**RIVER VALLEY HEALTH (RVH)**

**POST-INTERNSHIP SURVEY**

**Name (Optional): Date:**

**Internship Sites**:

1. What year did you complete your pre-doctoral internship?
2. What year did you receive your Ph.D./Psy.D.?
3. Are you licensed as a psychologist? yes no If yes, how long have you been licensed?
4. Did you complete a formal post doc? yes no

Name of Institution Year

1. What kind of work are you currently doing? Please list all major aspects of your work, including clinical practice, teaching, research, supervision, administration, public advocacy and include an estimate of the % of time in each activity. (e.g. 75% clinical, 10% teaching, etc.)
2. Briefly list information about your current work: Please indicate your work setting (s):

Community Mental Health Center Community Health Center

Health Maintenance Organization Medical Center

Military Medical Center Private General Hospital General Hospital

Veterans Affairs Medical Center Private Psychiatric Hospital

State/County Hospital Correctional Facility School District/System

University Counseling Center Academic Teaching Position Private Practice

Primary Care

Other

Do you work in a multidisciplinary environment? Yes No Job Title:

Professional Organization Affiliations/Public Advocacy Activities:

1. What were the strengths of the internship at River Valley Health?
2. What were the limitations of this training program?
3. Would you recommend the RVH Psychology Internship to a current graduate student? yes no
4. 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 interns to be better prepared?
5. Please rate the training program overall in helping to prepare you as a psychologist (circle):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |
| Poor | Below Average | Satisfactory | Above Average | Excellent |

1. Additional comments: