



## Postdoctoral Residency Site Visit Checklist

Site:

- Initial Site Visit
- Annual Site Visit

Date of Site Visit:

Primary Supervisor:

Secondary Supervisor:

Contact Phone/Email/Website:

Site Visitor(s):

*As part of the AzPTC Membership renewal process, AzPTC board members/liasons meet yearly with each site, both active and inactive. This is to 1) ensure that each site within the Consortium is continuing to meet the standards required by APPIC and 2) promote regular communication with sites, supervisors, and residents. If possible, please complete and submit this form in advance of the scheduled site visit for review by the site visitor(s).*

If there are no major changes to the site's program, please submit the following **by email** to AZPTC at [consortium@azpa.org](mailto:consortium@azpa.org). If there have been major changes (i.e. ,new supervisors, stipend changes, rotations/resident experiences, etc.) to your site or program, please outline in your materials. It is important for you to provide detailed information to AZPTC at any time a major change occurs between review cycles.

Please complete for each licensed psychologist giving supervision in your site/program. *Use additional copies if needed.* Membership requirements: at least two doctoral level psychologists who serve as supervisors and who have been actively licensed for 2 years or more and are in good standing with licensure board. It is expected that postdoctoral residents receive individual (1-on-1) supervision during the year from at least two different supervisors.

Supervisor's Name: \_\_\_\_\_

Arizona License Number and Expiration date: \_\_\_\_\_

Year First Licensed: \_\_\_\_\_

Number of Hours Per Week of Supervision: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Arizona License Number and Expiration date: \_\_\_\_\_

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Year First Licensed: \_\_\_\_\_

Number of Hours Per Week of Supervision: \_\_\_\_\_

*Please answer the following questions:*

***If you indicate there has been a change (checking any response marked with a starred No\* or Yes\* to any criteria, please describe the changes and revisions on attached pages. Please submit one copy of all requested materials via email.***

Yes  No\*  1. Does your site/program continue to offer postdoctoral residents a planned, programmed sequence of training experiences?

Yes  No\*  1a. Does your site/program continue to maintain the primary focus and purpose of assuring breadth and depth of postdoctoral resident training? Please describe placements and training opportunities reflecting this breadth and depth:  
Description: \_\_\_\_\_

Yes  No\*  2. Does your site/program have a clearly designated doctoral staff psychologist who is responsible for the integrity and quality of the postdoctoral resident training program?

2a. Provide the name of the designated psychologist:  
\_\_\_\_\_

Yes  No\*  2b. Is this psychologist licensed?

Yes  No\*  2c. Has this psychologist been licensed for at least 2 years?

Yes  No\*  2d. Is this psychologist a full-time employee of the organization?

3. Provide the number of doctoral level psychologists who serve as supervisors who are actively licensed, and who have been licensed for 2 or more years.  
\_\_\_\_\_

- Yes  No\*  3b. Have you included licensure information for each supervisor who is new since your last review?
- Yes  No\*  4. Do postdoctoral resident supervisors carry the clinical responsibility for the cases being supervised?
- Yes  No\*  4a. Does each postdoctoral resident receive regularly scheduled individual supervision by one or more doctoral level licensed psychologists at a ratio of no less than one hour of supervision for every 20 residency hours (i.e., 2 hours for full time 40 hours/week or 1 hour for half-time 20 hours/week)?
- Yes  No\*  4b. Is the focus of each postdoctoral resident's supervision the psychological services rendered by the resident?
- Yes  No\*  5. Does your postdoctoral resident continue to provide a range of psychological assessment activities? Please describe these training opportunities or placements:  
Description: \_\_\_\_\_
- Yes  No\*  5a. Does your postdoctoral residency continue to provide a range of psychological intervention activities? Please describe these training opportunities or placements:  
Description: \_\_\_\_\_
- Yes  No\*  6. Is at least 40% of each postdoctoral resident's time in face-to-face psychological services to patients/clients?
- Yes  No\*  7. Does the postdoctoral residency provide any didactic activities such as conferences, seminars, in service training or grand rounds? Didactic activities refer to actual training opportunities and should go beyond case presentations.  
Description: \_\_\_\_\_
- Yes  No\*  7a. Have you enclosed a description for scheduled didactic seminars and other training activities that occur beyond those scheduled through the Consortium?
- Yes  No\*  8. Is the postdoctoral residency training at the post-intern, post-clerkship, post-practicum and post-externship level? Is their status as a postdoctoral resident clearly outlined in all communications?
9. What is the title of your postdoctoral resident trainee(s)?  
\_\_\_\_\_
10. How many hours do your postdoctoral residents complete? \_\_\_\_\_
- Yes  No\*  11. Is the postdoctoral residency completed in no less than 9 months and no more than 24 months?
- Yes  No\*  12. Does your site/program issue a certificate of postdoctoral residency completion that includes the word "Psychology" to all postdoctoral residents who successfully complete the residency?

- Yes  No\*  13. Does your site/program provide the minimum AZPTC \$42,000 stipend for each postdoctoral resident? Current Stipend: \_\_\_\_\_
- Yes  No\*  14. Does your site/program avoid fee splitting arrangements for postdoctoral residents where they are expected to generate all or part of their stipend through clinical billing?
- Yes  No\*  15. Does your site/program avoid any financial incentives for postdoctoral residents beyond the stated, set stipend?
- Yes  No\*  16. Does your postdoctoral residency have a written statement or brochure that provides a clear description of your site and program, including the goals and content of the training program?
- Yes  No\*  16a. Does this statement or brochure provide clear expectations for the quality and quantity of the resident's work?
- Yes  No\*  16b. Is this statement or brochure made readily available to prospective postdoctoral residents via the Consortium website or other avenues?
- Yes  No\*  16c. Have you enclosed a copy of your statement or brochure?
- 16d. If your statement or brochure is on-line or if you have additional material descriptive of your postdoctoral residency, provide the URL.  
Other URL: \_\_\_\_\_

*Additional Comments:*

Attached is a copy of the

- 1.) Supervisor license
- 2.) Supervisor CV
- 3.) Affiliation Agreement

*Signature/Date:*

Primary Supervisor: \_\_\_\_\_

Postdoctoral Resident: \_\_\_\_\_

Site Visitor(s): \_\_\_\_\_

Site Visitor(s): \_\_\_\_\_

Secondary Supervisor: \_\_\_\_\_