

**CALGARY CLINICAL PSYCHOLOGY RESIDENCY**

**2024 – 2025 training rotation request form**

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| NAME: | Click or tap here to enter text. |  | UNIVERSITY: | Click or tap here to enter text. |
| TELEPHONE: | Click or tap here to enter text. | APPIC Match #: | Click or tap here to enter text. |
| EMAIL: | Click or tap here to enter text. | | | |
| STREAM(S) | Click or tap here to enter text. | | | |

The purpose of this questionnaire is to identify the training rotations that you are most interested in.

Following release of the results of the APPIC match in February, each applicant who is matched to our residency program will be advised of the training rotations that will be available to him/her during the residency year. The specific rotations offered will be based on the applicant’s response to this questionnaire. We will do our best to assign residents to their most preferred rotations but cannot guarantee that a specific rotation will be available.

In the space below list in order of preference up to 6 rotations. Do not list rotations that would not be acceptable to you. It is permissible to list specific rotations (e.g., Cognitive‐Behavioural Therapy Service at Sheldon M. Chumir Health Centre) and/or general classes of training rotations (e.g., training in cognitive‐ behavioural therapy in an outpatient mental health clinic).

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| 1st choice | Click or tap here to enter text. |
| 2nd choice | Click or tap here to enter text. |
| 3rd choice | Click or tap here to enter text. |
| 4th choice | Click or tap here to enter text. |
| 5th choice | Click or tap here to enter text. |
| 6th choice | Click or tap here to enter text. |

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| Date: | Click or tap here to enter text. |

Return this questionnaire as soon as possible after your interview. The deadline date for receipt of this questionnaire is January 15th, 2024.

Forward to Dr. Caroline Schnitzler by Email to: [caroline.schnitzler@ahs.ca](mailto:caroline.schnitzler@ahs.ca)