

Psychology Internship Program



White River Junction VA Medical Center

Carrie Lukens, Ph.D.
163 Veterans Drive
White River Junction, VT 05009
(802) 295-9363

<https://www.va.gov/white-river-junction-health-care/work-with-us/internships-and-fellowships/>

MATCH Number: 174111

Applications Due: November 3, 2025

Accreditation Status

The psychology internship at the **White River Junction VA Healthcare System** (WRJ VAHCS) has been accredited by the Commission on Accreditation of the American Psychological Association. The next site visit is scheduled for the fall of 2025.

Application & Selection Procedures

Eligibility Requirements are listed on the VA psychology training homepage.

[Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations](#) and **[Eligibility and Forms](#)** and **[Am I Eligible v5.pdf \(va.gov\)](#)**

Primary items are emphasized below, and a more complete listing is provided at the end of this brochure. All applicants for our doctoral internship program must meet all of these requirements.

General Qualifications: A candidate for the WRJ VAHCS Psychology Internship Program must meet the following criteria:

- U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training,
- doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible,
- approved for internship status by their graduate program training director,
- a male applicant born after 12/31/1959 must have registered for the Selective Service System by age 26 to be eligible for any US government employment, including selection as a paid VA trainee,
- interns and fellows are subject to fingerprinting and background checks. VA appointment is contingent upon HR's determination of eligibility (and suitability) for Federal employment, and
- VA conducts drug screening exams on randomly selected personnel as well as new employees.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association

Updated October 8, 2025

750 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5979

E-mail: apaaccred@apa.org

Web: www.apa.org/ed/accreditation

The WRJ VAHCS is also a member of the Association of Psychology, Postdoctoral and Internship Centers (APPIC) and participates in the National Matching Service (www.natmatch.com/psychint/) and abides by the APPIC guidelines as set forth in the APPIC MATCH POLICIES. These policies can be accessed at the APPIC website www.appic.org.

Specific Qualifications: The internship at the WRJ VAHCS is a clinically oriented internship and so places a premium on those experiences that prepare applicants for clinical practice informed by scholarship. Highly regarded candidates will have at least 450 hours of closely supervised clinical practicum experiences, including individual psychotherapy (i.e., clinical interviewing, as well as brief and long-term psychotherapy with adults) and psychological assessment with adults. Candidates should have completed coursework in Cognitive Behavior Therapy (CBT), and highly regarded candidates will have supervised clinical experience applying CBT. In addition, we seek to recruit candidates who have only minor dissertation requirements remaining, as this allows for greater focus on internship-related duties. The WRJ HCS training program emphasizes supervision as an important modality for learning psychotherapy. As part of the supervision process, our interns are asked to engage in self-reflection and some level of self-disclosure about their experiences as psychologists-in-training, psychotherapists, and how the many parts of the self and their identity(ies) influence clinical care.

The WRJ VAHCS believes in the mission of the Veteran's Healthcare Administration (VHA): "To fulfill President Lincoln's promise to care for those who have served in our nation's military and for their families, caregivers, and survivors."

We are an equal opportunity training program, and we welcome and strongly encourage applications from all qualified candidates, regardless of race, ethnicity, religion, sexual orientation, disability, parental status, military status, or other minority status.

Application Procedures: Applicants should use the APPI online application system. Interested persons who meet the eligibility criteria should submit the following materials:

1. A cover letter indicating intent to apply to the internship program and outlining training interests.
2. APPIC online AAPI standard application.
3. Curriculum vitae.
4. Three letters of recommendation, one of which must be from a recent clinical supervisor.
5. Official graduate transcripts.

In addition to the materials submitted by applicants to the psychology internship program, the WRJ VAHCS may also consider other publicly available materials including, but not limited to, information available through the internet.

Questions can be directed to the Director of Training or the Associate Director of Training:

Carrie Lukens, Ph.D.

Training Director

Carrie.Lukens@va.gov

(802) 295-9363, ext. 2135

Sarah Knapp, Ph.D.

Associate Training Director

Sarah.Knapp1@va.gov

(802) 295-9363, ext. 6184

Mailing Address

Veterans Affairs Medical Center (116B)

163 Veterans Drive

White River Jct., VT 05009

APPIC Program Code Number: 1741

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The deadline for receipt of application materials is midnight on November 3rd. Interview dates are December 15th, 16th and 18th.

Selection and Interview Process: Application materials will be reviewed by psychology staff, and top candidates will be invited for virtual interviews. Candidates for interview will be selected based on several criteria including meeting the requirements described above, clinical experiences, and match with our program. Preference is given to applicants that have specific training goals that are consistent with the type of work that is performed at WRJ VAHCS. Candidates will be notified of their interview status the week of November 24th. Interview dates are December 15, 16, & 18, 2025.

Candidates will meet virtually with psychology staff for personal interviews throughout the interview day and will have a non-evaluative meeting with one or more of the current interns. The decision to not offer any in-person interviews or visits is based on our values related to social justice. We believe in trying to increase fair access to our training experiences while reducing financial, geographic, or other potential barriers. It is our belief that virtual interviews are a sufficiently effective modality to obtain and exchange information. The internship program complies with all APPIC guidelines in the recruitment and selection of interns and participates in the computer match program.

The program adheres to the APPIC policy that no person at this training program will offer, solicit, accept or use any ranking-related information from any intern applicant or graduate program. The internship program begins on July 1, 2026 and ends June 30, 2027.

Psychology Setting

The psychology internship program at the WRJ VAHCS is located in the Mental Health and Behavioral Science Service Line (MHBSS). Our department is very proud of our tradition of integrating multiple disciplines into the care of our patients. Psychologists, psychiatrists, social workers, nurse practitioners and master's level mental health professionals work alongside each other in meetings, leading groups, collaborating on the care of individual patients, and in developing treatment offerings. In our service, interns literally work next to and collaborate with other mental health disciplines on a daily basis. As a result, interns become used to regular consultation with other staff and participate in inter-professional teams as a normal mode of professional practice.



The Mental Health and Behavioral Science Service has established programs in general outpatient care and acute care (inpatient), primary care (Primary Care Mental Health Integration Clinic), treatment of substance use disorders (outpatient and residential substance use disorder treatment programs), recovery-based services (including transitional housing and supported employment), PTSD outpatient services, and neuropsychological assessment. We also have an array of behavioral medicine programs in collaboration with primary and specialty care medical services. These programs include diabetes education and support groups, evaluations for surgical procedures including organ transplant, specialized assessment and intervention with oncology and palliative care patients, weight loss programs (including MOVE and intuitive eating), and interventions for patients with chronic pain and insomnia. We serve primarily, though not exclusively, patients from the lower half of the socioeconomic strata. Recently there has been a growing number of middle-class working patients primarily represented by the increasing numbers of Veterans from recent and ongoing military missions. Most patients receiving specialized mental health care are dually diagnosed with one or more of the following diagnoses: substance use disorders, PTSD, depression spectrum disorders, and personality disorders.

The WRJ VAHCS internship has a faculty of 13 doctoral-level psychologists on the training committee which also includes two additional doctoral-level psychologists who supervise at the Dartmouth College Counseling Center, and two staff members from the National Center for PTSD. Administratively, the program is supervised by the Director of Psychology Training, who oversees and implements intern

recruitment and selection, assigns interns to faculty supervisors, and coordinates clinical experiences. In addition to the psychology internship program, we sponsor training for practicum students and have an APA-accredited postdoctoral fellowship in clinical psychology with an emphasis in integrative care and health psychology. We have also been successful in securing funding for a second postdoctoral fellowship in clinical psychology with an emphasis in Trauma and PTSD for the past several years.

Medical School Affiliations: The WRJ VAHCS is dually affiliated with the Geisel School of Medicine at Dartmouth (GSMD) and the University of Vermont (UVM) College of Medicine.

The WRJ VAHCS affiliation with GSMD supports more than 150 individuals in 17 specialties. Forty percent of the clinical medicine activity for GSMD students takes place at the VA, and these students rank the VA as superior to their non-VA training options. This affiliation has also provided the substrate to support the National Center for PTSD, the National Quality Scholars Program, a field station in Patient Safety, VA Outcomes Group, a Rural Health Initiative, a VA Research and Development Service and a new Inter-Professional Patient Safety Fellowship.

The WRJ HCS has supported a formal affiliation with the University of Vermont (UVM) College of Medicine in Burlington, Vermont, since 1994. This affiliation provides the mechanism for medical residents, cardiology, and psychiatry fellows and students to rotate through our Lakeside Community Based Outpatient Clinic (CBOC) in Burlington, Vermont. This CBOC also supports UVM trainees in advance nurse practice and social work.

Allied Health Affiliations: WRJ VAHCS maintains over 40 other current academic affiliations with colleges and vocational schools to provide a variety of professional and technical experiences for nursing, physician assistants, optometry, physical and occupational therapy, social work, radiology, medical technology, and other fields.

Training Model and Program Philosophy

The internship program at the WRJ VAHCS subscribes to the following characteristics commonly associated with the scholar-practitioner model of training:

- 1) A scholarly approach to practice via reflection and critical thinking;
- 2) An application of scholarly work and empirically-based research data to the practice of psychological assessment and clinical practice;
- 3) An emphasis on the psychologist as an informed consumer of scholarly work including theoretical material and empirical research;
- 4) A recognition of the importance of generating knowledge through practice;
- 5) An expectation that interns will attend and become active participants in academic/didactic activities.

Our internship program is based on the philosophy that sound and effective clinical practice is built on knowledge of the theoretical and empirical literatures, critical thinking, and self-reflection. As scholar-practitioners, we strive to remain abreast of theoretical and empirical literature and scholarly work in our chosen areas of professional practice and to further our knowledge of treatment advances to inform clinical decisions. In concert with this knowledge, understanding of oneself as a clinician and as a person is seen as essential to the establishment of a treatment alliance and the application of efficacious interventions. Thus, we believe familiarity with, and understanding of, theoretical models, empirical findings, and self-reflection should guide clinical practice.

Program Goals & Objectives

The internship program at the WRJ VAHCS is designed to teach early-career professionals the skills and knowledge enable them to function as independent, ethical, and competent psychologists consistent with the scholar-practitioner model.

Overarching goals of the program are:

1. To prepare advanced graduate students for generalist practice in professional psychology in a variety of settings or to seek postdoctoral training in a specialized area. Our intern graduates are well prepared to begin working in a diverse number of environments including outpatient clinics, inpatient treatment programs, medical centers, college counseling centers, and working alongside clinicians in primary care.
2. To develop psychologists who are critical thinking, self-reflective scholars and practitioners. We train our interns to be active, continuous consumers of professional literature, applying it to inform their practice, learning from their clinical experiences, and using self-awareness as an essential tool in clinical work.
3. To train interns in the provision of effective, evidence-based treatments for a variety of clinical conditions in both individual and group settings (e.g., Cognitive Behavior Therapy, Dialectical Behavior Therapy, Cognitive Processing Therapy).

Our internship program uses a competence-based practice and assessment model. We strive to operationalize the skills and abilities we believe are most essential to generalist practice. Interns' skill levels are formally assessed three times throughout the year. We assess competence in specific skill/practice areas within nine general domains and specific objectives:

- **Ethical and Legal Standards:** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.
- **Individual and Cultural Diversity:** Awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics defined broadly and consistent with APA policy. This includes cultural and individual differences and diversity including, but not limited to, age, disability, ethnicity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.
- **Intervention:** Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.
- **Assessment:** Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations.
- **Communication and Interpersonal Skills:** Relate effectively and meaningfully with individuals, groups, and/or communities both verbally and in writing.
- **Professional Values, Attitudes, and Behaviors:** Behavior and comportment that reflects the values and attitudes of psychology. Practice conducted with personal and professional self-awareness, reflection, and engagement in appropriate self-care.
- **Scholarly Inquiry:** Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically-derived knowledge. Understanding of the current body of research relevant to practice in the area of rotation placement.
- **Supervision:** Supervision and training in the professional knowledge-base of enhancing and monitoring the professional functioning of others.
- **Consultation and Interprofessional/Interdisciplinary Skills:** Provide expert guidance or professional assistance in response to a client's/program's needs or goals. Demonstrates knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.

Together with the intern, competence levels are discussed and assessed using the following competency descriptions:

Level 0: Intern is performing at a substandard level. Remediation is needed.

Level 1: Not yet developed - Most skills are new, and intern works with close oversight and supervision.

Level 2: Some basic skills have been acquired, and intern works with close supervision.

Level 3: Intermediate – Many skills in this area have been acquired, and intern works with moderate supervision.

Level 4: Most skills in this area have been acquired, and intern works with minimal supervision.

Level 5: Advanced – Intern has achieved mastery appropriate for independent functioning.

By the end of the training year, interns are expected to achieve a minimum final score of 4 for each competency.

Program Structure

The internship is composed of a number of core rotations, including: the outpatient psychotherapy clinic at the VAHCS (12 months), assessment and treatment of PTSD (12 months), the Dialectical Behavior Therapy (DBT) rotation (4 months), the Primary Care Mental Health Integration Clinic rotation (4 months), and outpatient mental health clinic at the Dartmouth College Counseling Center (9 months). Interns will also choose a 4-month elective rotation in one of the following: Health Psychology, Substance Use Disorders (located in our five-week Residential Recovery Clinic [RRC]), Executive Division of the National Center for PTSD (research-oriented) located on our campus, Suicide Prevention, or the Burlington Lakeside Community Based Outpatient Center (CBOC). Interns may also choose to receive extended training in the Primary Care Mental Health Integration Clinic in lieu of another elective rotation.

Interns will engage in a variety of activities throughout the course of a work week which closely mimics the schedules of permanent staff members. Interns will likely find there is often flexibility to explore additional opportunities that are not a formal part of the internship program if their schedules allow (e.g., research, quality improvement projects, extended clinical or assessment experience, service in a local committee, participation in Whole Health). Interns typically work a 40-hour week and are discouraged from working beyond the hours of their designated tour if at all possible. Self-care and healthy work-life balance are supported, and interns are encouraged to participate in any of WRJ's many staff-facing well-being programs offered during the work day.

Interns are taught skills through a variety of modalities. First, interns learn by observation. Through live observation of supervisors, interns observe the skills they are expected to perform prior to observed and, ultimately, independent practice. For example, at the beginning of the Primary Care Mental Health Integration Clinic (PCMHI) rotation, interns will observe their supervisor conducting brief initial assessments, providing brief therapy, consulting with members of the Primary Care team and/or the medication prescriber on duty, and triaging patients to relevant providers, resources, and/or programs within the facility or CBOCs. Interns gradually begin to conduct these functions under the direct observation of a supervisor and then, with increasing skill development, perform these functions independently.

Second, interns learn through didactics. Didactics are meant to complement and inform the clinical work done on internship. Interns participate in a weekly National Center for PTSD journal club facilitated by top researchers in the field, a weekly Mental Health and Behavioral Science (MHBSS) grand rounds, a weekly seminar on clinical practice and special interest topics, and monthly seminars on professional development. All interns participate in a Cognitive Processing Therapy (CPT) training and consultation call, as well.

Third, interns learn by doing. Through audio and video-recorded and direct observation of practice, interns practice the skills they are learning. In weekly individual and group supervision, interns review recorded and/or observed material and receive formative feedback about their performance. Interns and supervisors track their progress and use formal summative assessments to gauge progress throughout the training year.

Supervision: Intensive supervision, both individual and in groups, is the core of the internship experience. Interns will receive at least two hours of individual supervision per week for their work in the VA outpatient clinic, one hour of supervision for their work at the Dartmouth College Counseling Center, as well as one hour of group supervision in the weekly clinical case conference. In addition, interns will have a supervisor for each clinical experience (e.g., the DBT rotation, the PCMHI rotation, and an elective rotation). These supervisory sessions introduce interns to a variety of clinical and/or research approaches, help them to develop and understand a particular treatment philosophy, and develop a style of their own. While the internship program emphasizes training in CBT and third-wave CBT approaches, it does not espouse a single theoretical orientation. We do require that all trainees thoughtfully reflect on the evolution of their professional identity, develop a good understanding of the framework through which they conceptualize and treat each clinical case, and have clear and ethical rationale supporting clinical decision-making.

Licensed doctoral-level psychologists on staff serve as supervisory staff for outpatient psychotherapy (see section on Training Faculty). Interns are assigned up to five regular supervisors throughout the year, depending on their choice of elective rotation. Interns are also assigned a supervisor at the Dartmouth Counseling Center. The supervisors mentor the intern via modeling, teaching, supervision skills, and professional demeanor. The Director of Psychology Training, along with the supervisors, assists the intern in establishing a caseload and acquiring the types of experiences necessary for that particular individual to grow in the role of psychologist. Each supervisor will ensure the intern's training objectives are met and will complete evaluations of intern performance during the training period. Live observation and video/audio recordings of sessions are used in the supervision process.

The staff at the White River Junction VA internship value self-reflection in professional training. We view self-reflection as an integral component of being an effective, compassionate professional. While supervisors vary in the level of self-disclosure they encourage in supervision, some level of self-reflection and self-disclosure is part of the supervisory process. Applicants and interns are encouraged to discuss this issue with prospective supervisors.

Training Experiences

Based on a generalist model of training, interns participate in the following major clinical experiences during the year: training in general outpatient psychotherapy at the VAHCS (12 months) and the Dartmouth College Counseling Center (9 months); training in the PTSD subspecialty (12 months); a 4-month rotation on the DBT Consultation Team; a 4-month rotation in the Primary Care Mental Health Integration Clinic; and an elective 4-month rotation in either health psychology, substance use disorder treatment, research experience at the Executive Division of the National Center for PTSD (NCPTSD), suicide prevention, Burlington Lakeside Community Based Outpatient Center (CBOC), or extended training in the Primary Care Mental Health Integration Clinic.

Outpatient Psychotherapy: Interns see outpatients in two settings: the general outpatient mental health clinic at the VAMC and through a nine month rotation at the Dartmouth College Counseling Center. The Dartmouth College Counseling Center is an internship field placement site. The training experiences offered during this rotation are under the direct management and supervision of the White River Junction VA Medical Center Internship Training Committee in collaboration with the Dartmouth College Counseling Center staff. In the WRJ VAHCS outpatient clinic, interns carry a caseload of about 12 outpatients who are typically seen weekly in either short-term or long-term psychotherapy. Interns are primarily supervised in the practice of Cognitive Behavior Therapy in this clinic. In this clinic a holistic, recovery-oriented approach to care is taken, so interns work closely with medication providers (i.e. nurse practitioners and

psychiatrists), social workers (e.g. homeless veteran coordinator, CWT and supported employment coordinator), and primary and specialty care physicians.

Primary Care Mental Health Integration Clinic (PCMHI): Interns provide assessment and short-term psychotherapy in PCMHI, which is located in the Primary Care Service. In this four month rotation interns learn to conduct brief, problem-focused assessments and provide brief clinical care. Patients come to this walk-in mental health clinic from primary and specialty care medicine for drop-in access to mental health services. Patients can be seen by a therapist and/or prescribing provider. Therapists and prescribers consult with each other, as well as the patient, and make treatment recommendations such as referrals for psychotherapy, trials of medication, hospitalization, and/or referral to support groups. In this setting, interns learn to consult with both prescribing providers as well as primary care physicians about each patient seen in the clinic.

Dialectical Behavior Therapy (DBT) Consultation Team: This experience offers interns the opportunity to learn the theory and practice of DBT, which is offered for Veterans with a range of complex clinical presentations. Much of the learning is experiential, with interns learning through participation on a consultation team where they share leadership roles, as well as co-facilitation of a weekly DBT skills group for outpatients. Readings, training videos, and discussions in supervision supplement this experiential learning.

PTSD Sub-Specialty Training: Our internship includes what we call "sub-specialty training" in the assessment and treatment of PTSD. This training takes place within our PTSD Clinical Team or PCT. The PCT prioritizes the use of evidence-based psychotherapies to target and reduce symptoms of PTSD. Among these gold-standard treatments are Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Eye Movement Desensitization & Reprocessing (EMDR), and Written Exposure Therapy (WET). The goal of this training is to prepare our interns to conduct assessments of patients with assessments of and learn evidence-based treatments for patients with PTSD. Since a high preponderance of our patients have PTSD, we feel this training is especially important for our interns and patients. Interns learn to reliably administer and score the Clinician Administered PTSD Scale (CAPS-5). Interns have the opportunity to be trained in a twelve-session, manualized version of CPT and treat at least two patients with PTSD using this intervention. They also attend a monthly CPT case conference as part of this extended training. Interns will receive didactic training in other treatments for treating PTSD such as PE and WET and may have clinical opportunities to provide these treatments. For the past few years, we were able to offer an extended training in PE with a case consultation group and plan to continue doing so. Interns also cofacilitate a Seeking Safety skills group for patients with PTSD and SUD.

Interns will have a choice of one of the following as their four-month elective rotation:

1) Health Psychology: The health psychology elective rotation offers the opportunity to engage in psychological care across the hospital milieu, including working with palliative care/oncology teams and treating Veterans with insomnia and chronic pain. The interns participate in weekly team huddles, conduct behavioral health evaluations for solid organ transplant and other surgical procedures (i.e. spinal cord stimulators, stem cell therapies, cochlear implants), run health-focused groups like Sleep 101 and Pain 101/Rehab, participate in MOVE! and intuitive eating groups, engage in tobacco cessation treatment, and develop proficiency with EBPs like CBT-I and CBT-CP.

2) Substance Use Disorders Rotation in the Residential Recovery Center (RRC): This elective rotation includes individual and group psychotherapy in the 14-bed RRC. Veterans present to the unit seeking help with abstaining from addictive substances and they often present with co-occurring depression, PTSD, and other MH diagnoses. This rotation also includes weekly interdisciplinary treatment team meetings, during which the care of all RRC Veterans is discussed and provider updates are requested. Material from CBT for Substance Use Disorders is utilized on this rotation, as well as DBT skills for addictions.

3) National Center for Posttraumatic Stress Disorder: Interns will assist NC-PTSD researchers in the development, implementation, and dissemination of research on the diagnosis and treatment of PTSD.

This varies depending on the experience and interest area of the trainee, as well as the current research projects available during the training year.

4) Suicide Prevention: Interns rotate with the Suicide Prevention Team and maintain a small individual therapy caseload. They lead or participate in one or two psychotherapy groups per clinic schedule. Interns will conduct suicide risk assessments and gain exposure to the Veterans Crisis Line if desired. Suicide prevention training/education and community outreach are integral to the suicide prevention mission and these opportunities are often available. The intern will be involved in other suicide prevention activities and responsibilities, including assisting with suicide risk identification (Risk ID) implementation and/or performance improvement projects. There are a number of other Suicide Prevention programmatic initiatives and administrative tasks to which interns gain exposure (e.g., REACH Vet, Suicide Postvention, Behavioral Health Autopsy Program).

5) Burlington Lakeside Community-Based Outpatient Clinic (BLC): Each intern will be provided with an opportunity to work within the large community-based outpatient clinic (CBOC) in the wonderful city of Burlington, Vermont. Interns are able to choose their own adventure (mostly) with opportunities including PCMHI intakes, health psychology, specialty mental health, group therapy, and more. At BLC, interns will gain experience with a more diverse population than is traditionally treated at the main hospital in WRJ. Additionally, BLC serves active-duty service members due to the CBOC's proximity to the Army and Air Force bases. The depth and breadth of training experiences within the Burlington CBOC will potentially strengthen interns' future employment prospects, particularly as the VA expands the CBOC system, nationally.

6) Primary Care Mental Health Integration (PCMHI): Extended training in PCMHI is available for those interested in continuing to hone skills in this area. This can be very valuable for those considering working in PCMHI in VA as a future career option.

Seminars and Case Conferences: All interns attend one weekly case conference focused on treatment and supervision. Interns are presented with readings and engage in discussion around supervision topics including supervision models, giving feedback, and other related topics in supervision. They then practice their skills by supervising a case presented by other interns and practicum students. This allows practice with case presentation and conceptualization skills as well as giving feedback and engaging in discussions about cases as if one was the case supervisor.

Interns participate in a weekly didactics seminar, which focuses on topics relevant to the professional practice of psychology. Topics include the recovery-oriented models and treatment, lethal means safety counseling, various theoretical orientations and interventions of interest (e.g., ADHD treatments, ACT, Intuitive Eating, TMS, ECT), the neurobiology of addiction, and psychopharmacology, to name a few. Interns also participate in a monthly seminar which covers various considerations for clinical care, including socioeconomic status, difficult conversations related to race/ethnicity, adaptations in treatment for people with disabilities, and multicultural factors. Each seminar will offer a presentation on a topic, followed by a discussion (sometimes around a clinical case) to model effective and compassionate strategies for navigating these considerations in clinical care delivery.

Interns also participate in a monthly professional development series that focuses on topics related to professional growth such as EPPP preparation, licensure, pursuing a postdoc versus job, avoiding burnout and compassion fatigue, and quality improvement and program development projects.

In addition to the seminars, interns participate in weekly multidisciplinary grand rounds and journal clubs. These are offered weekly by the National Center for PTSD and the VAHCS Mental Health and Behavioral Science Service Grand Rounds. In the MHBSS grand rounds, staff members, psychiatry residents, and interns present on topics of their choosing to the group and lead a discussion. Interns are required to do a total of four presentations throughout the year, two in the NCPTSD Journal Club and two in the MHBSS grand rounds. Staff from NCPTSD will meet with the interns as a group to explain the expectations and then individually to help them select and prepare their presentations. One presentation occurs in the first half of the year, and the other is given during the second half of the year. Feedback is provided after each

presentation by the NCPTSD staff involved in training. Interns also meet with a staff member to receive guidance and mentorship on their grand rounds presentation and will be given feedback on each one. As with the NCPTSD presentations, one is given in the first half of the year and the second during the latter half of the year.

Requirements for Completion

Requirements: To remain in good standing, interns are required to make progress toward competency in all domains; utilize supervision for professional growth and achievement of competencies; and participate in and complete readings/assignments/practice assessments for all seminars, case conferences, journal clubs, and supervision.

To successfully complete the internship, interns are required to meet the minimum practice expectations (see below), achieve competency in all required domains, and be in good standing throughout the year.

For the last evaluation period, no competency item can be rated below a “4” for a trainee to pass the internship. This score represents readiness for practice at the entry level (i.e., supervision on advanced cases or related work; autonomous judgment). Grievance procedures will be followed if a trainee disputes any competency rating. In addition to developing clinical competencies, maintaining good standing within the program also necessitates certain levels of professional behavior. Interns and students are expected to appear and conduct themselves as professionals. For example, during working hours, interns will be mentally and physically capable of executing job functions. Patients and staff shall be treated with dignity and respect. The APA ethical guidelines and HIPPA regulations will be strictly adhered to, especially in matters of confidentiality of information, non-exploitation of patients, and avoiding conflicts of interests. Additionally, interns are responsible for conforming to all other Medical Center and Office of Personnel Management regulations concerning conduct and behavior.

Expectations: The following are expectations established to help give interns an idea of the minimum workload standards for the year. Interns must meet these minimum standards in order to successfully complete internship. It should be noted these are minimum standards, and most interns exceed these standards during the course of the year.

Supervision and Didactics

- Maintain a minimum of two hours of individual supervision per week and an addition two hours of either individual or group supervision for a total of four hours of supervision weekly
- Attend the weekly case conference
- Attend all seminars and didactics

Workload

- We set 520 treatment hours for the year as a suggested minimum benchmark for direct clinical contact.
- Complete the CPT training and consultation, readings, and practice assessments, and achieve mastery of basic CPT competencies; ideally complete at least two CPT cases
- Individual and group therapy
- Completion of the PTSD Subspecialty including all practice requirements
- Complete internship evaluations (i.e., Supervisor Assessment Form, Case Conference – Seminar Evaluations, and Psychology Internship Evaluation Form, etc.)

Presentations

- Ongoing case presentations during case conference
- Ongoing presentations during the CPT consultation call
- Two presentations at the MHBSS Grand Rounds
- Two presentations at NCPTSD Journal Club

Evaluations Of You

- Evaluations every four months by outpatient supervisors
- Evaluations at the end of the elective, PCMH, and the DBT Rotations
- Evaluations of journal club/Grand Rounds presentations (PTSD Journal Club, MHBSS Grand Rounds)

Of Us

- End-of-year evaluations of all supervisors
- Mid- and end-of-year evaluations of the internship
- Evaluations of all seminars
- Mid- and end-of-year evaluations of case conference
- Post-internship evaluation (at twelve months after completion of the internship)

Facility and Training Resources

Abundant resources exist to support intern training. Office space and individual computers are provided for interns that allow them access to electronic records, email, and the Internet.

The Learning Resource Center (LRC) at the WRJ VAHCS maintains books and periodicals encompassing an array of psychology and medical journals. In addition, the LRC maintains audio and video recordings and other audiovisual resources. The LRC also provides internet access for searches of professional literature. The librarian at the LRC is available to help interns with literature searches, as well as inter-library loan requests for journal articles and books.

Administrative Policies and Procedures

Time Requirements: The internship is a one-year experience requiring at least 40 hours of "on duty" time per week. The starting date is July 1st, 2026 and the end date is June 30th, 2027. Interns are required to gain a minimum of 2080 hours of training (minus leave time) during the internship year. If interns are not able to complete the full 2080 hours during the training year or have not satisfied the minimum requirements, they can, with approval from the Training Director and Training Committee, complete the remaining hours and requirements during the next training year. Interns will not receive a stipend for the additional hours required to complete their training.

Stipend: Interns receive a competitive stipend paid in biweekly installments. VA internship stipends are locality adjusted to reflect different relative costs in different geographical areas. Currently, the stipend is \$39,344 annually for the 2026-2027 training year.

Benefits: The internship appointments are for 2080 hours, which is full-time for a one-year period. VA interns are eligible for health insurance including vision and dental (for self, married spouse, and legal dependents). As temporary employees, interns may not participate in VA retirement programs and are not eligible for life insurance.

Holidays and Leave: Interns receive the 11 annual federal holidays. In addition, interns accrue four hours of sick leave and four hours of annual leave for each full two week pay period they work, for a total of between 96 and 104 hours of each during the year.

Authorized Absence: Subject to approval by the Director of Psychology Training, interns may be given authorized absence without charge to annual leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training. Interns may use one day of authorized absence for dissertation defense.

Due Process Statement: It is the practice of the WRJ HCS internship program to attempt to address all problems and complaints at the lowest possible level, utilizing formal procedures only when standard supervisory approaches have proven unsuccessful in resolving an issue. The input and recommendations of the intern's graduate program director may be included in any remedial intervention plan that is judged warranted by the Psychology Training Committee.

Since no one set of procedures can be established to cover all potential problem scenarios, emphasis is placed on resolving issues (a) at the lowest possible level, (b) using the least formal means, and (c) in a manner that supports all parties involved.

VA Drug-Free Workplace Program: In 1986, President Reagan signed Executive Order 12564, Drug-Free Federal Workplace, setting a goal to prevent Federal employee use of illegal drugs, whether on or off duty. In accordance with the Executive Order, VA established a Drug-Free Workplace Program, and aims to create an environment that is safe, healthful, productive, and secure. Information about the WRJ HCS's drug policy can be found at the following link, which we encourage prospective applications to review: <https://department.va.gov/academic-affiliations/wp-content/uploads/sites/59/2025/06/HPTTestingAck2022Final.pdf>.

Self-Disclosure: As stated in the APA Ethics Code, an intern may be required to disclose personal information if it becomes necessary to evaluate or obtain assistance for the intern whose personal problems are preventing them from performing their training or professionally-related activities in a competent manner or posing a threat to students or others.

The faculty recognizes the benefit of personal psychotherapy for all psychology trainees. We consider the decision to seek psychotherapy a personal one, but may, in some circumstances, suggest or encourage interns to seek personal psychotherapy.

Training Staff

Abecassis, Maurissa, Ph.D. is a clinical neuropsychologist. Her clinical interests include evaluation of dementias, movement disorder and demyelinating disorders, cognitive effects of zoonotic illness, neurodevelopmental disorders (LD and ADHD), cognitive remediation for memory and executive functions, development of executive functions across the lifespan, women's health and neuropsychological functioning, and test development.

Allington, Casey, Ph.D. is a clinical psychologist in PCMHI. His clinical interests include brief treatments particularly focused in trauma and PTSD including PE for Primary Care.

Bagby, Sarah, Psy.D., is a clinical psychologist on the BHIP and PTSD Clinical Teams. She co-leads the PE consultation group. Her clinical interests include EBPs for PTSD (PE, EMDR, WET, and CPT), Dialectical Behavior Therapy, and Internal Family Systems Therapy.

Caudle, Kristina, Ph.D. is a research psychologist and the Associate Director for Research at the National Center for PTSD, as well as an Assistant Professor of Psychiatry, Geisel School of Medicine at Dartmouth. Her interests are in cognitive neuroscience.

Cheney, Daniel, Psy.D. is a clinical psychologist as well as the Evidence-based Psychotherapy Coordinator and Measurement-based Care Champion located at the Burlington Lakeside Community Based Outpatient Clinic in Burlington, VT. Dr. Cheney's clinical specialties include the use of evidence-based treatments for PTSD, health psychology, and Primary Care-Mental Health Integration. His research interests include the relationship between physical activity and mood/PTSD and the use of evidence-based psychotherapies.

Clarke, Bryan, Psy.D. is the psychology program manager for mental health services at our Community Based Outpatient Clinics (CBOCs). He also is a member of the DBT team and serves as a consultant to the Posttraumatic Stress Disorder Clinical Team (PCT). He co-leads the PE consultation group. His interests include issues around end of life, complex trauma, evidence-based treatments for PTSD, psychedelic assisted therapy, and training/supervision.

Key, Alicia, Ph.D. is a counseling psychologist and training director at Dartmouth College. She is also a board member on the NH Board of Psychologists. Her clinical interests include trauma (childhood/family

abuse, sexual assault, interpersonal violence), identity development, cultural concerns (including International student mental health), and relationship concerns.

Knapp, Sarah, Ph.D. is a clinical neuropsychologist and associate director of training whose interests include teleneuropsychology, cultural considerations in assessment, and evaluations for dementia and traumatic brain injuries. She is also currently engaged in research projects related to cultural differences in psychology training.

Kutter, Catherine, Ph.D. is a clinical psychologist in the Behavioral Health Interdisciplinary Program. Her clinical interests include evidence-based psychotherapies, measurement-based care, dialectical behavior therapy, LGBTQ+ affirmative care, chronic pain management, and provision of care to a rural population through telehealth.

Lindsley, Todd, Ph.D. is a psychologist at the Dartmouth College Health Service. His clinical interests are in individual and couples counseling, anxiety concerns, cultural concerns, relationship problems, identity and self-esteem, stress, and relaxation.

Lipari, Amanda, Psy.D. is a clinical psychologist in the Posttraumatic Stress Disorder Clinical Team (PCT). Her interests include evidence-based therapies for PTSD (EMDR, PE, CPT), moral injury, assessment, and play therapy interventions.

Lukens, Carrie, Ph.D. is the director of psychology training and a clinical psychologist on the health psychology team. Her clinical interests include teaching, training, and supervision, integrated primary care psychology, anti-harassment initiatives including ERASE, chronic disease management including autoimmune disorders, diabetes, obesity, and other metabolic disorders, mindfulness, motivation enhancement, and health behavior change.

Matteo, Rebecca, Ph.D. is a medical sociologist and health science specialist and web content manager for NCPTSD Executive Division. Her interests are in mental health literacy, social determinants of health and educational product design.

Nerish, Michelle, Ph.D. is a clinical psychologist working within Suicide Prevention. With specialized training in forensic psychology, her current clinical focus is on assisting those with severe and persistent mental illness, as well as crisis intervention. She is well-versed in trauma and substance use therapy, holding certifications in Cognitive Processing Therapy (CPT), Prolonged Exposure, and Advanced Safety Planning. Additionally, she has an interest in program development and process improvement.

Rousseau, Glenna, Ph.D. is a clinical health psychologist, program manager for integrated health, and the health behavior coordinator at WRJ. Her clinical interests are in brief assessment/ treatment interventions, health psychology, behavioral medicine, group treatment for obesity and diabetes, integrated mental health and primary care.

Smith, Adam, Psy.D. is a clinical psychologist on the BHIP/General Outpatient team and on the mental health management team. His clinical interests include training, supervision, team-based care, and rural mental health issues.

Treworgy, Shanna, Psy.D. is a clinical psychologist in and Team Lead for the PTSD Clinical Team. She has completed certification trainings including Prolonged Exposure Therapy, Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, Acceptance and Commitment Therapy for Depression, as well as a Mindfulness and Psychotherapy certification from the Institute for Meditation and Psychotherapy. Her specific interests include evidence-based therapies for PTSD, mindfulness-based psychotherapies, supervision, and program development and evaluation.

Veillette, Laurie, Psy.D. is a clinical health psychologist and an Associate Professor and Lecturer at the Geisel School of Medicine and the Department of Psychological and Brain Sciences at Dartmouth College. Her clinical interests include Acceptance and Commitment Therapy, Internal Family Systems,

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Intuitive Eating, and Health Psychology with a specialized focus in binge and emotional eating. Her research interests are in weight stigma and weight-inclusive clinical practices.

Trainees

Graduates and Current Interns
Degrees and Graduate Programs

2025-2026

Antioch University
Psy.D. in Clinical Psychology

Case Western Reserve University
Ph.D. in Clinical Psychology

Gallaudet University
Ph.D. in Clinical Psychology

2024-2025

Antioch University
Psy.D. in Clinical Psychology

Suffolk University
Ph.D. in Clinical Psychology

University of Missouri-St. Louis
Ph.D. in Clinical Psychology

2023-2024

Gallaudet University
Ph.D. in Clinical Psychology

Marquette University
Ph.D. in Clinical Psychology

University at Albany, SUNY
Ph.D. in Clinical Psychology

2022 – 2023

Ferkauf Graduate School of Psychology, Yeshiva University
Psy.D. in Clinical Psychology

Suffolk University
Ph.D. in Clinical Psychology

Fielding Graduate University
Ph.D. in Clinical Psychology

2021 – 2022

Roosevelt University
Psy.D. in Clinical Psychology

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The New School
Ph.D. in Clinical Psychology

Clark University
Ph.D. in Clinical Psychology

2020 – 2021

University of Minnesota
Ph.D. in Counseling Psychology

University of Wisconsin—Madison
Ph.D. in Counseling Psychology

William James College
Psy.D. in Clinical Psychology

2019 – 2020

University of South Dakota
Ph.D. in Clinical Psychology

Carlos Albizu University
Ph.D. in Clinical Psychology

Springfield College
Psy.D. in Counseling Psychology

2018 – 2019

Marshall University
Psy.D. in Clinical Psychology

Antioch University New England
Psy.D. in Clinical Psychology

Nova Southeastern University
Psy.D. in Clinical Psychology

2017 – 2018

Roosevelt University
Psy.D. in Clinical Psychology

William James College
Psy.D. in Clinical Psychology

William James College
Psy.D. in Clinical Psychology

2016 – 2017

Pacific Graduate School of Psychology
Ph.D. in Clinical Psychology

Pacific Graduate School of Psychology
Ph.D. in Clinical Psychology

Wright Institute
Psy.D. in Clinical Psychology

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2015 – 2016

Massachusetts School of Professional Psychology
Psy.D. in Clinical Psychology

Syracuse University
Ph.D. in Clinical Psychology

Palo Alto University
Ph.D. in Clinical Psychology

2014 – 2015

American School of Professional Psychology
Psy.D. in Clinical Psychology

Ohio State University
Ph.D. in Clinical Psychology

Long Island University
Ph.D. in Clinical Psychology

2013 – 2014

Baylor University
Psy.D. in Clinical Psychology

Pacific University
Psy.D. in Clinical Psychology

Indiana State University
Psy.D. in Clinical Psychology

2012 – 2013

Ferkauf Graduate School of Psychology, Yeshiva University
Psy.D. in Clinical Psychology

Roosevelt University
Psy.D. in Clinical Psychology

Chicago School of Professional Psychology
Psy.D. in Clinical Psychology

2011 – 2012

Ferkauf Graduate School of Psychology, Yeshiva University
Psy.D. in Clinical Psychology

George Fox University
Psy.D. in Clinical Psychology

University of Kansas
Ph.D. in Counseling Psychology

2010 – 2011

George Washington University
Psy.D. in Clinical Psychology

Antioch New England Graduate School
Psy.D. in Clinical Psychology

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Auburn University
Ph.D. in Counseling Psychology

2009 – 2010

Baylor University
Psy.D. in Clinical Psychology

George Fox University
Psy.D. in Clinical Psychology

Virginia Consortium Program in Clinical Psychology
Psy.D. in Clinical Psychology

2008 – 2009

Georgia State University
Ph.D. in Clinical Psychology

James Madison University
Psy.D. in Combined-Integrated Program in Clinical and School Psychology

Washington State University
Ph.D. in Counseling Psychology

2007 – 2008

Virginia Commonwealth University
Ph.D. in Counseling Psychology

George Washington University
Psy.D. in Clinical Psychology

Pacific University School of Professional Psychology
Psy.D. in Clinical Psychology

2006 – 2007

Virginia Consortium Program in Clinical Psychology
Psy.D. in Clinical Psychology

State University of New York at Albany
Ph.D. in Counseling Psychology

Duquesne University
Ph.D. in Clinical Psychology

Local Information

The WRJ HCS is located in rural New England on the border of New Hampshire and Vermont. Situated in the scenic New England countryside, the location offers easy access to the pleasures of country living including picturesque New England villages and farms, excellent skiing, biking, hiking, and boating, as well as arts and cultural events sponsored by Dartmouth College across the river in New Hampshire. White River Junction also affords easy travel to Boston, NYC, and Montreal. Both Hanover and Dartmouth provide a culturally and ethnically diverse community with opportunities for social and culturally diverse networking and support.

Links to Local Information:

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VA Medical Center, White River Junction, Vermont

<http://www.whiteriver.va.gov>

Dartmouth College Counseling Center

[About | Dick's House: Dartmouth College Health Service](#)

National Center for PTSD

<http://www.ptsd.va.gov>

Housing:

[Employee Rentals Info | Dartmouth Real Estate Office](#)

Local Events:

<http://hop.dartmouth.edu>

<http://www.lebanonoperahouse.org>

<http://www.claremontoperahouse.com>

<http://www.newportoperahouse.com>

<http://www.flynncenter.org>

<http://www.thecolonial.org>

Other Resources:

Networking and Support at Dartmouth College (www.dartmouth.edu/~ide/)

- First Friday of the Upper Valley (Black Professionals)
- French, Italian and German Conversation and Potluck Lunchs
- Hanover-Joigny and Hanover-Nihonmatsu Exchanges
- Multicultural Families of Vermont and New Hampshire
- Nomaste Friends (South Asians in the Upper Valley)
- Upper Valley Chinese School

PFLAG-Supports, Educational Resources, and Advocacy

<https://pflag.org>

Upper Valley Fatherhood Network: 603-448-5922

WISE (Women's Information Service): 603-448-5922

Women's Resource Center: 603-650-4377

Women's Network of the Upper Valley: 603-643-6819

Religious Resources

For a complete list of religious groups in the area please visit:

[Recognized Student Groups | The William Jewett Tucker Center \(dartmouth.edu\)](#)

Local News:

<http://www.vnews.com>

Outdoor Sports:

<http://www.skinh.com>

<http://www.vermontvacation.com>

<http://www.visitnh.gov>

Transportation:

<https://dartmouthcoach.com>

<http://www.flymanchester.com>

<https://flights.capeair.com/en/essential-travel-lebanon>

Weather:

<https://sites.dartmouth.edu/dpa/weather/>

Internship Program Admissions

Date Program Tables are updated: 8/9/2024

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

Our internship program is based on the philosophy that sound and effective clinical practice is built on knowledge of the theoretical and empirical literatures, critical thinking, and self-reflection. As scholar-practitioners, we strive to remain abreast of theoretical and empirical literature and scholarly work in our chosen areas of professional practice and to further our knowledge of treatment advances to inform clinical decisions. In concert with this knowledge, understanding of oneself as a clinician and as a person is seen as essential to the establishment of a treatment alliance and the application of efficacious interventions. As a result, WRJ VAHCS views supervision as an important modality for learning psychotherapy. As part of the supervision process, our interns are asked to engage in self-reflection and some level of self-disclosure about their experiences as psychologists-in-training, psychotherapists, and how the many parts of the self and their identity(ies) influence clinical care.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	Yes		Amount: 450 hours
Total Direct Contact Assessment Hours	No		Amount: No specified amount

Describe any other required minimum criteria used to screen applicants:

Highly regarded candidates will have 450 hours of closely supervised clinical experiences (intervention and assessment) with experience in cognitive-behavioral psychotherapy. Ideal candidates will have only minor dissertation requirements remaining, as this allows for greater focus on internship-related duties. The WRJ VAHCS encourages applications from applicants from all walks of life (e.g., from different geographical areas, ages, sexual orientations, races and ethnic backgrounds, different abilities).

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$39,334	
Annual Stipend/Salary for Half-time Interns	n/a	
Program provides access to medical insurance for intern?	Yes	
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?		No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	96	
Hours of Annual Paid Sick Leave	96	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	

Other Benefits (please describe): VA interns are eligible for health insurance including dental and vision (for self, married spouse, and legal dependents). Interns receive paid leave for annual federal holidays. Interns may be given authorized absence without charge to leave for education and training.

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2022-2025	
Total # of interns who were in the 3 cohorts	9	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center	1	
Federally qualified health center		1
Independent primary care facility/clinic		
University counseling center		1
Veterans Affairs medical center	4	
Military health center		
Academic health center	1	
Other medical center or hospital	1	
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Eligibility Criteria:

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a federal appointment, and the following requirements will apply prior to that appointment.

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.

2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case-by-case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>. Please also see OAA's [Affiliate's Resource Page](#) for more information.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however, are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. Please note: Although the recreational and medical use of cannabis and cannabis products such as CBD, is legal in Vermont, it remains federally prohibited. It is understood that our facility cannot train individuals who test positive for cannabis. See item 8 below and the following link for more information: [VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees](#)
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=8152. Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit: <https://department.va.gov/academic-affiliations/resources/affiliate-resources/>
 - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. **Declinations are EXTREMELY rare.** If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA. With regard to COVID vaccinations: Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as

possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

- b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://department.va.gov/academic-affiliations/resources/health-professions-trainees/eligibility-and-forms/>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: [PIV Credential Identity Verification Matrix \(va.gov\)](#).