

Nova Southeastern
University

Psychology
Post-Doctoral
Resident
Handbook

2015-2016

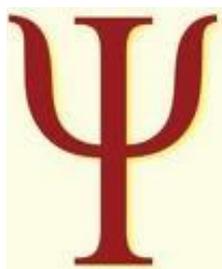


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HISTORY

Nova Southeastern University's (NSU) Psychology Postdoctoral Residency Program was established in the fall of 2004. Since its inception, psychology residents have been involved in a number of programs, including the College of Psychology, College of Dental Medicine, College of Osteopathic Medicine, the Mailman Segal Center for Human Development, and the University School. The program offers a unique setting that fosters the development of innovative service delivery, multidisciplinary collaboration and administrative leadership. Housed in the College of Psychology, which was organized in 1967, it is committed to providing the highest-quality educational and clinical training experiences to current and future psychologists. The Psychology Post-Doctoral Residency Program is comprehensive in its scope and aims to cultivate residents' knowledge, skills and overall professional identity. Working closely with their clinical supervisors, who are recognized experts in their field, residents are encouraged to continue to take on an inquisitive mindset and practice lifelong learning.

The Nova Southeastern University's Postdoctoral Residency Program is a member of the American Association of Psychology Postdoctoral and Internship Centers (APPIC).

Association of Psychology Postdoctoral and Internship Centers
10 G. Street, N.E., Suite 750
Washington, DC 20002
www.appic.org

NOVA SOUTHEASTERN UNIVERSITY'S MISSION.

Nova Southeastern University is a dynamic, not-for-profit independent institution dedicated to providing high-quality educational programs of distinction from pre-school through the professional and doctoral levels, as well as service to the community. Located on a beautiful 300-acre campus in Fort Lauderdale, NSU has more than 25,000 students and is the largest independent institution of higher education in Florida. Nova Southeastern University prepares students for lifelong learning and leadership roles in business and the professions. It offers academic programs at times convenient to students, employing innovative delivery systems and rich learning resources on campus and at distant sites. The university fosters inquiry, research, and creative professional activity, by uniting faculty and students in acquiring and applying knowledge in clinical, community, and professional settings.

TRAINING MISSION

The Psychology Post-Doctoral Residency Program at Nova Southeastern University fully supports the mission of Nova Southeastern University by providing a quality training program that advances the development of professional psychologists through multidisciplinary training activities including clinical intervention, research, teaching, program evaluation and service. The program fosters a learning environment of scholarly inquiry, professional values and leadership, inter-professional collaboration and community service.

MODEL OF TRAINING

Our philosophy is that sound clinical practice in psychology is based on scientific research and empirical supported methods for prevention and treatment. Our training program embraces a Scientist-Practitioner Model of Training where research and scholarly activities guide and direct clinical practice, and clinical practice leads to scientific inquiry and systematic application.

GOALS AND OBJECTIVES

Overall, the residency year is in preparation to function effectively and autonomously as a psychologist.

Goal #1: Residents will achieve general professional competence which entails the key essential components of professional behavior necessary for successful psychological practice.

Objective A: The resident demonstrates a good knowledge of ethical principles and appropriately applies them.

Objective B: The resident seeks consultation or supervision as needed and uses it productively

Objective C: The resident interacts professionally and appropriately with treatment teams, peers and supervisors at all times.

Objective D: The resident meets his or her direct service goals and completes documentation as required.

Goal #2: Residents will display competence in knowledge of scholarly research

Objective A: The resident examines the professional literature regarding treatment and consultation as needed to enhance knowledge about the patient's treatment.

Objective B: The resident engages in program evaluation and/or research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

Goal #3: Residents will develop competence in psychological assessment

Objective A: The resident proficiently chooses, administers, and interprets commonly used tests in his/her area of practice and writes a well-organized psychological report, answering the referral question clearly and providing the referral source with specific recommendations for patient care

Objective B: The resident demonstrates proficiency in interpreting and conducting feedback of assessment results for the purpose of diagnosis and treatment planning.

Goal #4: Residents will demonstrate competence in psychotherapeutic interventions

Objective A: The resident consistently achieves a good rapport with patients.

Objective B: The resident demonstrates sensitivity to cultural and other individual differences.

Objective C: The resident gathers relevant interview data, evaluates immediate safety issues and generates appropriate contingency plans as warranted. Once appropriate forms are reviewed and signed, the resident discusses all confidentiality issues openly with patients.

Objective D: The resident formulates a useful case conceptualization that draws on theoretical and research knowledge.

Objective E: The resident establishes appropriate therapeutic goals and implements effective interventions.

Goal #5: Residents will acquire basic competence in supervision, consultation and teaching

Objective A: The resident provides the appropriate level of guidance when supervising or providing consultation to other mental health professionals.

Objective B: The resident provides expert guidance or professional assistance to other service providers in response to client's needs or goals.

Objective C: The resident demonstrates competence in teaching and advocacy.

TRACKS

The tracks are designed to cultivate residents' knowledge and skills in their specialization of interest. Residents will participate in this year-long training under the supervision of qualified licensed psychologist(s).

- I: Health Psychology: College of Dental Medicine & Osteopathic Medicine
- II: Autism
- IV: The University School & School Psychology Assessment and Consultation Center
- V: General Psychology
- VI: Crisis Prevention/Intervention & School Psychology Assessment and Consultation Center
- VII: Trauma Psychology
- VIII: Challenging Behavior Program

TRACK I: HEALTH/MEDICAL PSYCHOLOGY: (Dental Medicine & Osteopathic Medicine)

College of Dental Medicine (CDM) rotation:

- The overall focus of this rotation is to advance knowledge and skills in direct clinical assessment and intervention services, and administrative leadership for dental/pain clinics, as well as consultation with providers about effective behavioral approaches.
- The population the resident will predominately work with is dental patients and those with chronic pain (e.g., temporomandibular disorders).
- The specific activities included in this rotation are counseling and consultative services, psychological assessment (e.g., pre-surgical assessment), health promotion groups (e.g., smoking cessation), and continuing education activities. Clinical supervision of junior members under the supervision of a licensed psychologist, supervised teaching and research on dental and/or pain topics are also required.

Osteopathic Medicine

- The overall focus of this track is to advance knowledge and skills in direct clinical assessment and intervention, consultation, research and administrative leadership. Residents in this track will work primarily with the medical population in primary care/family medicine settings and is designed to prepare the resident for placement in health psychology, academic health centers or similar settings.
- The population the resident will predominately work with is primary care patients with difficulties adjusting to chronic illnesses, those needing assistance managing health risk behaviors, or primary care patients who have mental health symptoms that impact functioning.
- The specific activities included in this rotation are counseling and consultative services, psychological assessment, and collaborative research with program faculty and medical

residents on topics that include, but are not limited to behavioral aspects of cardiovascular disease, diabetes, HIV, and sleep. Clinical supervision of junior members under the supervision of a licensed psychologist and supervised teaching are also required.

TRACK II: AUTISM

- The overall focus of this track is to advanced knowledge and skills in direct clinical assessment and intervention services, consultation, clinical supervision of junior members under the supervision of a licensed psychologist, teaching and research the field of autism spectrum disorders.
- The population the resident will predominately work with is children with autism under the age of 5 as well as parents/family members.
- The specific activities included in this track are providing educational services to children diagnosed with autism spectrum disorder, as well as supporting and educating parents and family members of these children. Residents will participate with the Autism Consortium which provides training and consultation to school districts around the country. Travel outside the State of Florida is frequent. Residents will also provide support to the Baudhuin Preschool and Starting Right Program.

TRACK IV: UNIVERSITY SCHOOL & SCHOOL PSYCHOLOGY ASSESSMENT AND CONSULTATION

- The overall focus of this track is to advanced knowledge and skills in direct clinical assessment and intervention services and consultation of school-age population, including pre-school and college students.
- The populations with which the resident will predominately work are school-age students, school staff and parents.
- The specific activities that will be provided on this track are two-fold and include direct service at the University School on campus with grades pre-k to 12 and service in the College of Psychology School, Psychology Assessment and Consultation Center providing comprehensive psychoeducational evaluations, helping to coordinate assessments and training experiences, and assisting with the supervision of clinical psychology and school psychology graduate students. Clinical supervision of junior members under the supervision of a licensed psychologist and supervised teaching are also required

TRACK V: GENERAL PSYCHOLOGY

- The overall focus of this rotation is to advanced knowledge and clinical skills in providing direct clinical services for the Psychology Service Center and to expand skills in research, teaching, clinical supervision, and program review.
- The population the resident will predominately work with is adults. Opportunities for specialization with particular populations of interest are available.
- The specific activities that will be provided on this rotation include psychological assessment, treatment and consultative services. Residents may work with faculty on research related activities, including literature searches, reading and summarizing the literature and making recommendations for specific studies based on gaps uncovered in the literature, critical analysis of the specific research field, preparing data for analysis, and assisting in preparing application to secure funding for research projects. Opportunities to work with the Dean's office to become familiar with the preparation for program approval or accreditation reviews are available. Residents will have the opportunity to supervise psychology practicum students and interns at the Psychology Service Center and to teach master's and doctoral level courses at the College of Psychology.

TRACK VI: CRISIS PREVENTION/INTERVENTION & SCHOOL PSYCHOLOGY ASSESSMENT AND CONSULTATION

- The overall focus of this track is to advanced knowledge and skills in clinical research and presentation, as well as direct clinical assessment and intervention services and consultation of school-age population, including pre-school and college students.
- The populations with which the resident will predominately work with are school-age students and their families, University staff & student, and the community.
- Specific activities that will be provided in this track are two-fold and include half time in the College of Psychology, School Psychology Assessment and Consultation Center and half time training with the Crisis Prevention and Intervention program. Crisis prevention/intervention residents will collaborate with the university Director of Student Counseling and the Crisis Coordinator, participating in projects that comprise of developing training materials for prevention of suicide and violence and delivering training to university groups of staff and students. In addition, residents will be prepared to intervene, as well as provide post-intervention services for the aftermath of tragedies as needed. The activities in the College of Psychology, School Psychology Assessment and Consultation Center include providing comprehensive psychoeducational evaluations, helping to coordinate assessments and training experiences, and assisting with the supervision of clinical psychology and school psychology graduate students. Clinical supervision of junior members under the supervision of a licensed psychologist, research and supervised teaching are also required.

TRACK VII: TRAUMA PSYCHOLOGY

- The overall focus of this track is to help the resident develop specialized knowledge and skills in the field of trauma psychology.
- The population the resident will work with predominately is holocaust survivors, but work with other forms of trauma will be available as well.
- The primary interventions provided by the resident will be education, training and consultation in trauma-informed care and treatment-focused treatment at a facility that offers services to holocaust survivors. Opportunities for more traditional clinical services (assessment and treatment) for clients with other forms of trauma will also be available to the resident, In addition, the resident can elect to participate in conducting trauma-related empirical research.

Track VIII: CHALLENGING BEHAVIOR PROGRAM

- The Challenging Behavior Program serves children ages 3 to 17 with severe behavior disorder that occur secondary to ASD and other developmental disabilities. The program uses evidence based assessment and treatment protocols based on applied behavior analysis (ABA)
- Residents will conduct multi-phase functional behavioral assessments, design function-based treatments, implement and evaluated treatment protocols and train parents and care-providers to implement effective individualized treatments.
- There are numerous opportunities to participate in established research protocols and to develop new protocols that are suited to the resident's interests.

SUPERVISION

All Residents are required to receive at least two (2) hours of clinical supervision per week by appropriately credentialed staff psychologists, with at least one (1) hour of such as individual face to face supervision. Residents also are required to attend at least two hours of additional group supervision or formal didactic training activities per week.

OTHER LEARNING ACTIVITIES

Mentorship

University Faculty will be responsible for the initial shaping as well as ongoing refinement and evaluation of each resident's educational program and research plan. Each postdoctoral resident will work closely with his/her mentor participating in activities such as consulting with students and community organizations, designing studies, discussing theoretical and methodological issues and challenges, as well as writing manuscripts and/or grant proposals. Mentors will teach residents about the administrative aspects of conducting research, teaching, program review and consultative services. In addition, residents will be exposed to higher administration through activities and tasks associated with program certification, licensure, new program development, as well as exposure to the day-to-day operations in an academic support unit. Issues of recruiting and hiring staff, organization and management of project(s), and budgets related to one's institution are important topics for mentors to share with his/her resident.

Psychology Resident Seminars

In this bi-monthly seminar, psychology residents meet with the psychology staff and invited faculty to discuss issues of clinical professional development specific to their advanced level of training. Topics covered include diversity issues, psychological ethics/law, supervision, licensure and board certification, research management/grants, and professional networking/employment. Visit <http://psychology.nova.edu/continuingeducation/index.html> for a complete listing of workshops.

Supervision of Supervision

Residents meet with Psychology Interns for supervision, under the supervision of a Licensed Clinical Psychologist(s), on a bi-weekly basis. The purpose of this hierarchical supervision model is to assist in the development of intermediate to advanced skills and knowledge in the area of clinical supervision.

Psychology Staff Meetings

In this bi-monthly meeting, the chief psychologist presents information of general interest to the staff, conducts in-service trainings, and discusses administrative and clinical issues.

Training Resources

In addition to the training director, each Nova Southeastern University Department where post-doctoral residents will be placed will have one on-site licensed psychologist supervisor. Residents will have their own offices, computers, access to NSU's library, as well as access to the College of Psychology Testing Library. Each resident will be allotted funds for attending conferences.

Diversity

The resident faculty takes action to demonstrate sensitivity to the issues of cultural and individual diversity, a key component of the training of psychologist. Not only is the cultural diversity stressed during the context of individual and group supervision, but the issues are frequently reviewed and discussed in special topic seminar and case conferences. The cultural and racial diversity of the south Florida area provides residents with many opportunities to provide services to diverse clients and discuss diversity issues in supervision.

EVALUATIONS

Evaluation of the Residency Program

Residents formally evaluate their training experiences and supervisors annually. Standard rating forms are provided for this purpose. Informal evaluation of the residency is a continual process in which residents are encouraged to discuss issues, concerns, and suggestions throughout the year with their supervisors, the training director and chief psychologist. Exit interviews are also conducted by the training director and chief psychologist to gain ongoing feedback regarding the resident's training experience. Information from this routine evaluation is utilized to ensure program quality and improvement.

Prospective residents are welcome to review these evaluation forms during their interview visit. See Appendix C for a copy of the Evaluation of the Residency Program form.

Evaluation of the Resident

Residents receive a formal, written quarterly evaluation from their track supervisor. These evaluations are based on learning outcomes established by the program to measure the resident's level of achievement. Upon completion, copies of the resident's and the supervisor's evaluations are kept in the resident's training file. See Appendix A for the full evaluation and Appendix B for the brief evaluation.

GENERAL INFORMATION

Stipend and benefits

The annual stipend for the one year NSU Residency is set at \$29,887.89. All postdoctoral positions include health insurance. Residents receive 3 weeks of annual leave up front, to be used within the 12 month position; 11 days of sick leave which is earned (2 during the 1st 3 months and 1 for each additional month); 2 personal days and all official NSU holidays. See <http://www.nova.edu/cwis/hrd/holidays.html> for list of official days. Residents are allowed time off to attend approved educational conferences or job interviews. Additionally, resources are available for conferences.

Time Requirements

The residency year will begin in September. Residency positions are full time and require one year of full time supervised training experiences. All postdoctoral residents will spend a minimum of 30 hours a week, or 75% of their time, providing professional psychological services.

Residency Administration

The training director/primary supervisor works in collaboration with each track supervisor to ensure residents receive a well-integrated training experience. Clinical supervisors within each track work closely with their residents throughout the training year to coordinate assignment of training activities, provide clinical supervision, and evaluate the residents. The final responsibility for the residency program rests with the chief psychologist who delegates routine responsibilities to the training director or the track supervisors.

Florida Licensure

Satisfactory completion of the Nova Southeastern University Psychology Postdoctoral Residency Program fulfills the licensure requirements for postdoctoral supervised practice in the state of Florida.

Rights and Responsibilities

Due Process

Probation, Suspension or Dismissal

The resident will be placed on probation if he or she receives a rating that requires "Detailed and Frequent Monitoring" on any one criteria of the evaluation forms utilized by the NSU Psychology Postdoctoral Residency Program. Moreover, residents who receive a rating which requires "Detailed and Frequent Monitoring" on issues regarding ethical and/or professional conduct that is determined to interfere with their ability to provide clinical services in a competent manner will not be allowed to continue to provide services to clients and will be placed on immediate suspension. Specifically, the resident will receive a probation notice from the director of training detailing the areas needing remediation and the specific plan of action to address improvement(s). The resident will be referred to the appropriate resources as a condition of continuing the training program. In the event of an unsuccessful remediation, the resident will be referred to a committee designated by the Chief

Psychologist for review. The committee reserves the right to dismiss residents. Residents will not be certified as having completed their residency training program if they are dismissed from the program or are suspended from the program for more than the allotted leave time available. A letter from the director of training will be mailed to the resident with conditions for completing the program, if applicable.

Grievance Procedure

The Post-Doctoral Psychology Residency Program values professionalism, honesty, and ethical conduct in the handling of resident concerns. At all times, matters are handled in the spirit of education and development. The purpose of the grievance and appeals process is to allow for the orderly resolution of resident grievances concerning a policy, procedure, or administrative action. At all times, the respect and protection of residents is of utmost concern.

Evaluation of competency resides within the expertise of the clinical supervisors who are uniquely qualified by their training experience. Such evaluations are not subject to grievances and appeals under this section, unless there is an allegation of federally/state protected discrimination

Informal Procedure

After receiving an evaluation which a resident wishes to challenge, the resident should schedule an appointment with the track supervisor issuing the "Detailed and Frequent Monitoring" rating, stating the reason for the appointment. The appointment with the track supervisor must be set within five working days following the evaluation. In extenuating circumstances, where it would be difficult or impossible for the resident or the supervisor to schedule the appointment within the designated time limit, the appointment should be scheduled as soon thereafter as possible, but in no case exceeding ten days from the date of the evaluation.

Should the issue fail to be resolved to the resident's satisfaction in the meeting with the track supervisor, the resident may request that a conference be scheduled with the director of training. The conference with the director of training should be held within three working days of the resident/supervisor conference. The resident's conference with the director of training will be held at such a time that the supervisor in question will be able to participate in the conference. The director of training shall render an opinion regarding the resident's challenge of the evaluation within three working days of the conference with the resident and the supervisor.

Up to this point, the grievance procedure is informal, with all information being exchanged orally. This guideline is intended to facilitate open communication between the supervisor and the resident. It is hoped that the majority of resident grievances will be resolved at the informal level, with the inclusion of only the essential parties involved and the preservation of confidentiality, as no formal documentation will have been generated.

Formal Procedure

Should the director of training rule in favor of the supervisor, the resident has the right to appeal to the Ad Hoc Grievance and Appeals Committee (the Grievance Committee). Since the committee will be formed only in the event a formal grievance is filed, the appeal will be submitted to the director of training.

This appeal represents the initial step in the Formal Grievance Procedure. The appeal of the grievance must be submitted in writing by the resident, stating clearly and concisely the circumstances and particulars relating to the evaluation which initiated the grievance. The resident's written appeal must be submitted within five working days following the conference with the director of training. Failure to submit the appeal within the designated time will invalidate the resident's right to challenge the evaluation in question, which will then stand as assigned.

The Grievance Committee will be made up of two Psychology Postdoctoral Residency Program training supervisors (one whom is appointed Chair), selected, as soon as possible, by the director of training. None of the supervisors will have had direct supervisory authority over the resident in question. An outside member of the training team will also be appointed to the committee, with approval from the resident.

The composition of the Grievance Committee shall be as follows: the Chairperson of the Committee will serve without a vote. The three voting members will be the two supervisors and the member identified as an outside member.

When all members have been identified, within three working days of the resident's written appeal, the resident and supervisor will be notified in writing of the implementation of the formal grievance procedure and informed of the members identified to serve on the Grievance Committee. Should the resident involved in the grievance question the composition of the Grievance Committee, he or she may request a replacement of the two members not previously assented to by the resident.

At a time not to exceed five working days from the date of receipt of the resident's written appeal by the Chairperson of the Grievance Committee, a hearing date will be scheduled at a time when all parties involved will be available. The hearing should be held at the earliest possible date to insure efficient treatment of the grievance.

The Chairperson of the Grievance Committee has the responsibility to gather all pertinent data related to the grievance. The supervisor also has the right to provide the committee with a written statement regarding his or her justification for the evaluation in question. All documentation pertaining to the grievance procedure will remain confidential and be provided only to the resident, the director of training, the supervisor involved, and each member of the Grievance Committee. Such documentation should be distributed at least twenty-four hours prior to the scheduled hearing.

During the hearing, it shall be the Chairperson's responsibility to insure that the discussion and questions remain germane to the issue. The Committee members, having reviewed the pertinent documentation presented by both the resident and the supervisor, shall have the right to question both the resident and the supervisor.

The number of people present during the hearing is limited to committee members, the resident, the supervisor, and a recording secretary. Witnesses may be called into the room as needed. Deliberation of the three voting committee members will commence at the close of the exchange of information when all parties have been dismissed from the hearing. A vote of two-thirds of the total voting membership of the committee is required to finalize its conclusion.

The written conclusion of the Grievance Committee regarding the resident's probation, suspension, dismissal or clearance of all charges, shall be presented within one working day to both the resident and the supervisor, who shall accept or reject it in writing to the Chairperson of the Committee within three working day of receiving it.

If the conclusion of the committee is rejected by either party, it may be appealed by either to the Chief Psychologist of the Nova Southeastern University Psychology Postdoctoral Residency program. An appeal

to the Chief Psychologist must be made in writing not to exceed three working days after rejecting the decision of the Grievance Committee and should clarify in detail why the decision should be overturned. It must include a copy of the written appeal submitted to the Grievance Committee, the written conclusion of the Committee, and any additional pertinent comments related to the Committee's decision.

The Chief Psychologist has the right to question any party involved, as he or she deems necessary, including any member of the Grievance Committee, before reaching a final decision on the matter. The Chief Psychologist should render his or her written decision within three working days of receiving the appeal. The decision of the Chief Psychologist shall be final.

The time limits stated in the above procedure serve to facilitate execution of the grievance process as quickly and efficiently as possible.

Nondiscrimination

NSU admits students of any race, color, religion or creed, sex, pregnancy status, national or ethnic origin, nondisqualifying disability, age, ancestry, marital status, sexual orientation, unfavorable discharge from the military, status as a disabled veteran, or political beliefs to all the rights, privileges, programs, and activities generally accorded or made available to students at NSU, and does not discriminate in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

Nova Southeastern University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4097: Telephone number 404-679-4501) to award bachelors, masters educational specialist, and doctoral degrees. The University is chartered by the State of Florida.

Administration Assistance

Technology, library support, and other similar services are accessible to residents. Limited clerical resources are available at each track facility.

APPLICATION AND SELECTION

Internship and Academic Preparation Requirements

The program selects candidates whose academic and clinical foundation, supervisor recommendations, and professional conduct and collaboration with our programs are ideally "a good fit." Selected candidates exhibit readiness to learn, are highly motivated, demonstrates a flexible yet resolute approach, and is able to perform in a competent and professional manner. It is preferred that applicants have successfully completed an APA-approved graduate program and internship in counseling or clinical psychology prior to beginning their postdoctoral training with this residency program.

Selection

Applications for the NSU Psychology Postdoctoral Residency Program positions are due by **December 31st**. Completed applications are reviewed and ranked by the training director and the postdoctoral review subcommittee. Acceptable candidates are invited to interview with members of the postdoctoral review subcommittee in person or by phone. The review committee rates the quality of applicant's academic preparation, letters of recommendation, assessment experience, therapy experience, research productivity, degree of fit to the residency program and interview. These ratings are averaged and used to produce a rank ordered list. The postdoctoral subcommittee reaches a consensus regarding the final rank ordered list which is then forwarded to the director of training and Chief Psychologist for review and final decision regarding position appointments. The residency program places offers for the psychology post-doctoral resident positions in the beginning of February.

Start Dates

The NSU Psychology Post-Doctoral Residency Program begins in September. It is the program's policy that selected applicants must successfully defend their dissertation and have their degree conferred before they can begin the program. Residents with extraordinary circumstances may petition for two 30-day extensions. If granted, the start date is delayed and the resident may be required to extend his/her period of training for 30-60 days (possibly without compensation). Residents who are unable to begin their residency training more than 60 days after the program's start date may be terminated from the program. In this unusual circumstance, alternative candidates are contacted and the open position is filled as quickly as possible.

Unforeseen Circumstance Including Leave of Absence

Resident who must interrupt their training for an adequate reason such as illness may be granted a leave of absence. Residents should provide a written request to the director of training at least thirty (30) days before anticipated start of leave or as soon as possible under unforeseen circumstances. If granted, the leave shall be for a stated period of time, not to exceed one year. The resident will return and complete the remaining 12 month contract.

During unpaid leave, the Resident may continue health and other insurance participation but must make arrangements to directly pay his/her share of the contributions

Interviews

Applicants for open slots can schedule interviews only after their application is complete and approved by the training director. While interviews are not required, they are strongly encouraged and usually scheduled in February. Approved applicants wishing to make a personal visit can contact the training director to arrange an appointment

PROGRAM FACULTY

- **Paul Bradley, B.D.S., M.D., M.S., F.R.C.S., F.D.s.R.C.S.,** Nova Southeastern University College of Dental Medicine, Professor and Vice Chair, Diagnostic Sciences. Dr. Bradley is the Director of the Head and Neck Pain Center and an international lecturer on lasers and alternative methods of pain control.
- **Peter Caproni, Ph.D.,** Institute for Advanced Psychological Studies, Adelphi University (1989); Florida Licensed Psychologist, Florida Certified School Psychologist, NSU/COLLEGE OF PSYCHOLOGY assistant professor, NSU/University School consulting psychologist. Interests include collaborative/therapeutic assessment; legislative advocacy; psychological services within schools; psychotherapy research, emotional/behavioral issues with young people in transition.
- **Ralph E. (Gene) Cash, Ph.D., NCSP,** New York University, associate professor. Florida licensed psychologist. Director, School Psychology Assessment and Consultation Center. School psychology; psychoeducational assessment, diagnosis, and treatment; depression; anxiety disorders; suicide prevention; forensics, including child custody, wrongful death effects, and disabilities; stress management; and psychology and public policy.
- **Kristen M. Jones, Psy.D.,** Nova Southeastern University, assistant clinical professor; assistant director, School Psychology Assessment and Consultation Center. School psychology; psychoeducational assessment and intervention planning, implementation, and monitoring; preschool and school mental health; assessment of autism spectrum disorders; parent-mediated interventions; and developmental-behavioral pediatrics

- **Maria Fimiani, Psy.D.**, Nova Southeastern University, adjunct professor, College of Psychology/College of Dental Medicine. Consultation-liaison, medical education, behavioral health psychology, geropsychology, and cognitive behavior therapy.
- **Barbara Garcia-Lavin, Ph.D.**, Nova Southeastern University, assistant professor and director of Division Internship and Training Programs. Neuropsychological, psychological, and psychoeducational assessment; psychological services within the schools; child, adolescent, and family therapy; Health Psychology; issues of professional development including training and supervision.
- **Karen Grosby, Ed.D.**, Nova Southeastern University, Dean of the Center for Psychological Studies.
- **Steven N. Gold, Ph.D.**, Michigan State University, professor. Adult survivors of childhood sexual abuse; dissociative disorders; psychological trauma and post-traumatic stress disorder; sexual addiction; doctoral level clinical training; hypnotherapy; interpersonal, family, and systems theory and intervention; psychotherapy case conceptualization and treatment planning.
- **Donna Hillier, Psy.D.**, Nova Southeastern University, assistant professor. Director of training for the NSU Psychology Post-Doctoral Residency Program and director of academics at the Mailman Segal Center for Human Development. Clinical training, supervision and professional development; psychotherapy case conceptualization; stress management; eating disorders.
- **Alan D. Katell, Ph.D.**, West Virginia University, professor. Assessment and treatment of eating disorders; psychological factors in cardiac rehabilitation; exercise promotion and maintenance; health psychology; coping with chronic illnesses and other physical challenges.
- **Susan S. Kabot, Ed.D., CCC-SLP**, Nova Southeastern University, executive director of the Autism Institute at the Mailman Segal Center for Human Development. Florida licensed speech-language pathologist and Certificate of Clinical Competence from the American Speech/Language/Hearing Association. Active participant in autism-related organizations and has served on the Board of Directors for the Broward County Chapter of the Autism Society of America, The Broward Autism Foundation, and the constituency board of the Miami Center for Autism and Related Disorders.
- **Lina Maria Mejia, D.D.S.**, Nova Southeastern University, assistant professor. Oral Medicine and Diagnostic Sciences. Oral Medicine treat medically complex patients diagnose and treat medically-related disorders and conditions affecting the oral and maxillofacial region, including salivary gland disorders, oral mucosal diseases, and orofacial pain syndromes. Early diagnosis of Oral Cancer (management of oral conditions associated with head and neck cancer treatments); Diagnosis and treatment of Oral Mucosal Auto-immune Diseases (diagnostic tools, and development of treatment protocols); Oral markers of HIV infection (development of therapies, and early recognition). Tobacco Cessation Program for HPD Dental.
- **Barry Nierenberg, Ph.D., ABPP**, University of Tennessee, associate professor. Rehabilitation and Health Psychology: psychological factors in chronic illness, biopsychosocial aspects of wellness and disease, healthcare disparities, pediatric psychology, child and family adaptations to acute and chronic medical conditions. The business of psychology and professional credentialing.
- **Raymond Ownby, M.D., Ph.D., M.B.A.**, Northeastern Ohio Universities College of Medicine, professor and chair of the Department of Psychiatry and Behavioral Medicine at Nova

Southeastern University where he is also a professor in the Public Health and Biomedical Informatics Programs. Examination of the ways in which stress, mood, and inflammation interact in older adults, brain fitness.

- **Scott Poland, Ed.D.**, Ball State University, associate professor. Professional experience has included leading national crisis teams and primary interests are suicide intervention, crisis intervention, youth violence, self-injury, school safety and delivery of psychological and counseling services in schools.
- **Timothy S. Razza, Psy.D.**, Nova Southeastern University, assistant Professor. Evidence-based treatment of anxiety and disruptive behavior disorders in children and adolescents; assessment of suicide in children and adolescents; psychological assessment; clinical training.
- **Jennifer Ries, Ph.D.**, University of Northern Colorado. Clinical Supervisor of the Unicorn Children's Foundation Clinic at Mailman Segal Center for Human Development at Nova Southeastern University. Autism and related disorder diagnosis and identification; Infant, toddler, and child development; Family systems, behavioral, and cognitive behavioral based approaches.
- **Timothy Scala, Psy.D., C.F.C.** Nova Southeastern University, assistant professor and program director of the Bachelor of Science Degree in Recreational Therapy in Nova Southeastern University's department of Justice and Human Services. Licensed Clinical Psychologist/Clinical Supervisor at the School-related Psychological Assessments and Clinical Interventions (SPACI) clinic. Professional/Clinical interests include psychological and psychoeducational assessment, working with the child and adolescent population, behavior modification, anxiety/depression, stress management, and family counseling. Has conducted research in the areas of adolescent issues, parent training, and working with United States Veterans. Member of APA and the American College of Forensic Examiners, in which he is a Certified Forensic Consultant.
- **Leonard Schnur, Psy.D., ABPP**, Nova Southeastern University, associate clinical professor. Clinical supervision and training; interests include treatment of mood disorders for adult and adolescent populations, time-limited dynamic psychotherapy, and psychotherapy integration approaches for treatment of personality disorders.
- **Daniel Shaw, Ph.D., M.Ed., LMHC, NCC** University of Florida, associate professor and vice chair of The Department of Psychiatry and Behavioral Medicine in the College of Osteopathic Medicine at Nova Southeastern University (NSUCOM). Behaviorist and Medical Education Specialist.

APPENDIX A

Resident Competency Evaluation Form

Resident _____

Date _____

Concentration _____

Residency Year _____

Clinical Supervisor of
Concentration _____

I. Goal: Achieve General Professional Competence

A.) Objective: The resident demonstrates good knowledge of ethical principles and appropriately applies them.

___ **No Basis for Judgment**

___ **Exceeds Expectations /Ready for autonomous practice**

Spontaneously and consistently identifies ethical issues, effectively resolves issues with minimal input.

___ **Meets Expectations /Needs occasional supervision**

Consistently recognizes ethical issues and requires supervision to resolve issues.

___ **Needs regular supervision**

Generally recognizes situations where ethical issues might be pertinent.

___ **Needs remedial work**

Often unaware of important ethical issues.

B.) Objective: The resident seeks consultation or supervision as needed and uses it productively.

___ **No Basis for Judgment**

___ **Exceeds Expectations /Ready for autonomous practice**

Actively seeks out professional consultation as needed when treating complex cases. Makes generally accurate self-appraisal, recognizes tendencies to misjudge abilities and shows particular care in those areas.

___ **Meets Expectations /Needs occasional supervision**

Open to feedback when offered, tries new ideas and behavior with varying degrees of comfort and success. Shows awareness of strengths and weaknesses, uses supervision well for clarification of areas of uncertainty.

___ **Needs regular supervision**

Accepts supervision in many areas, but occasionally shows defensiveness. Needs supervisory input for determination of readiness to try new skills.

___ **Needs remedial work**

Frequently defensive or confused by feedback, resists use of important and necessary feedback, overly dependent on habitual ideas and behavior. Seriously misjudges strengths and/or important limitations.

C.) *Objective: The resident interacts professionally and appropriately with treatment teams, peers and supervisors at all times.*

___ **No Basis for Judgment**

___ **Exceeds Expectations /Ready for autonomous practice**

Develops smooth working relationships, effectively relates to team members in accordance with their unique roles, effectively uses team format in the service of treatment needs. Develops positive alliances with other residents and colleagues, handles differences openly.

___ **Meets Expectations /Needs occasional supervision**

Actively participates in team meetings, but input is circumscribed. Seeks input from supervisors to cope with rare interpersonal concerns.

___ **Needs regular supervision**

Progressing well on providing input in a team setting. Effectively seeks assistance to cope with interpersonal concerns with colleagues.

___ **Needs remedial work**

Personal characteristics or dysfunctional behaviors significantly limit the resident's ability to participate in team model, e.g. withdrawn, overly confrontational, insensitive. Has hostile interactions with colleagues.

D.) *Objective: The resident meets his or her direct service goals and completes documentation as required.*

___ **No Basis for Judgment**

___ **Exceeds Expectations /Ready for autonomous practice**

Takes initiative in meeting direct service goal without need for input from training faculty. Completes all reports and progress notes correctly and promptly.

___ **Meets Expectations /Needs occasional supervision**

Close to meeting direct service goal but requires some input from training faculty. Receives a reasonable amount of deficiencies and attends to correcting them with few prompts.

___ **Needs regular supervision**

Unable to meet direct service goal without significant input from training faculty. Receives many deficiencies and corrects them once given prompts.

___ **Needs remedial work**

Does not meet direct service goal despite input from training faculty. Receives many deficiencies and fails to remedy documentation problems in a timely manner.

II. Goal: Display Competence in Knowledge of Scholarly Research

A.) *Objective: The resident examines the professional literature regarding treatment and consultation as needed to enhance knowledge about the patient's treatment.*

___ **No Basis for Judgment**

___ **Exceeds Expectations /Ready for autonomous practice**

Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation. Resident independently seeks out and reads professional writings pertaining to cases at hand.

___ **Meets Expectations /Needs occasional supervision**

Resident identifies areas of knowledge that need enhancement with a particular client and asks for suggestions regarding readings.

___ **Needs regular supervision**

Resident readily accepts and reads professional writings as assigned by the supervisor.

___ **Needs remedial work**

Resident procrastinates regarding professional readings assigned by supervisor to learn essential treatment-oriented competencies.

B.) Objective: The resident engages in program evaluation and/or research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

___ **No Basis for Judgment**

___ **Exceeds Expectations /Ready for autonomous practice**

Demonstrates the ability to evaluate, interpret, design, and implement clinically and culturally appropriate research. Presents results/finding and applies outcome to improve programs and/or professional activities.

___ **Meets Expectations /Needs occasional supervision**

Resident engages in conducting clinical quality improvement initiatives.

___ **Needs regular supervision**

Resident occasionally needs prompting to participate in clinical quality improvement initiatives. Resident requires significant guidance in order to participate.

___ **Needs remedial work**

Resident does not participate in clinical quality improvement initiatives despite prompting from training faculty.

III. Goal: Develop Competence in Psychological Assessment

A.) Objective: The resident proficiently chooses, administers, and interprets commonly used tests in his/her area of practice and writes a well-organized psychological report, answering the referral question clearly and providing the referral source with specific recommendations for patient care.

___ **No Basis for Judgment**

___ **Exceeds Expectations /Ready for autonomous practice**

Chooses appropriate tests to answer referral question. Proficiently administers all tests and skillfully administers all tests autonomously. Report is clear and thorough, follows a coherent outline, is an effective summary of relevant issues. Relevant test results are woven into the report as supportive evidence. Recommendations are related to referral questions.

___ **Meets Expectations /Needs occasional supervision**

Occasionally needs reassurance that selected tests are appropriate. Occasional input needed regarding fine points of test administration and interpretation. Report covers essential points without serious error, may need polish in cohesiveness and organization. Readily completes assessments with minimal supervisory input, makes useful and relevant recommendations.

___ **Needs regular supervision**

Needs continued supervision on frequently administered tests. Needs occasional consultation regarding appropriate tests to administer. Understands basic use of tests. May occasionally reach inaccurate conclusions or take computer interpretation packages too literally. Resident uses supervision effectively for assistance in determining important points to highlight.

___ **Needs remedial work**

Test administration is slow. Often needs to recall patient to further testing sessions due to poor choice of tests administered. Over-reliance on computer interpretation packages for interpretation. Repeatedly omits significant issues from assessments, reaches inaccurate or insupportable conclusions. Poor grammar interferes with communication. Reports are poorly organized and require major rewrites.

B.) Objective: The resident demonstrates proficiency in interpreting and conducting feedback of assessment results for the purpose of diagnosis and treatment planning

___ **No Basis for Judgment**

___ **Exceeds Expectations /Ready for autonomous practice**

Competently interprets assessment results. Organizes reports and communicates results that answer referral questions and gives specific recommendations to the referring provider. Demonstrates competence to conduct an understandable feedback interview and explain the test results and recommendations to the client, family members and/or other support systems.

___ **Meets Expectations /Needs occasional supervision**

Requires minimal supervisory input in comprehensively interpreting test results and effectively communicates in responding to the needs and questions of the referral source.

___ **Needs regular supervision**

Resident needs constant guidance in interpreting assessments and struggles to effectively communicate in responding to the referral source.

___ **Needs remedial work**

Resident has significant difficulty in interpreting assessments and does not effectively respond to the needs and questions of the referral source.

IV. Goal: Demonstrate Competence in Psychotherapeutic Interventions

A.) Objective: The resident consistently achieves a good rapport with patients.

___ **No Basis for Judgment**

___ **Exceeds Expectations /Ready for autonomous practice**

Establishes quality relationships with almost all patients, reliably identifies potentially challenging patients and spontaneously makes adjustments.

___ **Meets Expectations /Needs occasional supervision**

Generally comfortable and relaxed with patients, handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic success.

___ **Needs regular supervision**

Actively developing skills with new patient populations. Relates well when has prior experience with the population.

___ **Needs remedial work**

Has difficulty establishing rapport and tends to alienate patients.

B.) Objective: The resident maintains sensitivity to cultural and other individual differences.

___ **No Basis for Judgment**

___ **Exceeds Expectations /Ready for autonomous practice**

Spontaneously raises issues relating to individual differences with patients as appropriate, conveys ease in working with a range of backgrounds, aware and sensitive to individual differences, accurately self-monitors own responses to differences.

___ **Meets Expectations /Needs occasional supervision**

Initiates supervisory discussion regarding areas of inexperience in personal differences when needed.

___ **Needs regular supervision**

Has discomfort with some patients, resolves such issues effectively through supervision.

___ **Needs remedial work**

Has difficulty recognizing or working around prejudices, holds some beliefs which limit effectiveness with certain patients, unable to surmount these problems to date in supervision.

C.) Objective: The resident gathers relevant interview data, evaluates immediate safety issues and generates appropriate contingency plans. The resident discusses all confidentiality issues openly with patients.

___ **No Basis for Judgment**

___ **Exceeds Expectations /Ready for autonomous practice**

Resident autonomously demonstrates above professional competencies.

___ **Meets Expectations /Needs occasional supervision**

Resident needs guidance regarding interview of complex cases. Resident is aware of how to cope with safety issues, but continues to need reassurance in supervision. May occasionally forget to discuss confidentiality issues promptly.

___ **Needs regular supervision**

Resident needs guidance regarding detailed evaluation. Discussions are needed to cope with safety issues; resident handles them well. Occasionally needs prompting to discuss confidentiality issues with patient.

___ **Needs remedial work**

Resident delays in questioning patient about immediate concerns. Resident forgets to ask about important safety issues or makes inadequate plan. Resident does not regularly address confidentiality issues.

D.) Objective: The resident formulates a useful case conceptualization that draws on theoretical and research knowledge.

___ **No Basis for Judgment**

___ **Exceeds Expectations /Ready for autonomous practice**

Resident independently produces good case conceptualization within own preferred theoretical orientation; can also draw some insights into case from other orientations.

___ **Meets Expectations /Needs occasional supervision**

Adequately conceptualizes cases but tends to overly rely on one conceptual model for all presenting problems.

___ **Needs regular supervision**

Exhibits difficulty conceptualizing cases.

___ **Needs remedial work**

Treats without a theoretical framework to guide the work.

E.) Objective: The resident establishes appropriate therapeutic goals and implements effective interventions.

___ **No Basis for Judgment**

___ **Exceeds Expectations /Ready for autonomous practice**

Collaborates with the client in setting appropriate and attainable therapeutic goals. Interventions are accepted by patients and facilitate change.

___ **Meets Expectations /Needs occasional supervision**

Sets appropriate goals. Most interventions are accepted by patients and facilitate change. However, resident requires supervisory assistance with the timing and delivery of more difficult interventions.

___ **Needs regular supervision**

Requires ongoing supervision to set therapeutic goals. Many interventions are delivered and timed well. Needs supervision to plan interventions.

___ **Needs remedial work**

Fails to set goals. Has frequent difficulty targeting interventions to patients' level of understanding and motivation.

V. Goal: Acquire Basic Competence in Supervision, Consultation and Teaching

A.) Objective: The resident provides the appropriate level of guidance when supervising or providing consultation to other mental health professionals.

___ **No Basis for Judgment**

___ **Exceeds Expectations /Ready for autonomous practice**

The resident relates well to those seeking input, is able to understand the developmental level of the supervisee or consultee, and provides appropriate input regarding cases.

___ **Meets Expectations /Needs occasional supervision**

The resident requires occasional input regarding the manner of delivery or type of feedback given to supervisees and consultees.

___ **Needs regular supervision**

Needs continued guidance in order to carry out supervisory and consultation work. Difficulty relating to those seeking input or providing developmentally appropriate feedback to supervisees or consultees.

___ **Needs remedial work**

Unable to establish rapport with supervisees or consultees. Fails to take developmental level into account in providing supervision and consultation.

B.) Objective: The resident provides expert guidance or professional assistance to other service providers in response to client's needs or goals.

___ **No Basis for Judgment**

___ **Exceeds Expectations /Ready for autonomous practice**

Demonstrates knowledge and awareness of professional leadership skills as a consultant and/or psychological liaison in various professional settings. Applies knowledge to provide effective assessment and feedback and to articulate appropriate recommendations.

___ **Meets Expectations /Needs occasional supervision**

Incorporates routine integration and viability of consultation in daily practice with minimal prompting and/or supervision.

___ **Needs regular supervision**

Resident needs continued guidance in order to provide consultation.

___ **Needs remedial work**

Resident does not regularly incorporate routine integration and consultation into daily practice.

C.) Objective: *The resident demonstrates competence in teaching and advocacy.*

___ **No Basis for Judgment**

___ **Exceeds Expectations /Ready for autonomous practice**

The resident provides clear instruction, disseminates knowledge, and evaluates acquisition of knowledge and skills in professional psychology. Independently accepts personal responsibility across settings and contexts and acts to safeguard and support the welfare of clients, students/supervisee, as well as colleagues.

___ **Meets Expectations /Needs occasional supervision**

Demonstrates competence in making case presentations and facilitating professional discussion and learning. Advocates to promote action on factors impacting development in the psychology profession.

___ **Needs regular supervision**

Resident needs guidance in developing clear presentations and occasional prompting to discuss issues impacting the psychology field.

___ **Needs remedial work**

Resident struggles in facilitating professional discussion and to develop clear presentations despite guidance.

Additional comments: (optional)

Clinical Supervisor Signature

Date

Primary Supervisor/Director of Training Signature

Date

I have reviewed and discussed this evaluation with my supervisor(s)

Resident Signature

Date

APPENDIX B

Resident Brief Evaluation Form

Resident _____

Date _____

Concentration _____

Clinical Concentration Supervisor _____

Please rate the resident's overall level of performance and competence in meeting the various training goals and objectives.

___ Exceeds Expectations

___ Meets Expectations

___ Needs Additional Supervision (please describe below)

___ Needs Remedial Work (please describe below)

Additional Comments:

Please describe plan for additional remediation and/or for supervision

Clinical Supervisor Signature

Date

Primary Supervisor/Director of Training Signature

Date

Resident Signature

Date

APPENDIX C

NOVA SOUTHEASTERN UNIVERSITY POST DOCTORAL RESIDENCY PROGRAM

Evaluation of Training Program

Date:

Period covered:

This evaluation is to be a collaborative process designed to facilitate growth, to pinpoint areas of strength and difficulty, and to refine goals. It is a tool for evaluating performance and also a vehicle for change.

Scale for rating program areas:

- 5 = Outstanding
- 4 = Very good, above average
- 3 = Average, accepted and typical level
- 2 = Below expected level
- 1 = Very poor
- N/A = Not Applicable

1. Professional Atmosphere

- _____ Adherence to APA ethical guidelines
- _____ Commitment to serving the psychological needs of clients
- _____ Active collaboration and cooperation between staff members
- _____ Respect for and use of, professionals from other disciplines
- _____ Commitment to science and profession of psychology
- _____ Awareness of, and respect for, individual differences among clients and professionals
- _____ Respect for human rights of clients and professionals
- _____ Opportunity for professional development
- _____ Opportunity for research activities

2. Training Atmosphere

- _____ Commitment to training
- _____ Responsiveness of program to personal and individual training needs
- _____ Accessibility of staff for supervision, consultation, and other training needs

- _____ Adequate role models
- _____ Atmosphere conducive to intellectual stimulation and professional growth
- _____ Breadth of experience
- _____ Depth of experience
- _____ Challenging program

3. Direct Service: Please rate your experiences in these areas:

_____ General Professional Practice
Comments:

_____ Scholarly Research
Comments:

_____ Psychological Assessment
Comments:

_____ Psychotherapeutic Interventions
Comments:

_____ Supervision/ Consultation/Teaching
Comments:

4. Training Received: Please rate your experiences in these areas:

_____ Individual supervision (received)
Comments:

_____ Individual supervision (given)
Comments:

5. What are the strengths of this training program?

6. What are the limitations of this training program?

7. Recommendations:

8. Given the rapid changes in health care and employment opportunities in psychology, what would you like to see included in current training which would help residents to be better prepared?

9. Please rate the training program overall in helping to prepare you as a psychologist (circle):

Excellent Above Average Average Below Average Poor

10. Please rate the training program as meeting your own expectations:

Excellent Above Average Average Below Average Poor

11. Additional comments: