurrence! As aforementioned, this process happens quickly, you will go from re-application to new interviews to submitting new ranked lists to the Phase II notification within about a month. This may seem overwhelming at the time, but it is easier in the long run to get through Phase II quickly and move on.

PART 1: PRACTICAL DETAILS

First, the list of programs with available positions will be posted on the National Matching Services website at 9:00 a.m. EST on Phase I Match Day. **Phase II applicants will have 6 days to prepare and submit applications to sites**. Internship site training directors will not have access to submitted applications until the Phase II application deadline, so there is no need to rush to submit your applications before the deadline. Take the time you have. In addition to reviewing the list of programs participating in Phase II, regularly check the "late-breaking news" page on the APPIC website for the most up-to-date information from internship site training directors (e.g., new positions or changes to existing postings) and continue to follow emails sent through APPIC match news.

When going through the list of sites, think about whether you are willing to consider types of programs that you had previously excluded (those degrees of freedom come up again!). For example, if you applied exclusively to neuropsychology positions in Phase I, are you willing to apply to a more generalist adult program that offers a major rotation neuropsychology if it means you could match? If you applied to sites at which the population is exclusively infants and children, are you willing to apply to sites that serve adolescents and young adults? Now is the time to be more flexible (increase your degrees of freedom) regarding populations, geography, etc. After reviewing what is available, you need to make the decision to participate in Phase II or wait until next year. If you see a number of sites at which you would be willing to spend your internship year, you are ready for the next step. Clear your schedule to give yourself the time you need to organize for the Phase II Match. It will be helpful to connect with your academic supervisor to ensure they are aware of where you need to focus your time. Allow yourself some grieving time in here. Phase I is over and it's okay to be sad. But it is time to own Phase II.

Next, prepare your applications. Your Phase I application will remain available to you through the AAPI Online service for Phase II. You may wish to edit or update your CV, essays, or letters of recommendation (although this is not necessary). Generally speaking, if you received a

good proportion of interviews for your applications, you likely do not need to change your generic sections.

However, you will definitely need to write new cover letters for the sites to which you are applying in Phase II. To the greatest extent possible, tailor these letters to each individual site, concretely outlining how your training goals align with their training program. We recognize this is like asking you to sprint after a marathon. This is why it is important to undertake some good self-care and have a positive cognitive framework regarding all potential match outcomes prior to Phase I notification Day to ensure you are well-trained for this sprint.

Also, reach out and consult with your Director of Clinical Training, your supervisor, and other faculty and students to get feedback on your application. We know this is a lot to do in 6 days, but this final push will be worth it! Don't feel embarrassed to ask for help because you didn't match and don't want people to know. We get this is a hard pill to swallow, but reaching out to a few trusted peers (who may have matched this year or recently) for help can make a big difference for mock interviews, proof reading or getting another opinion on the generic aspects of your application or your cover letter. If you got lots of interviews, then the application should not be your predominant focus. Focus on your interviewing and reflect if certain types of questions may have been more difficult for you. Practice answering them with a trusted peer. You likely won't be able to appreciate a comment like, "things will work out, if you work it out" until you are safely matched. However, for those of us who believe "winners make the best losers," perseverance and reflection allow us to gain from our losses. Seriously, Becca has a whole talk with this title on the DIVERT Mental Health Platform that you can access [September 18, 2025] because she believes she is successful because she is a fantastic loser.

After you submit your applications via the AAPI Online service, try to stay relatively accessible via phone and e-mail over the next couple of weeks. Expect that sites will contact you directly to set up interviews (note: sites are not required to notify you if they do not intend to offer you an interview). Interviews will be conducted virtually. Applicants who have completed Phase II interviews have said that these have tended to be "condensed versions" of the interviews they completed in Phase I.

When preparing for Phase II interviews, and subsequently creating your rank order list, you may wish to speak to students who attended Phase I interviews at the sites to which you are applying regarding their impressions. Also, as mentioned earlier, consider doing another mock interview to get more constructive feedback and reflect for yourself if there was anything you wish you did differently during your Phase I interviews-now you have the chance to make those changes.

Following your interviews, prepare and submit your Rank Order List for Phase II of the Match, as you did for Phase I. Typically there is roughly a week between the Rank Order List deadline and the Phase II Match Day. In terms of timeline for the entire Phase II process, there is about a month between the Phase I and Phase II Match Day.

In 2026, 23 of the 42 applicants matched in Phase II (55%), with all of them staying in Canada.

AFTER PHASE II: AND IF I STILL DON'T MATCH...

It's not over until it's over. In Canada, if you don't match to an internship site during Phase II, you may still have the opportunity to apply to unfilled internship positions. A list of vacant Canadian internship positions is posted on the CCPPP Facebook page at the conclusion of the Phase II APPIC Match through the CCPPP Post Match Service. Both accredited and unaccredited positions may be posted (*http://www.ccppp.ca*). In addition, APPIC also hosts a Post-Match Vacancy Service (PMVS) which occurs after the completion of both phases of the APPIC Match, and allows eligible unmatched students to locate vacant internship positions. It opens up in late March and there is an email listserv you can join. Information and instructions can be found here: *https://www.appic.org/Internships/Match/Post-Match-Vacancy-Service.*

If you are considering applying to an unaccredited position, make sure to consult your Director of Clinical Training to ensure that they will accept internship hours earned at this site, and that completion of this internship will count toward the completion of your program.

Also, spend time considering what you would do if instead of looking for an unfilled internship position, you applied next year for internship. This can be a very productive time in your career. You could finish off your dissertation, get that extra clinical training you wanted, make some extra money to support you on residency, and start working on other aspects of your CV that could help you get a job post-internship (e.g., publishing, volunteering, service activities to your provincial or federal psychology associations). You could also go on an awesome vacation. The next chapter is for the post-Match game plan. Internships will still be waiting for you next year and another year may help you bridge the internship transition between graduate school and a full-time professional position better. Did we mention you could finish off your dissertation?

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Chapter 8

GAME. SET. MATCH.

Rebecca Pillai Riddell and Melanie Badali

Okay the **Chapter 8** title has the final "match" pun of the book, we promise. But it was hard to resist because it is just right there and you must admit that it is apt for the closing chapter. The Wiktionary definition states,

Game. Set. Match. An expression indicating finality, announcing that a series of events, usually involving some form of rivalry has reached a conclusion.

And oh boy, what a series of events it has been. Congratulations-you did it! We are so proud of you! You will be a resident in the Fall and you are one step closer to being a doctoral-level registered psychologist in your jurisdiction. The book was designed to support you through each stage of the internship application process from ideating whether you should go to celebrating your match. Before we get all mushy and nostalgic because our journey together is over, let's turn to a brief overview of a few major milestones in the next 6 months and take a pause to think about mental health again.

MANAGING DEPLETION OR...COULD IT BE CHRONIC DYSREGULATION?

With the match behind you, you may not have even skipped a beat before starting another spreadsheet for the starting internship to-do list. It may be hard to maintain focus and you may be questioning why you feel so drained. Well... you have just gone through the most anxiety-provoking

and prolonged stage of graduate school–the residency application year. That level of hyperarousal and stress for such a long period of time can take a toll on the nervous system and we want you to check in on yourself. After all, it wasn't just pina coladas and long walks on the beach for your other years of grad school.

So let's think back to Psych 101. Our nervous system is supposed to fluidly move between the sympathetic and parasympathetic system dominated modes. Remember, fight or flight versus rest and digest? But grad school stress, often piquing with the residency application year, may put some of you past a state of depletion to being in a state of chronic dysregulation. We'll talk about both.

Recharging with prioritizing healthy body and mind strategies

You have about 6 months between matching and starting residency, resist the temptation to do a full-out sprint. It is time for well-paced focused attention to the list of things that need to be done (and recognizing what can wait until you settle into residency). For sure, there is less time to dilly-dally, but this is an optimal period to deliberately regulate your sleep again, eat healthier, move more, and actively challenge anxious distortions about internship and the future. Set a few easy goals like going to sleep at the same time, eating less sugar, walking to work, etc. Residency is an intense year, but many people find it less chaotic once they got into the swing of things. You have a better shot at a more regular schedule than you did in graduate school because the clinical caseload is more structured. While the job hunt will start next year (more on that below), you will hopefully only need to finish the final bits of your dissertation. Many residencies give you time during the week to work on your dissertation and that can go a long way towards your defense. Remember whether you defend in November of your residency year or the following July, the same year is on your degree! Make sure you plan some vacation time. This may not be the year to take off a month to go somewhere adventurous but planning to maximize every long weekend of the summer by adding an extra day, or taking a full week off to relax prior to moving out for residency will go a long way to recharge your batteries.

Regulating a Chronically Dysregulated Nervous System

Reflect to see if you need to enact more regimented specific somatic nervous system strategies. Some of you, despite the fact that the "threat" has passed, could be still feeling wired but tired, not sleeping well through the night, feeling stomach aches, more frequent migraines, having low gut motility, low frustration tolerance, chronic irritability, and/or trouble concentrating... While making a visit to your medical doctor is a good first step to ensure there are not other physical challenges, this may be a time to more mindfully integrate regulatory strategies throughout your day. Here is a list of a few quick and easy techniques that have research to suggest they will regulate chronically dysregulated nervous systems with regular practice. They are all easily searchable on the internet if you haven't the information already in your own clinical toolbox (be sure to check in with your health professional if you are unsure if these are right for you):

- **Progressive Muscle Relaxation**
  A classic way to tense and release different muscle groups in your body. A great way to refocus your thoughts and relax your body before bedtime.

- **Vagus Nerve Massage**
  While in a comfy position and breathing slowly, massage the sides of neck below your jawline or the bony area behind your earlobes for a couple of minutes.
- **Daily Stretching**
  Reduce muscle tension and remind your body what it feels like to be relaxed. Lots of short stretching videos using techniques linked with increases in endorphins and serotonin are available. Brief stretching is a great way to start and end your day.
- **Humming**
  Produce a continuous sound by gently vibrating your vocal cords with your lips closed. As you hum, focus on tracking the vibration and noticing how it travels through your body.
- **Nature Bathing**
  There is a strong evidence base supporting spending more time outdoors in natural environments, surrounded by natural sights, sounds, and smells. Getting Vitamin D through sunlight is also beneficial, although sun exposure should be balanced with appropriate skin protection.

Now that we've built a foundation of prioritizing your health over the course of the book, let's look at what you may need to think about over the next few months of your pre-residency year.

SELECTING ROTATIONS

Before starting your internship, you will likely receive a phone call or email from your new site Director of Training regarding the process for selecting your rotations (note that there is a great deal of variability among sites in terms of when this process occurs). Although sites will do their best to offer you the rotations you expressed interest in during your interviews, they may not be able to accommodate all of your stated preferences. Circumstances may change because of a clinical supervisor taking an unexpected leave, or other interns who have matched to the same site requesting the same rotations.

Whatever the case may be, it is important to express your training goals and preferences, but also to remain flexible and open to alternative experiences. It may be helpful to consider what aspects of the different rotations are most important to you (e.g., population? supervisor? setting?), the kinds of things you are willing to let go or compromise on, and whether your needs can be met in rotations other than the ones you first had in mind. As you did when ranking internship sites, think about your ultimate career goals and training you will need over the coming year to feel prepared for what comes next.

MOVING

If you have matched to a site that requires you to relocate, it is a good idea to start looking into this sooner rather than later. As always, it is helpful to speak to other students who have been through the process before you, particularly interns who are currently at the site to which you are heading.

If you own the place in which you have been living during graduate school, you will need to decide whether you want to sell, rent, or sublet. If you are moving across the country, you will need to decide whether you want to rent versus buy a house or apartment there. Consider whether you are moving to a new homebase or only planning to live in the city for a year or two.

If you are planning to rent, think about contacting current interns and/or the site's Director of Training for information about different neighborhoods, rent costs, transportation, etc. If the site's current interns intend to move after their internship is over, you might want to ask them about the possibility of taking over their lease or buying some of their furniture. If possible, try to book a home hunting visit two months before your start date. The June 2026 Mid-Year Rental Market Update from the Canada Mortgage and Housing Corporation (CMHC) suggests that increased supply and slower demand are making rental markets more favourable for renters. Check with current interns about local apartment-hunting norms. Most major markets have vacancies within or near their historical normal ranges of 3-5%.

You will also need to consider whether you want to move your existing furniture or sell it. If you opt not to take your furniture with you, you will need to think about whether you want to buy new furniture or rent a furnished place. Some sites offer nominal moving funds. There are a variety of options for moving belongings and furniture. You can rent a moving truck or van, you can send things by courier, or you can hire a moving company. There are trade-offs with these different methods in terms of cost, time, and dependability. Sending your belongings by bus is also an option, however, be forewarned-one of the previous authors lost half of her boxes this way, and the bus company refused to compensate her for her loss.

If moving items of value, make sure you are familiar with the company's insurance policy for lost or damaged goods, and consider purchasing additional insurance. If you put your belongings in the care of a moving company, courier, or bus company, make an itemized list of the things you send (taking pictures of these items is also a good idea). Important documents and irreplaceable valuables, like photo albums or special mementos, should generally just travel with you.

Keep all moving expense receipts for income tax purposes. Look into whether the province to which you are leaving or moving requires that you change your driver's license or health card. When setting up internet or cable services, see if companies offer a discount to students. If you pay campus-specific fees as part of your tuition, contact your university to see whether you can be exempt from those you will be unable to use (e.g., transit pass, campus gym membership, etc.).

Finally, recognize that moving can also be an emotionally and physically taxing process. Try to give yourself some lead time to settle into your new home and neighbourhood.

DEFENDING DURING YOUR RESIDENCY

Juggling the responsibilities and schedule of being an intern, while trying to finish and defend your dissertation is going to be a challenge! We are now saying it for the second last time ever: This is the time to aim for, at the very least, having the first draft of your full dissertation to your

committee pre-internship. Once you move and know your residency schedule, work hard to set aside a regular block of dissertation work into your week. The longer you are out of dissertation thinking, the longer it will take you to get back into dissertation thinking.

If you do end up in the situation that you are working on your dissertation on internship (it happens), it is important to be organized before you leave your lab. Ensure that you have access to all the data and other materials you will need before you move (e.g., access to network drives, specialized computer programs, scanned copies of hard copy materials, etc.). Since it is often impossible to bring everything with you, organize materials that you are leaving at your lab so that others will be able to find things and send them to you if necessary. Make a point to orient a junior lab member or lab coordinator to your materials. Moreover, if you are moving a lot of data with you, make sure it is backed up in multiple locations. Do ensure you are upholding the principles required for storage and privacy required by your institution's ethics review board.

As a warning, summer is the hardest time of year to book a dissertation defense. Working around the summer vacation schedules of a 6-to-7-person committee (including an external examiner) is not easy. Successfully setting a late summer defense date often means getting an agreed upon date in late spring (May or June of your residency year).

Working full-time as an intern and applying for post-internship jobs is hard enough, without having to write your dissertation too. Many interns have said that it was an adjustment to go from being completely in charge of managing their own time, to working regular work hours, five days a week, and having to request time off. Moreover, many students report that 1 clinical hour is not equal to 1 research hour, emotionally. It's more like 1 clinical hour takes the energy of 2 research hours, so expect to have trouble working evenings on your dissertation when you're carrying a full internship clinical load. Working on your dissertation while on residency is hard but returning to grad school after internship is most often harder! It can be painful to go back to being a grad student after the professional life of residency. Moreover, it makes job searching for the post-residency year harder as most employers -clinical or research- would generally prefer to hire someone who is already done.

ACADEMIC JOB SEARCHING

Don't shoot the messenger but... If you are going for a federal postdoctoral fellowship award for the year after residency (**The Canada Postdoctoral Research Award Program**; *https://nserc-crsng.canada.ca/en/funding-opportunity/canada-postdoctoral-research-award-program*), your applications are due early September to mid-October (SSHRC is usually the earliest, CIHR is mid-September, and NSERC is mid-October). We know you just finished an application but if you have any gas in the tank, simply think about a few researchers you met in grad school (generally outside your university) that you may want to reach out to speak about a potential research program together. If you held a Canada Graduate Scholarship, the postdoctoral application isn't too bad and you can build off your research essay from your residency application.

If it is just too much to think about, there are professors who may be able to fund you for your first year, giving you more time to put together an application in the Fall after you complete your internship. Or, there may be local postdoctoral opportunities (they come in the full-time clinical, the full-time research, or the hybrid options). Both of those options will give you more breathing room to find an advanced research training position when you complete residency. You may also want to look at other research jobs that don't come with the pressure of leading a research program such as research associate positions in government, non-governmental agencies, or the private sector.

Tenure-track professor jobs for the post-internship year begin posting in late-August and early September. In addition to checking the postings at universities in cities you want to work at around the country or the world, specialized job boards are hosted by University Affairs and the Canadian Association of University Teachers for Canadian positions. At the time of writing, austerity measures are being taken by many universities such that hiring can be few and far between. Professorial applications are much more involved and may require research statements, teaching statements, and, in some cases, equity, diversity, and inclusion statements, in addition to your CV and a job talk. Review the application materials of someone who has recently applied for an academic position to get a sense of how to build your portfolio.

CLINICAL JOB SEARCHING

Clinical jobs that you could be eligible for (e.g., the September following year) often start posting 3 months before the job starts. This is much more manageable because you have a higher shot of having your dissertation done and the applications are on the tail end of the residency.

Your site may have a clinical postdoctoral position or a staff position opening. Reach out to former practicum supervisors to get your name out there for potential job opportunities at their sites and ask for their advice on the job search. Look for job postings at hospitals, school boards, mental health clinics and private practices. Provincial and Territorial Associations may also manage job postings on their website. Finally, another great place for your clinical job search is the national CPA convention every June. They have several organizations recruiting and looking for new clinicians every year.

Recently, regulation of our profession has changed a lot in some provinces and is still in a state of flux. You will need to stay on top of the changes. Look into the supervisory requirements during the registration process in advance and ensure you can meet them. A word to the wise, if you are thinking of going straight from residency to a private practice, investigate supervisory arrangements and client availability. Getting registered can take a while and insurance reimbursement can be tricky for unregistered professionals. For professional development and financial reasons, we would advise against putting all your eggs in one private practice basket immediately following internship unless you have done your due diligence.

So again, don't shoot the messenger, but you will also need to think about assembling your application for registration with your provincial psychology body before the end of internship.

You will need to register with a provincial or territorial regulatory body and submit a detailed accounting of your coursework and supervised training. Keep everything from your residency applications and keep your syllabi from your courses. You may also have to take an exam or a course related to ethics and jurisprudence and of course take the Examination for Professional Practice in Psychology exam (EPPP). In the last months of residency, if you know where you will be living post-residency, it would be important to spend a few hours to download the application form for your regulatory body and start seeing what is required.

We started this chapter with a hard lean-in on mental health. We want to emphasize again the importance of using the period between Match Day and the start of residency to establish habits that will put you in a better position for the final year of training, when you will also be balancing dissertation completion, job applications, and your provincial or territorial registration application.

FINAL THOUGHTS FROM YOUR THIRD EDITION EDITORS

Personal Reflections on Matching and Internship from Melanie:

Residency was a formative period of my training as a psychologist. It was a wonderful opportunity to "practice" psychology: to enter a new setting with the knowledge and skills I had developed in graduate school, but without yet carrying all the pressure of being fully independent. Looking back, that was a gift.

Even though I have "stress and anxiety" on my private practice shingle, people with various complex issues walk through my door. It helps me to this day to have been given a broad, solid foundation on which to build my specialization. I learned how to be flexible and build rapport quickly. I learned how resilient people can be. I learned how important multidisciplinary teams are.

Some of the best lessons came out of some of my worst experiences. I remember a supervisor saying to me, "you are not a health psychologist until a patient throws you out of the room." This turned a frustrating experience into a rite of passage. Just because someone thinks a person needs help from a psychologist does not mean that person is interested in that help. Treatments not only need to be accessible to people, but they also need to be acceptable. This also turned an experience that could have fueled shame and imposter syndrome into one of connections.

Internship for me was an opportunity to learn lessons like this from supervisors, patients/clients, peers, and multidisciplinary teams. As you know, I also learned to drink coffee. The lessons learned on internship stick with me to this day (so did the coffee drinking). And the need for learning and community continues through your career.

One of the lessons I wish I had understood earlier is the importance of disentangling self-worth from achievement. During the application and matching process, it is very easy to start measuring yourself against everyone around you. This can be particularly difficult when you are creating applications that will quite literally be compared with one another. Someone will have more publications than you. Someone will have more clinical hours, more awards, or more

experience. Someone, somewhere, will always be better than you at something. None of this means that you are worth less as a human being or a psychologist.

Comparison really can be the thief of joy. I have had to learn that I can appreciate people who have accomplished more than I have without turning that comparison into a judgment about my own worth. Try to find people who value your contributions and places where you matter. And when you come across someone that you truly admire, try to get them on the same team as you! Rebecca has been amazing and inspiring me for nearly 30 years now, as not only a colleague but as a friend.

And if you happen to find yourself as the smartest person in the room, try to find a different room. You might not be learning anything there.

Throughout this process of professional development, I encourage you to keep asking: Am I a good fit? This may be about a client, job, city, and even this career path that you've heavily invested in. Sometimes the answer will be no, not really, or not anymore. That can be hard to accept, but it is also valuable information. Sometimes we have to make the best of a situation until we can move toward a better match. Not every opportunity has to be the best fit to be worthwhile, and not every rejection means that something is wrong with you.

If you find yourself feeling like you are "not good enough," that feeling is probably not telling you the truth. It may be a clue that you still have more to learn—or simply that you care deeply about what you are doing. Education is never a waste. Every experience, including the ones that do not unfold as planned, adds something to the foundation on which you are building your career.

The time before, during, and after internship or residency can be turbulent. It sure was for me. There will be moments when you question yourself, your choices, and whether you are where you are supposed to be. But when you go through it, you can grow through it. And I am confident you will. You can use some of the pain and uncertainty of this process to deepen your empathy and ultimately fuel your work.

From your first steps into psychology until the end of your marathon of training, you need support. I'm grateful for the opportunity to contribute to this book and to cheer you on. Becoming a psychologist isn't an easy path, but it is one that matters. You've got this!

Personal Reflections on Matching and Internship from Becca:

Reflecting back on my journey since internship, I am incredulous. I am writing the Third Edition in 2026, fully 23 years after I packed up my old car, my brand-new husband, and embarked on the cross-country drive from Vancouver to Toronto to my final internship destination as the Behavioural Medicine intern at London Health Sciences Centre. Now, while I am a professor with a new car (same old husband but now two kids in the back wanting their own car!), this summer of re-reflection has reminded me that the more things change the more they also stay the same. I write this edition having been a clinical psychology professor for over two decades. I still remember vividly the roller coaster 2-year period when I applied for internship, got married, defended my dissertation twice (at the time UBC made us defend internally and externally),

moved across the country, started internship (seeing my hubby only on weekends as he lived in Toronto), applied for oh so many jobs, published my dissertation papers, interned for the year, interviewed for jobs, started a professorship at the tail end of internship (having had a major health crisis basically 4 weeks before the end) and submitted my application to the College of Psychologists the day after I officially finished my internship.

I lacked self-care balance (I am just now getting somewhat better) and pushed too hard for too long, which resulted in the health crisis. I don't want to glorify what I accomplished, I want to advocate you to be gentler on yourself. I started contributing to the first edition of this book when those battle scars were still healing. I recognized the need for our community to have more support during this particularly grueling period of intensity and uncertainty. Now I write with the security of knowing that I have earned the privilege to have an incredible amount of control in my career and the benefit of hindsight. I have tried to impress upon each chapter, the need to asserting your own boundaries and timelines, the need for self-care, but also a rational understanding of the challenges of a very competitive process that is embedded within a very intensive training program. What a true honour it is for me to be writing the third edition of a book that was initiated by one of my grad school besties and today is co-authored by two of my former superstar graduate students.

So yes, in full disclosure now, the sage and timely advice from the applicant perspective came from my current graduate student, Oana Bucsea. An amazing example of a woman who is helping to consolidate pathways for the next generation of clinical psychology graduate students. It is not just her stunning progress as a CIHR Canada Graduate Scholar throughout her Masters and Ph.D. (I am a proud academic mama) but also because she did it as a new mother of two (both kiddies were born during her time in graduate school). She started graduate school a little older and achieved professional excellence on timelines that respected her personal timelines to have a family before she graduated. Through talent, perseverance, and of course, FIT, she was matched to the Pediatric Neuropsychology program at Hamilton Health Sciences Centre-25 minutes from her house. Because of the neuropsych training element, she applied across the country, but luckily (remember as amazing as she is, the stars did have to align) she was able to stay rooted where she was.

This edition also greatly benefited from having a Director of Training co-author, an insider from 'behind the match curtain.' While we did qualitative analyses of the other 33 DCT/DoTs who provided survey data and interwove it heavily throughout (not to mention the knowledge from Editions One and Two), it was amazing to also have her perspective as we went along. Dr. Hannah Gennis's trajectory to residency was a little different. Not just because she was a CIHR CGS winner as a Master's student and an SSHRC CGS winner as a Ph.D. (sorry proud academic mama again), but she came to me very early in her grad school application process (well before it even had begun!). As an undergrad at Dalhousie, she marched up to me at a conference and told me exactly how her Honours Thesis work would be a perfect set up to work she could do in the lab. What could I do? Obviously, I had to take her. That enthusiasm for research and clinical practice carried her through both degrees. The country was her oyster –she applied across the country and matched at Alberta Children's Hospital for residency. She then immediately turned back around to Toronto for a Clinical Health Psychology Postdoctoral Fellowship at Sick Kids. The site where she is now the Director of Training.

I am in awe of all the women I have recruited into the OUCH Lab. I am very aware of the responsibility of mentoring young women in their twenties and thirties within a 7-year training program. Since 2014, I have had almost 8 babies borne (one is due any day now) by my graduate students. They have all held multiple external scholarships, published outrageously, consistently did clinical work throughout, and taken many different versions of maternity leave. I made them all take the time needed for dissertation progress before they left on residency. Oh and there has been some friction (curses behind my back?), but I have held resolute with every one of my students–mother or not.

I am in the business of launching successful psychologists who become amazing practitioners and leaders in academic and clinical contexts. I cannot emphasize enough that getting your dissertation basically done before you leave for residency will be one of the single most important things you do to protect your mental and physical health on the year that bridges graduate school and the beginning of your career.

Residency is over in the blink of an eye, a year to prepare you for independent practice and to be a responsible member of our profession. My internship year was not perfect (no year is) but I will be forever grateful to the people who supported me getting there and the people who supported me while I was there. Wishing you strength and resilience as you journey towards your match made on earth and beyond. Thank you for letting us be a part of your support team.

Appendix:
AAPI Writing Samples

SECTION 1

COVER LETTER /SAMPLE 1

Dr. Registered Psychologist
Director of Training
Pre-doctoral Residency in Pediatric and Child Psychology
Any Children's Hospital
Any Street Address
Any City, Any Province, Any Postal Code

October 31, 2026

Dear Dr. Psychologist,

Thank you for considering my application for your 2021-2022 Pre-doctoral Residency in Pediatric and Child Clinical Psychology (APPIC #11111). I have included in my application my curriculum vitae, graduate transcripts, and three letters of reference. I have also included a redacted psychological assessment report and a redacted treatment summary as clinical writing samples.

I am currently completing my fourth and final year of the CPA-accredited Clinical Psychology doctoral program at the University of Canada. I have completed all required coursework and I have passed my comprehensive doctoral examinations. My dissertation proposal has been approved, my data collection is completed and I am currently working on a committee-approved analysis of my primary research questions. I plan to have a complete first draft of my dissertation by early March 2021, with a tentative defense date in late June. I have prioritized dissertation progress in order to allow me to focus exclusively on the training offered by your program.

What I hope is evident from my application is the fit between my residency goals and clinical interests, and the aims and philosophy of the pre-doctoral residency program at the Any Children's Hospital. Over the course of my graduate training, I have worked diligently to accumulate a range of experiences and skills that I believe will contribute to a successful and productive residency year: I have sought a variety of assessment and evidence-based intervention experiences with children and their families, across both child clinical psychology and pediatric health psychology settings. In addition, due to my undergraduate degree in Neuroscience, I have also been fortunate to continue to collaborate with neuroscientists exploring neural development with children with Autism Spectrum Disorder. In addition, I have enriched my training through coordinating a program evaluation project, teaching and supervising fellow graduate students, and involvement with professional service activities for my department and the Any Province Psychological Association.

Your program's commitment to excellence in education and training, in addition to a scholarly and scientific approach to professional psychology, matches the professional goals I have set for myself. Specifically, my goals are to increase my competence in (1) providing a range of evidence-based interventions across various modalities (e.g., individual, group, parent-training, family therapy programs), with patients from diverse backgrounds; (2) conducting comprehensive psychological assessments for children with complex medical and/or mental health presentations that inform individualized intervention plans; (3) working collaboratively in tertiary multidisciplinary teams to inform developmentally-attuned evaluations and recommendations that will empower patients and families in their own communities.

The breadth of experience offered through the two clinical training domains of your program makes the Any Children's Hospital an optimal setting within which to achieve my learning objectives for the residency year. Within the Child Clinical practice area, I am interested in completing a major rotation in the Community Mental Health Rotation. I am excited at the prospect of gaining experience in the attachment-based

treatment model of the Outreach Treatment Program. I believe the attachment theoretical orientation will expand my theoretical repertoire and build on the CBT skills I have acquired thus far, with respect to both individual and group therapy.

Within the Pediatric Psychology practice area, I am interested in completing a major rotation in the Pediatric Burn unit. I am eager to learn more about how to enact psychological interventions to support children and families through the emotional and physical sequelae of severe burns. While I have no experience with pediatric pain, the cutting-edge psychological practices I have read about in this unit would be ideally suited to augment my training in mood and anxiety disorders. This team also directly addresses my goal role of getting more experience on a tertiary multidisciplinary team. If feasible, I am also interested in pursuing additional training opportunities with the Inpatient Medical Psychologist.

Regarding minor rotations, I am keenly interested in refining my comprehensive assessment skills through a minor rotation in the Developmental Rotation. I am particularly interested in receiving training in the assessment of Autism Spectrum Disorders through the Developmental Clinic and the Early Child Development Team. The opportunities to provide consultation and liaise with community resources are also well-suited to my training goals. I would also like to complete a minor rotation in Clinical Research. I would be interested in joining the research team for an ongoing clinical research project or program evaluation project, or developing a small, time-limited project of my own.

To date, I have split my time between community mental health centres and community hospitals. As I reviewed your program's brochure, I was impressed by the number of Child Clinical and Pediatric Psychology clinics that would provide completely novel training opportunities. Although I am willing to complete my residency year elsewhere, I am confident that the program at Any Children's Hospital would greatly advance my professional development as a child clinical and pediatric psychologist.

Thank you for taking the time to review my application. Please do not hesitate to contact me should you have any questions or require any additional information. I look forward to meeting with you to further discuss the fit between your program and my personal training goals.

Sincerely,
Fantastic Intern, MA
APPIC Applicant Code No. 11111

SECTION 1

COVER LETTER /SAMPLE 2

Dr. Certified Psychologist
Director of Training
Internship Program Consortium
Any Street Address
Any City, Any Province, Any Postal Code

October 31, 2026

Dear Dr. Psychologist,

It is with much enthusiasm that I am applying to the City Clinical Psychology Residency (CCPR) Program for the 2018-2019 year. Included in my AAPI application (APPIC # 22222), you will find my curriculum vitae, graduate transcripts, and letters of reference from my academic supervisor, Dr. William Lu, as well as two of my clinical supervisors, Dr. Anna Waszinski and Dr. Sandeep Patel.

Throughout my training, I have had the opportunity to work in a broad range of settings, including hospitals, university counseling centres, and private practice, providing psychological assessments and individual, group, and couples therapy. I have also treated clients of diverse backgrounds, ages, and presenting problems (including mood and anxiety disorders, adjustment difficulties, posttraumatic stress, schizophrenia, and personality disorders), using a range of therapeutic approaches. These experiences have allowed me to develop a comprehensive set of clinical skills while pursuing my professional interests, which include delivering psychological services tailored to clients' unique needs, and improving access to such care. I have been grateful for the breadth that I have received and look to internship to build depth in a number of areas of my training.

In addition to my broad training across presenting problems and therapeutic approaches, I have accumulated in-depth experience with group interventions. My curiosity in this area was inspired during my Master's thesis, for which I conducted a qualitative analysis of professionally facilitated online support groups. This study led to a clinically informative first-author publication in the Journal of High Impact describing how facilitators can adapt their in-person skills to enhance the therapeutic benefits of online, text-based groups. While working on my thesis, I also volunteered to observe a cognitive behavioural therapy (CBT) group for generalized anxiety disorder in the University Psychology Clinic (UPC). For twelve consecutive weeks, I observed sessions from behind a one-way mirror, participated in case conceptualization, and engaged in group supervision. This experience prepared me for my first external practicum at City General Hospital the following year, where I co-facilitated CBT and dialectical behavioural therapy (DBT) skills groups for anxiety, depression, and emotion regulation, provided ongoing individual therapy, and conducted clinical interviews and comprehensive assessments. Furthermore, I developed complex case conceptualizations, produced integrated reports and shared feedback with clients, and participated in interdisciplinary team meetings. This placement introduced me to working with individuals with broad-ranging concerns and symptom severity. I have been privileged to have been able to run groups even after my official placement ended.

During my subsequent practicum at City Healthcare, I continued to develop my group therapy skills by co-facilitating CBT groups for anxiety and depression. Finally, inspired by my own experiences with meditation as a yoga practitioner, I approached a supervisor in the UPC with whom I was able to develop, facilitate, and evaluate a novel mindfulness-based group therapy for adult patients with Generalized Anxiety Disorder. Over the years, I have had a broad range of opportunities to develop my group therapy skills; however, I have yet to receive direct clinical training in process-oriented groups with a psychodynamic or interpersonal focus. For this reason, I am eager about the prospect of learning more about these approaches through a rotation in the Group Therapy Service.

Another specialty area that I have passionately pursued throughout my training is in the field of Addictions. This interest was first reflected in my qualitative analysis of university student perspectives of alcohol abuse for my undergraduate thesis, and subsequently in my Master's thesis investigation of individuals' experiences related to sexual abuse and alcohol use. During my practicum in the Consultation-Liaison Psychiatry Service (CLPS), I took advantage of opportunities to facilitate family meetings with patients and their loved ones, which strengthened my ability to identify and mediate interpersonal dynamics that are more and less adaptive to individual and relational functioning. In addition to these meetings, I co-facilitated a CBT group for clients who have been identified with a depressive mood disorder and addiction problems. This group devoted a number of sessions to providing coping strategies for partners and family members who suffer because of a loved one's addictions. These experiences were foundational in understanding systemic perspectives in an individual's mental health struggles. I would like to build on this foundation and further develop my skills in individual, couple and family therapies. For this reason, a part-time rotation in the Couple and Family Service is very appealing to me.

In addition to my background in mood disorders, anxiety and addictions, I also had a particularly influential practicum in a rehabilitation hospital. During this placement, I gained extensive experience providing consultations to medical and other allied health professionals, and learned how to adapt my treatment approach from a mental health focus to one of behavioural medicine. My time was spent providing individual and group CBT, motivational interviewing (MI), as well as meaning-making and behavioural medicine interventions to vulnerable populations, including medical patients suffering from post-intensive care distress, delirium, chronic disease management, and loss of body integrity/functioning. My interactions with these individuals often presented ethical considerations that required attunement and sensitivity to patients' needs, promotion of their dignity, and maintenance of professional boundaries in emotionally demanding, often delicate, contexts wherein patients felt particularly exposed. It was through this role that I discovered psychology's potential to support broader health goals (such as enhancing motivation and treatment adherence) and promote adaptive coping. These lessons have prepared me well for advanced training in the Behavioural Health Consultation Services, which would allow me to approach my long-term aspiration of working in a primary care practice as part of an integrated health team.

In summary, I believe that an internship at CCPR is well suited to meet my training goals and advance me toward my professional aspiration of broadly promoting mental health and reducing stigma through the provision of therapeutic services geared to individuals, couples, and families. In addition, this opportunity would support my ambition of increasing accessibility and timely delivery of mental health services by taking a population-based approach to care that integrates psychological and physical well-being. Given its diverse and integrated training philosophy, the CCPR presents the ideal environment to propel me toward my career ambitions. Thank you for considering my application, and I look forward to hearing from you.

Sincerely,
Awesome Applicant, MA
APPIC Applicant Code No. 22222

SECTION 1

COVER LETTER /SAMPLE 3

Dr. Registered Psychologist
Director of Training
Residency Program Name
Residency Location

October 31, 2026

Dear Dr. Psychologist and members of the selection committee,

It is with great enthusiasm that I apply for a Neuropsychology Pre-doctoral Residency position (APPIC #1111) within the Residency Program Name. I believe I am an excellent fit for this position given my diverse clinical experience across the lifespan with children, adolescents, and adults, strong research background, and training goals. Included in my application are my essays, curriculum vitae, graduate transcript, and letters of reference.

I am a doctoral candidate in the CPA-accredited Clinical Psychology Program at University of Canada. I have completed all my coursework, including courses in both child and adult assessment, child and adult intervention, neuropsychology, psychopathology, and clinical neuroanatomy (focusing on both adult and child clinical cases). My dissertation proposal has been approved, and the first chapter is completed and submitted for publication. All data has been collected and analyses for my last two chapters are underway. I am on track to defend my dissertation in the summer of 2027 prior to starting residency. I have developed a strong foundation in clinical psychology and neuropsychology through extensive assessment and intervention experiences with children, adolescents, and adults across a variety of settings. To date, I have accumulated XX program-sanctioned hours, including XX direct hours across assessment (XX hours, with XX hours of direct neuropsychological activities) and intervention (XX hours). I have also completed XX integrated reports, XX of which were neuropsychological reports. These experiences have informed my residency training goals which align with my career aspirations of becoming a scientist-practitioner working in a multidisciplinary hospital-based setting.

My first training goal is to refine my skills conducting neuropsychological and diagnostic assessments with complex and diverse populations. I have developed strong foundational skills in neuropsychological assessments through two year-long practica at Any Children's Hospital and Any Adult's Hospital. In these roles, I conducted neuropsychological assessments with medically complex populations across the lifespan. These roles equipped me with strong skills in interviewing, case conceptualizing and understanding brain-behaviour relationships, testing, report writing, and providing feedback, as well as exposing me to the role of neuropsychology within multidisciplinary teams. Within a program-sanctioned private practice role, I have also completed comprehensive mental health assessments with adult populations, gaining additional experience with diagnostic interviewing, collateral interviews, and differential diagnoses. During residency, I hope to refine my neuropsychological assessment skills by continuing to work with diverse medical conditions that impact brain functioning (e.g., traumatic brain injuries, stroke, epilepsy, infections, tumours, pre- and post-surgical cases). As such, I would be most interested in a major assessment rotation with the Neuropsychology Service team. Given the breadth of populations and experiences available, I am certain this rotation would expand and strengthen my knowledge of neuropsychological and diagnostic assessment approaches across the lifespan.

My second training goal is to strengthen and diversify my evidence-based intervention skills with co-occurring medical and mental health concerns. I completed my intervention practicum in the Intervention Program at Any Hospital. This opportunity provided me with foundational skills in implementing traditional

and transdiagnostic, as well as manualized and tailored, cognitive-behavioural therapy (CBT) approaches with children, adolescents, and adults. In this role, I provided individual intervention to XX clients addressing concerns related to stress, anxiety, mood, obsessive-compulsive disorder, and trauma, and co-facilitated group interventions for adults with social anxiety. At the University of Canada Clinic, I co-facilitated a cognitive rehabilitation group intervention for undergraduate students with executive functioning concerns. During my graduate training, I have received specialized training in health psychology through coursework and my research background on medically complex populations. During residency, I hope to combine my intervention skills with my health psychology background by completing a rotation in the XX clinic. In this opportunity, I am eager to gain intervention experience with diverse populations across the lifespan with co-occurring medical and mental health concerns, strengthen and diversify my intervention skills, and gain unique consultation experience with community support providers and interdisciplinary teams.

My third training goal is to conduct clinical research that will inform evidence-based practices. My passion for research is illustrated through my high research productivity and research leadership opportunities I have undertaken throughout my graduate studies at the University of Canada. My research to date has had clinical implications for improving care in hospitalized individuals experiencing chronic medical conditions. During residency, I am eager to broaden my skills by conducting program development and evaluation research that meaningfully integrates science and clinical practice.

Given Residency Program Name's complementary fit with my clinical and research experiences, training goals, and career aspirations, I believe that I am a strong candidate for your program. I would be thrilled to join your team next year. Thank you for considering my application and I look forward to the possibility of discussing my experiences and training goals with you further.

Sincerely,
Awesome Applicant, M.A.
APPIC Applicant Code No. 3333

SECTION 2

AUTOBIOGRAPHICAL ESSAY /SAMPLE 1

As I have lived and breathed psychology for the last 10 years, it is hard to imagine that there was a time when I did not even know what psychology was. So how did I get where I am today? Why clinical psychology? Why me?

My psychology story starts in 2000. I embarked upon my undergraduate career at Misty Mountain University in Made Up Province. Although I knew I loved learning and nothing fascinated me more than human nature, I was unsure of what academic path to pursue. Along with a broad range of courses including literature, philosophy, history, mathematics, music and sciences, I enrolled in an introductory psychology class. During the section on health psychology, I read about how researchers (e.g., Dr. David Spiegel from Stanford University) found that a support group for women with breast cancer significantly lengthened the lives of its members. This finding was particularly salient for me because a close family member was suffering from breast cancer at that time. From that moment, I was hooked on psychology. I became increasingly fascinated with the idea that psychological factors could negatively and positively affect health.

As my interest in psychology and health grew, I sought out experiences consistent with this new-found passion. Work on my undergraduate psychology honours theses deepened my interest in health research. Volunteering in community healthcare settings inspired empirical questions and reinforced how research could inform clinical practice and vice versa. It soon became clear to me that my love of learning, including acquiring and advancing knowledge, along with my desire to promote health, could be nurtured by seeking further education in a scientist-practitioner program.

In September 2010, I traded my raincoat for a parka and headed north to pursue graduate studies in clinical psychology. At Iceberg University (IU) I acquired skills applicable to both clinical and research work. Indeed, my clinical interests dovetail with my research pursuits. Clinical health psychology, behavioural medicine, and rehabilitation are particular areas of fascination for me. I have had the opportunity to gain experience in these areas through practica at a local community psychology clinic, Community Hospital and The Children's Rehab Centre. While my passion for health psychology drew me to the profession, my experiences throughout graduate school have sparked my desire to learn more about clinical areas including eating, anxiety and mood disorders. I look forward to having the opportunity to gain depth and breadth of clinical experience during my upcoming pre-doctoral clinical residency year.

Following completion of my Ph.D., I plan to seek a professional position that would allow me to be involved in clinical, research and teaching activities. I foresee my role in research and clinical work as interactive, with my clinical experiences motivating scientific investigations, and research providing a basis for my clinical practice. Given my particular vocational interests, I would embrace the opportunity to apply scientific knowledge to the understanding, assessment and improvement of psychological problems during my pre-doctoral clinical residency.

SECTION 2

AUTOBIOGRAPHICAL ESSAY /SAMPLE 2

I can still remember the sound of glass shattering on the distillation wall in my undergraduate organic chemistry lab at Linden University. I had clumsily pulled on a part of the equipment without loosening another, resulting in broken glass and chemicals cascading over my lab bench. As if accidentally killing one dozen worms in my biology lab earlier that year had not been enough of a sign, I was quickly realizing that my career in the life sciences was not unfolding the way I had anticipated. I wanted to get into a field where I helped support life, not take it away. Discouraged and disappointed, I reflected on the last time I had truly felt fulfilled, challenged, and accomplished. I immediately thought about my summers as a counsellor for a therapeutic children's camp in Northern Canada- Camp Canuck. It was a camp for young children who had behavioural challenges. We not only worked with the children but with the parents as well. My experience co-facilitating parent-child playgroups with a clinical psychology graduate student at the camp fascinated me more than anything I had done before. I was fascinated by the relational approach to child development and parenting. The program provided parents with a therapeutic place to simultaneously address their mental health issues, while supporting them to foster healthy relationships with their children. This experience was the impetus behind my decision to transfer to New City University to pursue a degree in psychology.

Throughout my undergraduate degree, I continued to spend my summers at the camp as a clinical research student on a multidisciplinary team where research and clinical work were effectively integrated. It was an amazing learning experience to see what could be accomplished when disciplines such as medicine, psychology, social work, and early childhood educators work together. The process of synthesizing research knowledge and answering clinical questions was immensely fulfilling. My research interests in parent-child relationships and health psychology motivated me to pursue graduate work in pediatric diabetes with an emphasis on family influences on compliance. During my graduate training, I have also had the opportunity to work in diverse practicum settings. My experiences doing neuropsychological assessments with children with neurological difficulties, conducting therapy with children with disruptive behaviour and their families, as well as assessing and treating children suffering from a variety of mental health concerns, have been challenging and incredibly rewarding learning opportunities.

As a graduate student, I have also been dedicated to service within my community. I served as the student representative for my graduate program area and as a co-chair of the Johnston Child Science Academy of Scholars. I volunteer annually as a mentor for high school students and am a member of the Board of Directors for Camp Canuck. These experiences have highlighted the rewarding aspects of service and community involvement.

While I no longer am able to spend my summers at Camp Canuck, I continue to consult on research projects and provide opinions on the future of the organization. I am grateful that my first experience working with children and families was such a formative one. Throughout my graduate training, my passion for this career has continued to grow and I am proud to be part of a profession that makes a difference in the lives of children and families. I am looking forward to further pursuing my goal of becoming a child psychologist during my internship training.

SECTION 2

AUTOBIOGRAPHICAL ESSAY /SAMPLE 3

My interest in mental health began at the age of 15 when I immigrated to Canada. As a first-generation immigrant, I noticed some stark differences between my early experiences growing up in Country Name and here. I was intrigued by Canada's more progressive views on the importance of having open discussions about mental health. I still remember receiving my first Canadian report card in high school and being surprised to see evaluations of learning skills, such as self-regulation, collaboration, and independent work habits, alongside academic progress. Back home, schools focused solely on academic achievement, with little feedback or support in other areas of functioning. Canada's more holistic approach to supporting individuals' mental health appealed to me and was foundational for my subsequent career trajectory.

Throughout high school, I performed well academically but hadn't yet found a subject I was passionate about. However, I was immediately captivated when I took in "Challenge and Change in Society," the course that formally introduced me to the field of psychology. For example, I still remember learning about Erikson's stages of psychosocial development and how identity and emotional development evolve across the lifespan. That course solidified my decision to pursue psychology in university.

At the University of City, I explored various branches of psychology. Initially, I was drawn to cognitive psychology and focused on courses linking cognitive development with biological mechanisms. I found this intersection fascinating and thought I had found my niche, but my perspective shifted after taking a clinical psychology course. This course built on my understanding of typical cognitive development and introduced me to the complexities of biopsychosocial challenges, mental health disorders, and psychologists' roles within the healthcare system. This resonated deeply for me, especially given my early upbringing in Country Name where mental health was rarely discussed and seeking support was stigmatized. Growing up, I had never even heard of psychologists or spoken to anyone who openly admitted to struggling with their mental health. Collaboratively, these early experiences led me to pursue clinical psychology, and I continued to be particularly interested in courses that examined the biological underpinnings of mental health alongside social and emotional factors.

Given my longstanding interests, the graduate program in Clinical Psychology (with a Neuropsychology focus) at the University of Country felt like a natural progression and aligned perfectly with my career aspirations. I embraced the program fully, taking a wide breadth of courses spanning clinical, developmental, health, and neuropsychology across the lifespan, conducting diverse research projects, and undertaking clinical opportunities outside my practica. Outside of academics, I value work-life balance. I enjoy spending time with my family, practicing yoga, and reading (I am even part of a book club!). During my residency year, I am excited to continue growing as a clinician and researcher, and to contribute meaningfully to this field that I am deeply passionate about.

SECTION 3

DIVERSITY ESSAY /SAMPLE 1

My graduate training has taken place in a number of environments that have exposed me to, and enhanced my sensitivity to working with, diverse populations. For instance, living in and completing my studies in New York, one of the most multicultural cities in the world, has placed me in the daily context of diverse people, ideas, customs, and languages. Similarly, my engagement within the State University community, including my participation in courses and workshops on the topic of cultural competency and my encounters with peers and mentors of diverse backgrounds, has enriched my knowledge of different cultures.

Throughout my clinical training, I have benefited from working with diverse populations that have inspired me to carefully consider how cultural factors relate to case conceptualization and treatment planning. For example, while providing cognitive behavioural therapy (CBT) to a young male of Chinese background who was diagnosed with a severe mood disorder, it became apparent that his, and his family's, beliefs about his mental illness (i.e. that his diagnosis was a shame for the family) varied greatly from my own. These cultural differences presented potential challenges to the presumed treatment, including that the family wanted to discontinue the client's medication and psychotherapy once they had witnessed improvement in his symptoms. Beginning with the realization that there was a contrast between the client's culture and my own, I adapted my clinical approach. Without a shared set of assumptions, I knew I was missing necessary information about his experience and, as such, shifted to a more naïve, curious stance. As I learned more about the client's familial culture and the ways in which it was determined by his multiple intersecting identities, I developed a keener appreciation of his perspective. This allowed me to tailor my existing strategies to his unique constellation of attitudes and values, and in essence, translate my ideas into a more common 'language' that he and his family could accommodate.

While I could speak to other specific cases that would highlight my training with individuals belonging to diverse ethnicities, sexual orientations, ages, abilities, and socioeconomic statuses, I believe that each of my clients has presented with a unique culture that has been central to the manner in which I have worked with them. My training experiences have led me to believe that the boundaries between given "cultures" can be somewhat arbitrary, and that it can be harmful to assume understanding (or misunderstanding) of a client based on seemingly different or similar traits. There are many aspects of a person's development and circumstances that converge and emerge differentially, and thus I choose to take an agnostic approach when working with any client. This stance is aimed at being sensitive and receptive to the ways in which my clients identify as members of a cultural group(s), as well as their particularities as individuals. As illustrated in the case above, this involves attempting to enter into my clients' framework and bracketing pre-conceived ideas about how they might self-identify within a particular culture. Simultaneously, rather than (impossibly) ignoring or shedding my own values and opinions, I make use of my reactions by sharing my outside ideas and inviting feedback in a way that allows me to bridge the cultural gap while encouraging clients' own openness to new and different perspectives. It is my opinion that cultural competence requires the curiosity and open-mindedness to continuously learn about the unfamiliar, as well as the tentativeness and humility to recognize the limits of one's knowledge. Therefore, I look forward to the new experiences and interactions during my internship that will undoubtedly continue to shape my multicultural lens.

SECTION 3

DIVERSITY ESSAY /SAMPLE 2

I have worked with clients with a wide range of presenting concerns, ethnic backgrounds, and socioeconomic positions. My clinical training has spanned a primary care setting serving mainly low-income families, a religious day school, a community agency for individuals with intellectual disabilities, a large psychiatric hospital in Canada, and private practice settings. I am mindful of the biases I bring to my clinical work; perhaps most of all, I am mindful of what I do not know. I maintain a sense of cultural humility by adhering to a process-oriented approach to cultural competency and engaging in constant reflection when considering issues of multicultural diversity.

Adopting a biopsychosocial informed approach, I attend to a client's larger sociocultural context when selecting and interpreting assessment measures. I recognize that both a child's environment, and the environment's interpretation of his/her behaviour, dynamically shape development. For instance, when conducting a supervised assessment of a 10-year-old boy from a very rural religious farming community with a query of Autism Spectrum Disorder (ASD), I sought to better understand his mother's hesitation and minimization in reporting her son's observably challenging behaviours. With her assistance, I came to acknowledge the blame she placed upon herself for her son's behaviour and the shame she identified in seeking help outside of her closed-knit community; these factors had prevented her from seeking early intervention services for her son in the past. In communicating her son's ASD diagnosis, my supervisor and I took care in providing evidence-based information, in addition to connecting her with culturally sensitive resources to allow further discussion around intervention options aligned with her personal beliefs.

Demonstrating cultural humility enables me to better understand the personal meaning that clients ascribe to their individual experiences. While on a supervised practicum, I worked with a female adolescent from The Philippines presenting with depressive symptoms. I observed my client's apparent lack of motivation to engage in treatment. I reflected on the inherent power imbalances within a therapeutic relationship, the discrimination she and her family have endured in Canada, and the continued structural social inequities that they likely experience as new Canadian immigrants. Rather than base my work in broad assumptions and stereotypes, I placed the greatest emphasis on identifying what role my client's individual experiences played in her behaviour. In doing so, I came to formulate her lack of motivation as rooted, in part, in fear over her family's past involvement with child protective services. With this knowledge, I re-addressed limits of confidentiality; we openly discussed her concerns and ultimately developed a relationship that allowed us to collaboratively work towards her treatment goals.

I consider myself fortunate to have lived in some of North America's most multicultural cities, including Vancouver, Montreal, and Toronto. I seek to reduce my biases and blind spots in my clinical practice by continuing to reflect on how my lived experiences impact my values and self-identity. Above all, I aim to adopt a lifelong process of learning that honours the diversity of my clients.

SECTION 3

DIVERSITY ESSAY /SAMPLE 3

Through several experiences, such as completing my graduate studies in the multicultural city of City Name, receiving formal coursework focused on diversity in clinical practice, and membership in several diversity initiatives, I have had the privilege of gaining both theoretical and practical knowledge about incorporating individual and sociocultural differences into my case conceptualization and clinical practice. Moreover, I have become more aware of my own biases, privilege, and positionality relative to my clients. I strive to reflect on my lived experiences regularly to ensure my clinical practice remains client-centred and inclusive.

My clinical experiences have taught me to tailor my assessment and treatment planning to meet the needs of clients with a wide range of individual differences. In clinical practice with neurodiverse children and adults, I incorporate techniques such as visual schedules, environmental modifications for sensory sensitivities, and adapt traditional CBT approaches to better suit my clients' profiles (e.g., replacing traditional reward systems with more immediate, frequent, and stimulating ones that better foster motivation in clients with ADHD). Recognizing that each client is not only part of a collective identity but also an individual with unique needs, I engage in a collaborative discussion with my clients to gain insight into strategies they may wish to implement into their care. I have gained experience in several hospitals with medically complex children and adults presenting with various physical challenges. For example, during my practicum at Any Adult's Hospital, I conducted neuropsychological assessments with patients with motor impairments secondary to stroke, such as hemiparesis. I learned to tailor my assessment approach to account for patients' complex presentations, ensuring that the assessment captures a valid representation of their cognitive profile.

In addition to individual differences, I have worked with clients from diverse micro- (e.g., family structure) and macro- (e.g., ethnicity, religious affiliation) systems and have learned to incorporate these factors into my clinical practice. For instance, I worked with a BIPOC 25-year-old patient presenting with symptoms of social anxiety. She initially presented with limited engagement in sessions. By using motivational interviewing to explore factors underlying this presentation, it became apparent that issues related to cultural stigma and distrust towards clinicians were barriers to engagement, which allowed me to tailor my treatment plan (e.g., focus on rapport-building and establishing trust). This case also highlighted how intersecting identities can impact treatment. This patient had strong religious views and was actively involved in her church. While she viewed this as a protective factor, this setting was also a major contributor to her anxiety. Recognizing this, I adopted a culturally competent approach that addressed her treatment goals.

Overall, I recognize that my journey as a clinician supporting diverse populations is ongoing. I will continue to deepen my experiences and knowledge of individual and sociocultural differences during residency. Subsequently, this growth will inform a client-centred approach that is inclusive, affirming, and responsive to each individual's needs.

SECTION 4

THEORETICAL ORIENTATION ESSAY /SAMPLE 1

Throughout my training, I have had the opportunity to practice a broad range of interventions geared toward the distinct concerns and goals of various clinical populations. These experiences have taught me how to work within different paradigms, including cognitive behavioural, dialectical behavioural, emotion-focused, client-centred, mindfulness-based, psychodynamic, and interpersonal approaches. Witnessing how mental health can be promoted through multiple pathways and formats has shaped my understanding that mental illness is multi-determined and can manifest in infinite ways.

My clinical approach is largely influenced by systems theory and the notion that individuals, and their broader social systems, operate to maintain a state of equilibrium. Corresponding with this perspective, I view clients' difficulties as the result of ineffective or overwhelmed coping resources in the face of acute (e.g., traumatic incident, significant loss) and/or chronic (e.g., chaotic relationships, poverty) disequilibrium or stress. I believe that case conceptualization should clarify where and how clients' coping efforts are failing, and inform how interventions can foster corrective experiences, strengthen internal resources (e.g., realistic cognitions, self-soothing abilities, effective interpersonal and assertiveness skills), and reduce external stressors. Relatedly, I believe treatment should strive to account for and address instability in whatever forms it presents (e.g., individual, marital, or family distress), ensuring that clients receive support when and how it is most suited for them. These ideals have guided my clinical training and research in various therapeutic modalities, including individual, couple, and group interventions, as well as widely deliverable online services.

While my theoretical orientation is guided by a systems framework, my clinical style is fundamentally client-centred in that I inherently trust in clients and their capacity for growth. I believe that each individual's unique development is best achieved by supporting his/her autonomy and experiences in the moment. In facilitating this process, and by conveying warmth, sincerity, and acceptance, I seek to establish a therapeutic alliance that allows clients to safely explore their inner selves. In addition, I believe that therapy should involve continual formulation and use of a case conceptualization, which I seek to carry out in a transparent and collaborative fashion with clients. With this conceptualization in mind, I attend to pertinent themes and qualities (i.e., "markers") and, in a process-directive style, integrate relevant strategies and techniques. For instance, if a client has difficulty identifying or expressing their emotions, I might introduce an experiential intervention such as focusing, in order to increase their awareness of inner feelings and physical sensations and facilitate meaning-making. Alternatively, if a client demonstrates patterns of catastrophic thinking and avoidant behaviour, I might incorporate cognitive restructuring techniques and/or behavioural experiments to challenge their maladaptive automatic thoughts and predictions. I have found that such collaborative development and application of a case conceptualization requires being flexible, tentative, patient, and receptive to new information that may refine the formulation, while also being purposeful and confident in the existing 'map' in a way that guides the focus of treatment.

In summary, my clinical approach is a dynamic, systemic process of evolving case conceptualization and intervention that involves considering the predisposing and perpetuating factors that serve to maintain clients' difficulties, as well as introducing small, gradual changes intended to inspire new patterns of adaptive functioning. This approach is carried out in a client-centred spirit that fosters a climate that is conducive to openness and disclosure, and instills trust, hope, and the necessary commitment to persist with mutually agreed-upon tasks and goals. Given that my approach is flexible and responsive to a wide variety of presentations, I am well positioned to make a valuable contribution during my internship, while also being amenable to feedback and further development.

SECTION 4

THEORETICAL ORIENTATION ESSAY /SAMPLE 2

Biopsychosocial and cognitive behavioural frameworks primarily inform my theoretical orientation. Cognizant of the multiple and interconnected contexts in which development occurs, my work is also influenced by ecological and systems theories. I develop a case conceptualization by synthesizing biological, psychological and socio-cultural factors, as well as associated interactions that are relevant to understanding a client's presenting problems. Identifying predisposing, precipitating, perpetuating, and protective factors imposes a chronology that assists in selecting interventions matched to the needs of my clients and their environments. In doing so, I am able to identify how my clients resemble or differ from those studied in relevant research to create an individually tailored, yet empirically driven treatment plan.

My conceptualization and intervention approach can be exemplified by my work as a supervised practicum student in a hospital day treatment program with a 4-year-old boy presenting with non-compliant and aggressive behaviours. The treatment team and I identified biological factors, including borderline cognitive abilities and sensory sensitivities, as predisposing this child to behavioural difficulties. A concrete cognitive style, poor frustration tolerance skills, and difficulties correctly interpreting social situations were viewed as psychological factors further contributing to his maladaptive behaviours. Socially, elements of his home (e.g., inconsistent parent discipline styles) and school environment (e.g., large class size) were thought to precipitate these difficulties. This client's aggressive behaviour led to his frequent exclusion from school and community activities, thereby limiting his interactions with peers, and perpetuating his social skill deficits. Finally, we acknowledged his intact and engaged family as significant protective factors.

Based on the above formulation, and in collaboration with the child and parents, targets for change were identified on several levels of influence, including child skill development, parent-child relationship building, and environmental accommodations to promote positive social interactions. My individual therapy sessions focused on emotion and social cue identification, relaxation strategies, development of coping statements and adaptive ways of thinking about distressing situations, and social skill instruction. I employed evidence-based cognitive-behavioural therapy protocols; however, I often replaced manualized verbal cognitive restructuring activities with play-based behavioural experiments to address my client's individual needs. Mindful of the impact of common therapeutic factors, I also incorporated my client's science fiction interests into our sessions to build rapport and increase motivation. Together with the team social worker, I worked with the client's parents to implement consistent and effective parenting strategies to strengthen the child-parent relationship and supported his classroom staff in scaffolding successful peer interactions. As a whole, this treatment plan enabled the client to decrease his disruptive behaviours by bolstering his individual adaptive coping skills, in addition to strengthening his environmental supports.

My clinical practice is continually informed by new experiences. While my training to date has largely been based in cognitive behavioural informed interventions, I aspire to develop a theoretically integrated orientation by widening my exposure to, and understanding of, diverse intervention approaches. I welcome opportunities to provide a variety of evidence-based treatment modalities during my internship.

SECTION 4

THEORETICAL ORIENTATION ESSAY /SAMPLE 3

My approach to case conceptualization and intervention is client-centred, collaborative, and integrative. I adopt a biopsychosocial approach grounded within developmental and systems frameworks to understand the contexts and factors contributing to an individual's symptoms. Thus, when identifying predisposing, precipitating, perpetuating, and protective factors to help guide my case conceptualization and treatment planning, I consider the individual's biological, psychological, and social functioning within the context of their developmental stage, family dynamics, school environment, and broader sociocultural systems. Although my intervention approach is primarily informed by cognitive behavioural therapy (CBT), I integrate this with other evidence-based techniques (e.g., mindfulness, humanistic) to meet my clients' goals. I also apply cognitive rehabilitation techniques grounded in neuroscientific principles as needed, such as clients with executive functioning impairments.

My approach to case conceptualization is illustrated through my work with a 30-year-old patient with a stroke history referred for a neuropsychological assessment. In addition to reviewing her medical history and conducting a comprehensive battery of cognitive tests, I engaged in a thorough review of her psychosocial background. It became apparent that her cognitive difficulties were multisystemic and influenced by an array of psychosocial and physical health challenges rather than solely her stroke history. I identified predisposing (e.g., immigration history), precipitating (e.g., stroke), perpetuating (e.g., financial stress), and protective factors (e.g., strong support system) relevant to understanding this client's ongoing difficulties. In the feedback, I delivered psychoeducation to her and her partner related to brain-behaviour relationships, as well as the impact of psychosocial challenges on cognitive and occupational functioning, and provided recommendations to address her physical, cognitive, and socio-emotional challenges.

My integrative approach to intervention is exemplified by my work with an 18-year-old patient at Any Hospital. We collaboratively identified her goals for treatment which consisted of addressing her social anxiety and low mood. Using a transdiagnostic CBT approach, I employed behavioural activation techniques to target low mood, as well as cognitive restructuring and exposures for anxiety. I integrated other evidence-based techniques as needed throughout treatment (e.g., motivational interviewing to enhance treatment engagement; dialectical behaviour therapy distress tolerance skills). I view case conceptualization as iterative so, when the client expressed worries about starting university, we also incorporated social skills training and cognitive rehabilitation strategies (e.g., creating subgoals and routines). I also conducted parent sessions focused on psychoeducation and parenting tools that enhance parent-teen relationships, especially during times of transition.

During residency, I hope to gain further experiences conducting comprehensive assessments and delivering a variety of evidence-based interventions (e.g., CBT, DBT, mindfulness, family therapy) to address clients' needs across the lifespan, particularly within the context of increasingly complex presentations (e.g., comorbid mental health and/or medical conditions).

SECTION 5

RESEARCH ESSAY /SAMPLE 1

My interest in developmental psychology began as an undergraduate student while working as a clinical research assistant with teenage mothers and their young infants. This research sparked my interest in the caregiver-child relationship, and more broadly, pediatric health psychology. I am currently completing my doctoral research under the supervision of Dr. Fabrizi in the Child Neuropsychology Service (CNS) Lab. My three primary research interests involve work with academic achievement in lower-income households, decisions to pursue higher education, and cognitive changes in children with pediatric multiple sclerosis (MS).

For my Master's thesis, I investigated the relationship between parent behaviours, specifically criticism and structuring, during homework sessions in a low SES neighbourhood. This work was the basis for developing recommendations for best practice strategies for supporting academic achievement in families with limited resources for our local school board. My doctoral dissertation is investigating how student and parent factors (such as executive functioning, intelligence, academic achievement), as well as parent-student interactions, contribute to children's decisions to pursue a university education. This longitudinal study follows parent-child dyads during high school at Grades 10, 11, and 12. These results will provide important insight into the family factors that predict postsecondary school attendance and, in turn, uncover a unique opportunity for intervention at an early age.

As a clinician-scientist, I highly value the use of evidence-based treatments. During my graduate studies I have co-authored a registered systematic review on parent-led strategies to improve academic achievement. This review provided recommendations to parents on efficacious and non-efficacious strategies for children for both preschool and early elementary students, as well as highlighted areas where future research is needed.

My clinical experiences have also played an important role in fuelling my research interests. After conducting a neuropsychological assessment practicum at The Hospital for Sick Children, I became interested in the cognitive development of children and adolescents with neurological conditions. This clinical experience was the impetus for me to seek out a minor area project investigating the longitudinal cognitive changes of children with pediatric MS. The results showed that although children with MS did not demonstrate cognitive decline over a one-year follow-up period, they failed to show the same level of improvement as healthy controls. These findings will help clinicians better understand long-term outcomes of children with MS.

I am strongly committed to the dissemination of my research. As such, I have co-authored 4 peer-reviewed papers, two book chapters, and have presented posters at local, national, and international scientific meetings. My overarching goal is to work as a clinician-scientist in the area of pediatric health psychology, where my research directly informs my clinical practice. I welcome the opportunity to be involved in research projects on my internship year and look forward to the opportunity to link my research interests with my clinical work.

SECTION 5

RESEARCH ESSAY /SAMPLE 2

I identify as a scientist-practitioner whereby my clinical work is largely informed by psychological science and also drives and inspires my research questions. The research I have conducted to date is diverse yet tied together by a common goal: To improve the health of children across development. Throughout my graduate training, I have conducted research in several areas relevant to child clinical and pediatric psychology including: children's memories for bullying and stressful events, anxiety, cognitive-behavioural therapy for pediatric chronic pain, substance misuse among refugee adolescents, language-based interventions for economically disadvantaged preschoolers, and ethical issues regarding research with children.

In keeping with my desire to improve children's health across the lifespan, my dissertation research examined the impact of anxiety on children's memories for bullying and how parental anxiety impacts recall and emotional valence. Children's memories for bullying may lead to the development of mental health and health disorders, long after the bully or the victim has moved on. By identifying how anxiety and other key factors contribute to the development of negatively exaggerated memories, this research could inform the design of new evidence-based interventions aimed at reducing the sequelae of bullying for school-aged children. This type of intervention could be especially critical for children for whom bullying has become a chronic stressor. I received several awards and grants for this research (e.g., Society of Educational Psychology (SEP) Jane and Victor Walkins Student Research Grant). I also gave an invited presentation based on these results at the SEP Conference in 2015. My committee has reviewed two manuscripts that will form the basis of my dissertation, which have been submitted for publication, and I will defend my dissertation prior to residency.

I actively contribute to the development and translation of research in a variety of areas related to child clinical and pediatric psychology. I co-authored 3 peer-reviewed papers (with an additional 2 manuscripts that have been submitted as well as 2 manuscripts and 1 book chapter in preparation) and disseminated this research in over 15 conference presentations, symposia, invited talks, and articles in professional association newsletters. I am also a peer reviewer for several scientific journals. My research is, and has been, externally funded by provincial and federal government agencies and I have held an SSHRC Doctoral Award throughout my doctoral training. I recognize the importance of extending knowledge beyond scholarly activities and disseminate my research through public talks to the community and media interviews. As a trainee member of the SSHRC-funded Strategic Training Program in Child Victimization, I benefit from exceptional mentorship from internationally renowned experts in the field of child development. This training program has also provided me with excellent training in research-related activities (e.g., media, policy, knowledge translation, ethics).

I aim to continue to preserve and foster the integration of the science and practice of clinical psychology by continuing to contribute in both of these spheres, and I welcome the opportunity to conduct research in my residency setting.

SECTION 5

RESEARCH ESSAY /SAMPLE 3

My longstanding interest in the development of emotional regulation skills in early childhood, as well as the influence of parent mental health on children's emotional functioning, has led me to pursue graduate studies in the Awesome Lab under the supervision of Dr. Professor at University of Country. Our lab investigates biobehavioural patterns of distress responding in early childhood and the impact of parent mental health on children's regulatory patterns during acute procedural pain. Throughout my graduate training, I have been involved in several research projects merging developmental psychology, health psychology, and neuropsychology. I have been fortunate to receive institutional, provincial, and national funding, including the Canadian Institutes of Health Research (CIHR) Graduate Scholarship.

My Master's thesis explored the relationship between behavioural and cortical responses to acute pain in hospitalized newborns using electroencephalogram (EEG) analyses. This innovative approach enabled a comprehensive analysis of neural activation patterns following painful stimuli and received a top 10 poster award at an international conference. In addition to my thesis work, I contributed to other projects examining parent-child physiological synchrony during acute distress, the development of self-regulatory abilities in young children, and a Cochrane systematic review evaluating the effectiveness of infant non-pharmacological acute pain interventions.

My doctoral dissertation comprises three studies aimed at elucidating cardiac and cortical responses to distressing NICU procedures in hospitalized newborns, as well as the influence of caregiver stress on infants' responses. The first study, a systematic literature review and meta-analysis examining heart rate variability (HRV) responses to acute pain in hospitalized newborns and their caregivers, has been completed. The second and third papers draw on a cohort of 100 caregiver-newborn dyads in the NICU. The second paper seeks to investigate newborn and caregiver patterns of cardiac reactivity and recovery to various disruptive and/or skin-breaking NICU procedures. Furthermore, the third paper will explore the concurrent and predictive associations between newborn and caregiver cardiac responses during medical procedures. With my dissertation proposal approved, data collection complete, and first paper already submitted for publication, I plan to finalize the remaining two manuscripts in early 2027 and defend my dissertation in the summer prior to residency.

Beyond my research on infant pain-related distress, I have been involved in other projects illustrating my diverse scholarly interests. I led a family systems-based study examining the bidirectional relationships between marital conflict and sibling outcomes longitudinally throughout the COVID-19 pandemic. I have also contributed to projects aimed at improving access to inclusive and sustainable digital mental health interventions for youth. Overall, as an aspiring clinician-scientist, I am eager to continue engaging in research during residency, particularly applied research bridging science with clinical practice.

SECTION 6

CURRICULUM VITAE SAMPLE

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EDUCATION

Ongoing	Doctor of Philosophy, Clinical Psychology *Province University,* City, Province
Year	Master of Arts, Clinical Psychology *Province University,* City, Province
Year	Bachelor of Arts (Honours), Specialization in Psychology *University of Province,* City, Province Graduated Magna Cum Laude Dean's List

AWARDS AND DISTINCTIONS

List All Awards for Graduate and Undergraduate

CLINICAL EXPERIENCES

Dates — Researcher-Therapist (Online Group Intervention)

- **Health Sciences Centre (Supervisor: First Name Last Name)**
- Co-developed an innovative, online intervention aimed at improving healthy weight management and quality of life in specific population.
- Co-facilitate a 12-week online, interactive psychoeducational and supportive group program.
- Collect physiological and self-report data across four time-points.

Dates — Therapist (Private Practice)

- **City, ON (Supervisor: Name)**
- Conduct psychodiagnostic assessments for the purposes of informing treatment and writing integrated psychological reports in support of clients' insurance coverage.
- Provide time-limited individual therapy to clients with diverse presentations, using a range of therapeutic modalities (Cognitive Behavioural, Emotion-Focused, Supportive, Client-Centred, & Motivational Interviewing).

CLINICAL EXPERIENCES

Dates — Primary Group Therapist (Mindfulness-Based Couples Group)

- **University Psychology Clinic, ON (Supervisor: Name)**
- Took initiative to co-develop and facilitate a mindfulness-based couples therapy group.
- First-authored the group treatment manual
- Collected pre- and post-data to evaluate treatment efficacy

Dates — Clinical Practicum III (Health Psychology)

Happy Healthcare, City

Women's Health Concerns Clinic (Supervisor: Name)

- Conducted brief clinical interviews and consultations to determine treatment suitability and make appropriate referrals.
- Provided brief (approximately 6 sessions) individual CBT with women presenting with mood and anxiety disorders during the perinatal period.
- Co-facilitated a CBT group for perinatal anxiety.
- Observed a CBT group for perinatal bipolar disorder.
- Conducted post-treatment interviews and collected outcome data for a clinical trial of a CBT for menopause group.

Consultation-Liaison Psychiatry Service (Supervisor: Name)

- Performed psychiatric consultations with inpatients and outpatients presenting with comorbid medical illnesses and psychological symptoms.
- Provided short-term individual therapy (supportive, CBT, behavioural medicine) to inpatients and outpatients.
- Co-facilitated, and occasionally independently facilitated, a CBT group for chronic lung disease management for patients in the respiratory rehabilitation program.
- Co-facilitated family meetings, where I provided feedback regarding patients' progress and treatment recommendations.
- Participated in weekly interdisciplinary team meetings within the respiratory rehabilitation team disorders during the perinatal period.
- Co-facilitated a CBT group for perinatal anxiety.
- Observed a CBT group for perinatal bipolar disorder.
- Conducted post-treatment interviews and collected outcome data for a clinical trial of a CBT for menopause group.

Dates — Therapist (Long-Term Individual Therapy)

- **University Psychology Clinic (Supervisor: Name)**
- Conducted initial clinical interview (MINI), as well as continually monitored treatment progress using bi-weekly measures of distress (OQ-45) and working alliance (WAI)
- Provided long-term (approximately 50 sessions) therapy to a client presenting with symptoms of depression, anxiety, and personality disorder, using an integration of emotion-focused, psychodynamic, and cognitive-behavioural therapy

Dates — Clinical Practicum II (Assessment and Intervention)

- **General Hospital, Adult Mental Health (Supervisor: Name)**
- Performed clinical interviews, administered comprehensive neurocognitive and psychodiagnostic assessments, scored and interpreted assessment data, formulated case conceptualizations, prepared comprehensive clinical reports, and provided feedback to clients and their families
- Co-facilitated a CBT skills groups for anxiety and depression
- Co-developed and co-facilitated a DBT skills group

Dates
- Provided individual (supportive and emotion-focused) therapy to a client diagnosed with complicated grief
- Provided individual CBT to a client diagnosed with schizophrenia
- Participated in interdisciplinary team meetings for purposes of case conceptualization, treatment planning, and consultation

Dates — Advanced Intervention (In-House Practicum)
- **University Psychology Clinic (Supervisor: Name)**
- Provided DBT to a client diagnosed with bipolar disorder
- Provided EFT to a client presenting with interpersonal and adjustment-related difficulties
- Formulated and presented case summaries
- Participated in group and peer supervision

Dates — Group Therapy Observer (CBT Group for GAD)
- **University Psychology Clinic (Supervisor: Name)**
- Observed 12 live sessions of a CBT group for Generalized Anxiety Disorder, from behind a one-way mirror
- Participated in weekly group supervision

Dates — Clinical Practicum I (In-House Practicum)
- **University Psychology Clinic (Supervisor: Name)**
- Provided individual client-centred therapy to a client presenting with interpersonal and adjustment-related difficulties
- Monitored progress through weekly administration and interpretation of measures of client distress (OQ-45) and working alliance (WAI)

Dates — Clinical Intake Assistant
- **Province University Psychology Clinic (Supervisor: Name)**
- Responded to incoming calls to the clinic and provided information about intervention and assessment services
- Conducted clinical intakes with new clients

TESTS ADMINISTERED

List Tests Administered

WORKSHOPS AND CONTINUING EDUCATION

List Title	Date (Hours)
ABC York University Workshop Example No.123	August 24, 2026 (01:00pm)
ABC York University Workshop Example No.123	August 28, 2026 (03:10pm)
ABC York University Workshop Example No.123	August 31, 2026 (04:30pm)

UNIVERSITY AND PROFESSIONAL ACTIVITIES

Dates — Student Advisory Committee Member
University Psychology Clinic

Dates — External Reviewer
Funky Journal of Psychology

Dates — Student Practicum Committee Member
Province University, Faculty of Graduate Studies, Clinical Area

Dates — Student Mentor and Event Coordinator,
Clinical Psychology Incoming Student Orientation
Province University, Faculty of Graduate Studies, Clinical Area

PUBLICATIONS

These are potential headings
Peer Reviewed Publications
Peer Reviewed Published Abstracts
Invited Contributions, Chapters, Books
Unpublished Reports, Newsletters
Peer Reviewed Oral Symposia
Peer Reviewed Oral Presentations
Peer Reviewed Poster Presentations
Invited Presentations
Interviews and Media Relations

RELATED WORK EXPERIENCE

TEACHING

Dates — Teaching Assistant
- Department of Psychology, Province University
- Course: Social Psychology (PSYC 123)

Dates — Teaching Assistant
- Department of Psychology, Province University
- Course: Psychology of Internship (PSYC 456)

RESEARCH

Dates — Doctoral Dissertation, Province University
- Supervisor: Name
- Title: A Randomized Controlled Trial Evaluating the Efficacy of a Cool Intervention for Something in Specialized Population.

Dates — Research Assistant, Province University Psych Lab
- Supervisor: Name
- Attended weekly mindfulness experiential and educational seminars on behaviour change strategies and principles.

RELATED WORK EXPERIENCE

RESEARCH

Dates — Research Assistant, Province University Psych Lab

- Conducted literature reviews on various behavioural health topics and synthesized knowledge into web-blogs for public access.
- Developed and implemented a mindfulness-based couples group intervention, and collected pre- and post-treatment data to evaluate program efficacy.

Dates — Master's Thesis, Province University

- Supervisor: Name
- Title: The utility of online support groups for special population
- Nominated for Best M.A. Thesis, Department of Psychology

Dates — Research Assistant, Research Project

- Supervisor: Name
- Assisted with registration and organization of conference events.
- Managed project's secure online space, where event updates, relevant articles, discussions, videos and photos are shared with professional and academic community members.

Dates — Research Assistant, University of Province Research Lab

- Supervisor: Name
- Assisted with ongoing projects by conducting literature reviews, collecting data, and summarizing and communicating findings.
- Coded and entered data, provided information about ongoing studies to interested participants, scheduled appointments, and managed confidential participant files.

Dates — Honours Thesis, University of Province

- Supervisor: Name
- Title: A qualitative analysis of something.

MEMBERSHIPS AND PROFESSIONAL AFFILIATIONS

List all memberships, put psychology ones up top such as Canadian Psychological Association, British Columbia Psychological Society

REFERENCES

Insert the name of the three referees you use for example:

Dr. Jimmy Choo, C.Psych.
Staff Psychologist
Retail Therapy Institute
chooshoe@rti.ca
(405) 123-5678