



**CLARK COUNTY COMMUNITY CONSORTIUM  
POSTDOCTORAL RESIDENCY APPLICATION**

NAME:

DATE:

Telephone(s)
<span style="margin-right: 100px;">Home/Mobile</span> <span style="margin-right: 100px;">Work</span> <span>Email:</span>
Home Address: STREET
CITY
STATE
ZIP CODE

**DOCTORAL DEGREE – DATE AWARDED:** \_\_\_\_\_ **DATE ANTICIPATED:** \_\_\_\_\_

**EXPERIENCE IN PSYCHOTHERAPY**

Adolescent (13-17)	Children (<12)	Group	Adults	Families	Other:
_____ Hours Face-to-Face	_____ Hours Face-to-Face	_____ Hours Face-to-Face	_____ Hours Face-to-Face	_____ Hours Face-to-Face	_____ Hours Face-to-Face

**EXPERIENCE IN PROVIDING CLINICAL SUPERVISION?**  YES  NO

If "YES," please describe.

**EXPERIENCE IN PSYCHOLOGICAL ASSESSMENT**

**What is your experience with psychological testing instruments?** Please indicate all instruments used by you in your assessment experience, excluding practice administrations to fellow students. You may include any experience you have had with these instruments such as work, research, practicum, etc., other than practice administrations.

**INTEGRATED REPORT WRITING**

How many supervised integrated psychological reports have you written for each of the following populations? An integrated report includes a history, an interview, and at least any two of the following: personality assessments (objective and/or projective), intellectual assessment, cognitive assessment, and/or neuropsychological assessment. These are synthesized into a comprehensive report providing an overall picture of the patient.

- a. Adults: \_\_\_\_\_
- b. Children: \_\_\_\_\_
- c. Number of assessment hours \_\_\_\_\_

**Proficiency in any languages other than English? Yes  No**

**If so, which languages:**

**HOW DO YOU ENVISION OUR RESIDENCY PROGRAM MEETING YOUR TRAINING GOALS AND INTERESTS? (please include here or in letter of interest)**

**REFERENCES- Please send at least 3 professional references.**

List the individuals who will be sending letters of recommendation and applicant performance evaluations. We ask that two of your references be from clinical supervisors.

<i>Role/Title</i>	<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>

**\*\*\*\*\*Please send this application along with: Letter of Interest, Transcript (copies acceptable), Curriculum Vitae/ Resume and sample Psychological Evaluation**

**Via email attachments:**  
[christine.krause@clark.wa.gov](mailto:christine.krause@clark.wa.gov)

**OR**

**Via USPS attention to:**  
Christine Krause, Psy.D.  
Clark County Juvenile Court  
500 W. 11<sup>th</sup> St  
Vancouver, WA 98666

Dr. Krause can also be reached by telephone: 360.984.4966 (mobile) or 564.397.4542 (office)