



UAB Clinical Psychology Internship Program 2026-2027

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Birmingham, Alabama 35294-0019
205-934-9938 (UAB)
<http://www.uab.edu/medicine/psychiatry/education>

Application Due Date: November 1, 2025

APPIC Match #s:

262412 - UAB Psychiatry – Neuropsychology

262415 – UAB Psychiatry – Behavioral Health Track

262414- UAB Psychiatry – Generalist

262413 – UAB Child



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UAB Clinical Psychology Internship

The University of Alabama at Birmingham (UAB) Medical Center offers interns training experiences across a range of populations and settings, located in the historic Southside district of the city. In addition to psychology internship training, UAB Medicine serves as a major training facility in the region and have students, interns, residents, and fellows in nearly all health care specialties.

We have a long history of psychology internship training, beginning in the 1960s, and UAB has experienced significant growth in psychology services since that time. UAB Medicine has greatly expanded psychology services in recent years, to include multiple rotations in neuropsychology, transplant services, trauma related disorders, integrated behavioral medicine, as well as cutting-edge clinics for LGBTQ Wellness and suicide prevention.

Local Information

The city of Birmingham has a population of 196,357 (U.S. Census Bureau estimate, 2024) and is the central hub of a metropolitan area of 1.1 million people. Known as the Magic City, Birmingham is a vibrant urban landscape known for its history in the civil rights movement, world-class medical research, and celebrated food, music, and arts scene. Birmingham and the associated communities are all within close proximity to a wide array of green spaces, including lakes, rivers, streams, and hiking trails.

Click the link below for a quick video tour of what Birmingham has to offer!

<https://www.youtube.com/watch?v=HC9Ke6O-TOs>

Additional locale information can be found at the following links:

<https://www.birminghamal.org/>

www.bhamnow.com

<https://birmingham.momcollective.com/>

Accreditation Status

The UAB Clinical Psychology Internship Program was granted “accredited, on contingency” status with an initial date of accreditation of October 3, 2023 by the American Psychological Association’s Commission on Accreditation (CoA).

APA can be contacted at:

American Psychological Association
750 First Street NE
Washington, DC 20002-4242.
(202) 336-5979 or (202) 336-5500

Selection Procedures

Eligibility

A candidate for the UAB Clinical Psychology Internship Program is considered based on the following:

- Candidates must show verified progression within a doctoral program in Clinical or Counseling Psychology that is APA-accredited (or in the process of APA accreditation with reasonable likelihood of success).
- US Citizenship is not required.
- There are no minimum required hours for application. Our settings and faculty offer training across a broad array of clinical experiences, including neuropsychology, Behavioral medicine, trauma recovery, and rehabilitation. We welcome applicants with primary interests in assessment, intervention, or both.
- We are strongly committed to building a diverse internship class and welcome applications from prospective trainees of varied ethnic, cultural, sexual orientation, and/or disability backgrounds.

Interested individuals who meet eligibility criteria should submit the following application materials using the online AAPIC application process. *All application materials are due by November 1, 2025.*

- The APPIC Application for Psychology Internship (AAPIC)
- A cover letter indicating intent to apply to the internship and internship training interests. Please indicate the track (s) to which you are applying: UAB Psychiatry Generalist, UAB Psychiatry Neuropsychology, UAB Behavioral Health or UAB Child.
- A curriculum vita
- Official graduate transcripts
- A minimum of three letters of reference (not including the letter of verification from the Graduate Training Director)

Interviews

Interview invitations will be sent via email no later than **November 17, 2025**. Applicants will be offered two dates from which to choose and the opportunity to interview with a number of faculty across departments. Interviews will continue to be conducted virtually. Virtual interviews for child-track applicants will be held on **December 12** and **December 15, 2025**. Virtual interviews for adult-track applicants will be held on **December 15, 2025** and **January 12, 2026**.

Selection

The UAB Clinical Psychology Internship Program complies with all APPIC guidelines in the recruitment and selection of interns and participates in the computer match program. The program agrees to abide by the APPIC policy that no person at this training program will solicit,

accept, or use any ranking-related information from any intern applicant. A complete copy of APPIC policies can be found at the APPIC website at www.appic.org. Those matched will be contacted by the Training Directors at the appropriate time on match day. Matched interns are also notified via e-mail as well as USPS mail to obtain appropriate signatures. Letters of recognition of the match are sent to each intern's program director.

Requirements for Completion/Performance Standards

To complete the internship successfully, interns must achieve:

- Average ratings of (6) *Little consultation/Supervision needed. Sound clinical thinking/judgement evident overall. Intern exit level* on all competency elements on their final rotation evaluations
- Satisfactory rating on research presentation
- Satisfactory rating on peer supervision skills during weekly group psychotherapy supervision
- Equivalent of one year of a full-time training internship (2000 hours)

Psychology Training Overview

Internship Positions

Internship slots (5) are funded by UAB Medicine. There are three adult-track positions and two child-track positions. For the adult track of the internship, the Department of Psychiatry and Behavioral Neurobiology funds three internship positions, one generalist, one neuropsychology, and one behavioral health focused. The two child-track positions are funded by the UAB Maternal and Child Health Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program which is housed within UAB Civitan-Sparks Clinics.

Program Leadership

Dr. Tiffany Nowell is the Training Director for the adult tracks (tnowell@uabmc.edu, 205-934-9938). Dr. Ashley Hanson is the Associate Training Director for the adult tracks (agabriel@uabmc.edu, 205-934-6054). Dr. Sarah O'Kelley (sokelley@uab.edu, 205-975-5781) is the Training Director for the UAB LEND program, and acts as a liaison for other child-focused rotations. Drs. Nowell, Hanson, and O'Kelley act as the executive leadership committee and maintain overall responsibility for the internship program.

Program Training Sites

[The University of Alabama at Birmingham \(UAB\)](#) offers interns training experiences across a range of populations and settings. In addition to psychology internship training, UAB serves as major training facilities in the region and has students, interns, residents, and fellows in nearly all health care specialties.

UAB is a large service, research and educational complex consisting of the Medical Center, University College, and the Graduate School. UAB is the state's largest employer occupying more than 70 square blocks on Birmingham's Southside. Associated with the University, [Children's Hospital of Alabama](#) serves as an additional training site for UAB-funded psychology interns.

Numerous resources are utilized in the Internship Program including multiple programs at the stipend sites of [UAB Psychiatry](#) (including the [Community Psychiatry Program](#) and [Center for Psychiatric Medicine](#)), and [Civitan-Sparks Clinics](#) (through funding by [LEND training grant](#)). In addition, interns are able to train in additional UAB clinical settings, such as the [Spain Rehabilitation Center](#) and the [Neuropsychology Division of the Department of Neurology](#). Faculty functions include clinical service, research, and teaching (medical students, psychiatric residents, psychology interns, clinical psychology graduate students, social work trainees, postdoctoral fellows, and allied health trainees).

Training Model and Program Philosophy

The UAB Psychology Internship is committed to the philosophy that psychological practice should be based on the science of psychology which is influenced by the professional practice of psychology. We are grounded in the **scientist-practitioner** model and believe interns should receive training that integrates research and clinical experience. In particular, we are committed to the practice of empirically supported treatments.

The Internship also holds the philosophy that the internship year is best served with generalist training, which includes a variety of experiences with a variety of populations. Although some students may begin specializing during the internship year, they must do so while completing generalist experiences. The need for training to be graded in complexity, sequential, and cumulative is viewed as vital to the overall professional development of the intern. With this in mind, the primary goal for the training year is to prepare interns for the professional practice of clinical psychology. Thus, interns are expected to develop competence for entry-level practice in preparation for postdoctoral employment or specialty training.

The Internship is also committed to the philosophy that training is best accomplished in a manner that respects the trainee and their individual needs throughout the year. Our ability to construct a schedule specific to the needs of each intern and to revise that schedule as the needs of the intern change is vital to this internship site. Interns are treated as junior colleagues and mutual respect between interns and faculty is paramount, wherein interns can expect supervision, mentorship, and collegiality.

Program Aims and Competencies

The aim of our program is to train future psychologists who are competent to provide high-quality clinical services which are grounded in scientific research. We train interns to achieve competence in the following core areas. Interns are provided formal, written feedback on progress toward competencies at mid-rotation and the end of each rotation. Interns also receive informal feedback from their supervisors throughout their training experience.

Research: Interns will demonstrate substantially independent ability to critically evaluate and disseminate research or other scholarly inquiries (e.g, case conference, presentation, publications) at the local, regional, and/or national level.

Evaluation: This competency is evaluated via a research presentation which will occur at neuropsychology seminar, Psychotherapy Consultation Series or Case Conference, or UAB Psychiatry Grand Rounds. At least 3 faculty members attend and evaluate the presentation. Research presentations may consist of the intern's original research or a clinical case conference focused on published peer-reviewed research that illuminates a complex case or disorder. Additionally, rotation supervisors are expected to evaluate the intern's ability to integrate relevant literature regarding assessment and/or intervention relevant to patients being seen in the clinical setting. An intern is expected to use literature to inform clinical decision making.

Ethical and Legal Standards: Interns will be knowledgeable of and act in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels. They will recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas. They will behave in an ethical manner in all professional activities.

Evaluation: This competency will be observed by direct supervisors through observation of clinical activities and weekly supervision. It will also be observed by indirect supervisors and other staff, including treatment team members and peers.

Individual and Cultural Diversity: Interns will demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact

with people different from themselves, as well as knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. They will also demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their training and careers to date. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict or contrast with their own. They will demonstrate the independent ability to apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Evaluation: Interns participate in interactive didactics on a variety of topics related to individual and cultural diversity. Additionally, interns are expected to regularly discuss considerations of individual and cultural diversity with their clinical supervisors.

Professional Values, Attitudes, and Behaviors: Interns are expected to behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. They engage in self-reflection regarding one's personal and professional functioning and engage in activities to maintain and improve performance, well-being, and professional effectiveness. They actively seek and demonstrate openness and responsiveness to feedback and supervision and respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Evaluation: Supervisors provide assessment of professionalism across activities in all aspects of the training program, including seminar participation and presentations, clinical activities, team meetings, and supervision.

Communication and Interpersonal Skills: Interns will develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. They will produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated and demonstrate a thorough grasp of professional language and concepts. Interns will demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Evaluation: Supervisors will observe and evaluate the intern's communication and interpersonal skills across a broad range of contexts, including direct patient care and consultation with other professionals and trainees.

Assessment: Interns will select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics to

collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. They will also interpret assessment results following current research and professional standards and guidelines to inform case conceptualization, classification, and recommendations while guarding against decision-making biases and distinguishing the aspects of assessment that are subjective from those that are objective. Finally, interns are expected to communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. The intern will exhibit the ability to generate a formal report incorporating history, interview, collateral information (if available), behavioral observations, and testing data that integrates information into an accurate conceptualization of the individual. The report will include strengths, areas of weakness, diagnostic conclusions, possible additional evaluation needs, and treatment recommendations. At the end of the training program, the intern's report should require only minimal editing by the supervising psychologist.

Evaluation: Interns' assessment skills will be evaluated across a variety of major and minor rotations requiring various assessment approaches, including interviews, self-report measures, structured interview formats, personality measures, intellectual and cognitive measures, adaptive behavior scales, and provision of feedback.

Intervention: Interns will establish and maintain effective relationships with the recipients of psychological services. They will develop evidence-based intervention plans specific to the service delivery goals and implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. They will modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. They will evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

Evaluation: This competency is evaluated through individual and group therapy cases independent of a major or minor rotation as well as any intervention experiences associated with selected rotations.

Supervision: Interns will apply supervision knowledge in direct or simulated practice with psychology trainees or other health professionals.

Evaluation: This competency is evaluated during weekly group psychotherapy supervision, as interns take turns providing peer supervision to each other. There are additional opportunities to develop supervision competency throughout the year, including supervision of junior level trainees.

Consultation and Interprofessional/Interdisciplinary Skills: Interns demonstrate knowledge and respect for the roles and perspectives of other professions. They are expected to apply this

knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, and/or systems related to health and behavior.

Evaluation: Supervisors observe and evaluate interns' interactions with other professionals in a variety of contexts across major and minor rotations.

Program Structure

Interns should plan to complete all major rotations within their funding site. During orientation, interns learn about available training experiences. Rotation supervisors attend orientation in conjunction with their institution or department colleagues to discuss the population served, what problems are seen, how this rotation adds to diversity and inclusion training, and in what activities interns may participate. Interns are also assigned a year-long supervisor from their funding site prior to the start of the internship year. The year long supervisor attends orientation and assists with planning rotation schedule, considering gaps in previous training, goals for internship year, and future career goals. At the end of the second day of orientation, interns, their year-long supervisors, interested faculty members, and the training directors assemble to build the rotation schedules for the intern class.

Sometimes, the order in which an experience is completed may change due to limited availability within a training rotation. Because many rotation supervisors provide clinical services throughout the week and maintain active clinical practices, it is rare that an intern is unable to complete an experience. Typically, the intern will be able to train in the setting or with the faculty member of interest but perhaps during a different time than originally requested. While it is expected that interns will schedule their training experiences during orientation, the intern has the option to review the proposed program and to consider alternatives as the intern gathers additional information from peers about a rotation, identifies a deficit to remediate that requires a change, or would benefit from a different experience to prepare for a postdoctoral or employment opportunity. Changes will be made in consultation with the year-long supervisor and training directors. Any proposed changes to a schedule cannot adversely affect another intern's program of training.

The internship year was traditionally divided into trimesters. However, we have adapted to two six month rotations, as rotations function better with a longer time commitment to establish rapport with patients, complete a course of psychotherapy, and adapt to supervisor styles of training. It is expected that interns will complete at least four distinct rotations. Interns also maintain a caseload of approximately one to two psychotherapy cases outside their rotations throughout the training year. All interns attend a weekly group supervision seminar (Monday, 11:00-12:00pm). Within the weekly group supervision meeting, interns learn evidence-based psychotherapy protocols (e.g., Acceptance and Commitment Therapy).

Referrals come from UAB Psychiatry. The interns take turns providing in-depth overviews of their therapy cases and offering feedback to each other. As the training year progresses, interns take turns leading the weekly seminar and thus have the opportunity to receive feedback and formal evaluation from faculty supervisors on their peer supervision skills. During the training year, child-track interns' psychotherapy caseloads should include at least two patients or intervention activities (e.g., social skills group) with children at the Civitan-Sparks Clinics and may include child and/or adult patients supervised by internship faculty.

Supervision

Interns receive a *minimum* of four hours of supervision per week, including at least two hours of individual supervision. Supervision is typically conducted face-to-face or tele-supervision. Interns will receive supervision from the following sources across the training year:

1. *Year-long supervisor:* Each intern is assigned a year-long supervisor at the start of the training year. This supervisor assists the intern in development of their rotation schedule and training plan for the year and acts as their advocate throughout the internship year. The year-long supervisor meets with the intern at least monthly throughout the training year. The supervisor will also make reports or convey requests to the Internship Training Committee (ITC). The supervisor will be responsible for compiling the intern's rotation and therapy evaluations, assuring/documenting that the intern has reviewed the evaluation and been provided an opportunity to respond, and, in conjunction with the ITC, evaluating the intern's progress toward meeting profession wide competencies and minimum level of achievement necessary for successful internship completion. Additionally, year-long supervisors are expected to monitor supervision received by the intern to assure it meets accreditation standards of regularly scheduled.
2. *Rotation supervisor:* A rotation supervisor is a faculty psychologist or other professional approved by the PTC who teaches, instructs, observes, and otherwise assumes direct responsibility for a specific clinical training activity. Interns receive at least one hour per week of regularly scheduled individual supervision from their major and minor rotation supervisors. In addition to scheduled supervision, interns frequently conduct assessments and therapy sessions along with their supervisors, allowing for in-vivo supervision. Supervisors will evaluate the intern monthly, at the six week point of the rotation to give formative feedback, and at the conclusion of the training activity to provide a summary performance assessment. Evaluations are discussed with the intern and communicated to the year-long supervisor.

3. *Case supervisor:* Interns also carry caseloads of at least two psychotherapy patients outside their rotations throughout the year. All interns receive patients from UAB Psychiatry and attend a two-hour group supervision with Drs. Tiffany Nowell and Alison Thomas. The evidence-based treatment, Acceptance and Commitment Therapy, is the therapeutic modality initially taught and used by interns. Additional evidence-based psychotherapy protocols may be added across the training year, depending on intern level and skill. Child-track interns' caseloads should include at least two patients or intervention activities (e.g., social skills group) with children at the Civitan-Sparks Clinics and may include child and/or adult patients supervised by internship faculty.

Adult Track Overview

There are three adult training tracks, (a) one generalist (262414) track position, (b) one neuropsychology (262412) track position and (c) one behavioral health (262415) track position all funded by UABMC Department of Psychiatry and Behavioral Neurobiology. Major rotations are defined by the individual track, and, thus, funding source. As such, an adult intern is limited to major rotations within the Department of Psychiatry. Minor rotations are chosen from the multitude of additional training opportunities, regardless of funding source, to ensure mastery of all Profession-Wide Competencies.

Generalist Track (262414):

This adult track emphasizes the provision of quality clinical training under faculty supervision to ensure solid foundational skills to increase interns' ability to provide competent and flexible services to a general outpatient population. Available major rotations are predominantly intervention focused but also include assessment opportunities (primarily neuropsychological). Intervention options span several theoretical orientations (e.g., psychodynamic, second wave CBT, third wave CBT), types of interventions (e.g., manualized ESTs, process oriented individual therapy), settings (e.g., inpatient psychiatry, outpatient, community mental health, integrated primary care), and populations (e.g., geriatric, child and adolescent, underserved, early phase psychosis). There may also be opportunities to gain supervision experience and for program development, depending on supervisor availability and intern interest. Though generalist training is encouraged, interns may, if desired, specialize with a specific population. For example, interns may gain experience treating patients with childhood and other non-military PTSD through a year-long minor rotation (1 day per week) with UAB Department of Psychiatry's Trauma and Related Disorders Clinic. In addition, both focused trauma intervention and trauma-informed care is provided across the outpatient services in the Department of Psychiatry (e.g., general outpatient, community mental health).

[Please click to see the generalist brochure.](#)

Neuropsychology Track (262412):

Interns desiring eventual board certification in clinical neuropsychology will easily meet the requirement for 50% neuropsychology training through UAB Medicine. Major rotations at UAB Psychiatry occur primarily as outpatients but with some involvement on inpatients units to provide interns with individualized experiences in assessment administration, scoring, report writing, interviewing and feedback. There are also opportunities for comprehensive treatment planning which often includes tailored, actionable recommendations that can incorporate short-term behavioral and cognitive behavioral interventions offered within the department. Through these rotations, interns will gain experience with a wide variety of neurological populations often with comorbid complex medical and/or psychiatric histories. A minor rotation in the Department of Neurology offers outpatient evaluations with a variety of neurologic conditions, including dementia, movement disorders, pre-DBS and pre-epilepsy surgery evaluations, brain tumor evaluations, and Wada testing. Additionally, experience with inpatient and outpatient TBI/Acquired Brain Injury and stroke services are another minor rotation within the Department of Physical Medicine and Rehabilitation; multidisciplinary teamwork is often a major component to this rotation. Lastly, there are several board-certified faculty members to provide training consistent with Houston Conference Guidelines.

[*Please click to see the neuropsychology brochure.*](#)

Behavioral Health Track (262415):

Individuals selecting the Behavioral Health track will be funded through the Department of Psychiatry, with a major rotation through primary care and/or family medicine. There are also multiple rotation offerings with a behavioral medicine focus within the department and in other departments. For example, interns may choose a minor rotation with UAB Behavioral Sleep Medicine where they may arrange their training to meet requirements for board certification in Behavioral Sleep Medicine. Integration into the Functional Neurological Disorders clinic will allow for multidisciplinary teamwork for patients with FND, including the intern being a main component of treatment. Interns may choose a minor in the Medical/ Surgical Behavioral Medicine rotation, which encompasses the UAB transplant service, Bariatric Services and spinal cord stimulator evaluations. Interns may gain experience in a nephrology clinic setting through UAB psychiatry. Additionally, interns may choose to do a major or minor rotation in UAB's COVID-19 clinic. As a minor experience, interns may choose rotations with Spain Rehabilitation Psychology to gain additional experience with conducting medical/psychosocial evaluations as well as brief interventions focusing on pertinent considerations for patients within an inpatient rehabilitation setting (i.e., behavioral management/intervention, environmental management, family education and counseling, crisis intervention). An opportunity to provide behavioral health services for outpatient Cardiopulmonary Rehabilitation services may also be available via the Medical Trauma minor rotation.

[*Please click to see the behavioral health brochure.*](#)

Child Track Overview

Child Track (262413):

The Child specialty track provides exposure to diverse and complex clinical populations in a wide variety of settings, including Civitan-Sparks Interdisciplinary Clinics (a LEND/UCEDD training site) and Children's of Alabama. The diversity of settings and role functions afford numerous opportunities to interface with physicians, other health care professionals, schools, state agencies, advocates, and mental health professionals. All services emphasize the need to impact systems of care and individual lives through clinical service delivery to individuals and families, community education, and advocacy. Along with their supervisors, child interns are members of interdisciplinary teams throughout most of their rotations. The primary training method is experiential (i.e., direct service delivery) and supervision plays a central role in the learning process. Interns participate in the three Major rotations (Developmental, School-Age, Pediatrics/Neuropsychology) and three Minor rotations (Autism, Adult, Elective Child Experience).

[*Please click to see the child brochure.*](#)

Administrative Policies and Procedures

Work Environment and Administrative Assistance

Interns select multiple training experiences from within the UAB Health System and The Children's Hospital of Alabama. Each site is responsible for providing adequate space and equipment for interns to conduct their training. Most offer designated office space and computers or computer access. Sites also provide administrative support appropriate to the training activities.

Diversity Statement

UAB adheres to Equal Employment Opportunity policies and the Americans with Disabilities Act. The internship highly values individual and cultural diversity and strongly encourages qualified applicants from all backgrounds to apply. No applicant or intern will be discriminated against on the basis of race, gender, color, sexual orientation, ethnicity, religion, age, physical ability, or other cultural/individual differences. Applicants of diverse cultural and individual backgrounds are strongly encouraged to apply.

Work Week

The work week and clinic hours for support staff of most Medical Center work sites is typically 8:00 a.m. to 5:00 p.m. Monday through Friday. These hours vary somewhat among programs (e.g. some rotations begin at 7:00 a.m.; others end at 6:00 p.m.). The typical workday of interns is expected to be 8 hours per day for 40 hours per week. Hours outside of the typical workday are expected but vary from site to site.

Stipend and Financial Assistance

Each funding site has required paperwork that is completed at the beginning of the internship year. Stipends are paid according to the policy established by each stipend support site. The stipends for the 2026-2027 training year is \$27,479 for all tracks. Health insurance is available to interns and their spouses/families through all funding sources.

Holidays

Labor Day, Thanksgiving Holiday (Thursday-Friday), Christmas Holiday (December 25th), New Year's Holiday (January 1st), Dr. Martin Luther King Jr Day, Memorial Day, Juneteenth, and Independence Day. *In special circumstances, other days may be declared holidays by appropriate administrative authority.

Intern leave includes:

- 13 days for vacation, Up to 13 days sick leave
- Additional time may be requested for approved professional activity

All requests for leave are to be submitted using the MedHub online system. The intern applies in MedHub and the leave request is routed to the year-long supervisor for approval. The intern is responsible to notify major and minor rotation supervisors of the leave, sending an approval from the internship administrative coordinator while copying the year-long supervisors and internship directors. The intern is responsible for obtaining permission from the year-long supervisor as well as other supervisors prior to leave submission and for arranging clinical coverage as necessary. Permission for planned leave time is required. If the intern is ill, they must notify the supervisor(s) as soon as possible and do so on a regular basis if illness is prolonged. Interns should contact the rotation administrative support team and take whatever other steps are necessary to cancel, reschedule or otherwise cover scheduled clinical contacts. Upon return to work, a MedHub leave request should be completed. Leave time may not be used in bulk at the end of the year without prior approval from the year-long supervisor and the Training Directors.

Schedules

After the two-day orientation, the interns schedule will be made. It is the intern's responsibility to email a copy of their rotation schedule and phone numbers where they may be contacted to their year-long supervisor, rotation supervisors, training directors, and internship administrative personnel. Every attempt should be made to keep these schedules up-to-date. A new schedule sheet should be made with each rotation change. The intern is responsible for informing the appropriate supervisor of their schedule and patient appointments. This procedure will help ensure charts are made, fees are collected, and interview rooms are not double scheduled.

Outside Activities

All outside activities, including external work, seeing patients, conducting research, outside consultation or public presentations must be approved by the training directors, the intern's supervisor (s), and the Internship Training Committee (ITC). In no case is an intern to commit to a training or research activity without due consultation with the supervisor(s). Initiative is encouraged but no arrangement should be made before obtaining the consent of the supervisors, the training directors, and the ITC.

Extension of Internship

The internship is designed to be completed in twelve (12) consecutive months. It may be extended if the intern has been granted personal/medical leave or has not demonstrated satisfactory progress such that the intern will not have completed 2000 hours of internship experience. If such extensions occur, they will be on a non-stipend basis, as funding cannot be extended beyond the consecutive 12 months period. Such decisions will be made on an individual basis and should be brought to the Training Directors and Committee by the intern's year-long supervisor.

Internship Certificate Award

Following a successful completion of the internship, the intern is awarded a certificate of completion of internship training. The UAB Psychology Internship also awards the C.J. Rosecrans Intern of the Year Award for excellence in performance. This award is voted on by the ITC faculty and is generally accompanied by a monetary gift.

Internship Training Committee

The Internship Training Committee (ITC) consists of licensed professional psychologists involved with the provision of clinical services within the UAB School of Medicine and Children's Hospital. Members of the ITC provide clinical experiences, didactic training, and/or research opportunities across settings from which interns may choose. The ITC is responsible for establishing policies and procedures, evaluating the program, and reviewing intern progress. ITC meetings occur on the fourth Tuesday of the month at 12:00 noon via zoom. These meetings include internship updates, information from the intern representative, and evaluation of intern progress.

Evaluations

Evaluation is an ongoing process, and the ITC strongly encourages supervisors and interns to share feedback with each other informally throughout the year. Formal intern evaluations take place at the midpoint and end of rotations. The intent of the midpoint evaluations is to provide early identification of any areas of concern so that the faculty and intern can address deficits early. Midpoint evaluations are considered "formative" with greater emphasis placed on the end of rotation performance ratings with respect to assessing progress. For interns to meet the minimum level of achievements (MLA) on their evaluations, they must have an average score of, "(6) Little consultation/Supervision needed. Sound clinical

thinking/judgement evident overall. (Intern exit level; postdoc entry level),” or higher on each PWC at the end of their final rotation. This average will be created across supervisor ratings of their final major and minor rotations.

In collaboration with the Training Directors, each intern’s year-long supervisor will assess competency ratings at the end of each rotation to ensure that informative feedback is provided to interns and supervisors and to allow for any necessary remediation with interns who might be at risk for not meeting the MLAs by the end of the year. Rotation feedback will be discussed with the intern by rotation supervisors as well as the year-long supervisor. The supervisor reviews the feedback with the intern and the written evaluation will be placed in the intern’s permanent file by the internship administrative personnel.

Interns are also responsible for evaluating the internship program. Rotation evaluations take place immediately following completion of the experience to capture accurately the intern’s perspective; therapy and year-long supervisor evaluation forms will be given to interns at the end of the year and returned to internship administrative assistant for collation and recording. These evaluations are conducted via anonymous forms as well as during an exit interview with the designated faculty.

Guidelines for Responding to Inadequate Performance by an Intern

These guidelines represent the general format for responding to inadequate performance (problem behaviors, ethical violations, inadequate skills) by an intern. The procedures can be altered to meet the needs of each individual situation, with the top consideration for the best interest of the intern's training experience and the professional practice of psychology.

- Training faculty member first discusses the concern with the intern in an effort to resolve the issue informally. This level of intervention is discussed during the rotation evaluation at the discretion of the faculty member.
- If the faculty member is dissatisfied with the results of the informal intervention, the issue is brought to the attention of the Training Directors and the intern’s year-long supervisor. Plans for additional informal intervention are discussed. Usually the intern is involved in this process. This level of intervention is discussed during the rotation evaluation and may be informally discussed with the intern’s DCT from their university.
- If the results of the previous intervention are unsatisfactory, the Training Directors will initiate a written warning letter that will be reviewed with intern and placed into the intern’s file. The DCT will be contacted by the Training Directors and may be sent a copy of the written warning letter.
- Dissatisfaction after a written warning will result in probation and potentially termination from the internship program as outlined by the remediation plans.

Problematic Behavior

Problematic Behavior refers to behavior which interferes with professional functioning. These behaviors may include any of the following:

- Inability to acquire professional skills or knowledge to meet profession wide competency standards.
- Inability to control personal stress, strong emotional reactions, and/or psychological dysfunction that negatively impact the intern's ability to meet professionalism competency standards.

Interns may demonstrate certain attitudes, characteristics, or behaviors appropriate for their level of training, but not appropriate to independent professional practice. These behaviors may be of concern within the focus of professional training but are not necessarily considered problematic. Behaviors are typically identified as problematic in the following situations:

- The intern does not acknowledge, understand, or address the problem when it is identified
- The quality of services delivered by the intern is negatively affected
- A disproportionate amount of attention by training personnel is required
- The trainee's behavior does not change as a function of feedback, remediation effort and/or time.

Remediation and Disciplinary Actions

Formal disciplinary action may include verbal warning, written warning, probation, and termination. Usually this represents a linear progression but is not necessarily followed depending upon the problematic behavior. In cases where personal or public property has been stolen, defaced, disfigured, damaged, or destroyed, the disciplinary action may also include restitution. The Director of Clinical Training at the intern's university is contacted once a written warning, probation, or termination occurs, but may also be notified at the time of a verbal warning as well. Every effort is made to interact with the university DCT to offer remediation plans and support to the intern. The disciplinary actions are defined as follows:

Verbal Warning: The intern is given verbal feedback from a supervisor and the training directors to emphasize the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.

Written Warning: The intern is given written feedback indicating the concern of the Training Directors and ITC regarding the problematic behavior. The feedback also documents the discrepancy between the intern's performance and the faculty expectations. A remediation plan is outlined as specifically as possible (target behaviors, timeline, etc.) and the implications of failure to accomplish remediation are reviewed. The intern will be provided a copy of the remediation plan signed by the internship training director, site training director, the intern's yearlong supervisor, and the intern. A copy of this letter will be kept in the intern's file as well as documentation regarding successful remediation of deficits in knowledge, skills, or professional conduct or failure to do so. The intern will be provided written acknowledgement of successful completion of the plan. If the intern has not successfully met expectations, he/she will be informed in writing and placed on probation (see the following discussion).

Probation: The intern is given a time-limited, remediation-oriented, closely supervised training period. The purpose is to assess the ability of the intern to complete the internship and

to return the intern to a more fully functioning state. Privileges may be revoked and the intern may be terminated for unsuccessful completion of the remediation plan outlined in the probation terms. Probation terms will include identification of the specific behaviors targeted for remediation, the process suggested for remediation and the means of reevaluating behavior change. Information regarding Probation remains in the intern's file along with written confirmation of the results following the probationary period.

Termination: Dismissal from the internship results in permanent withdrawal of all internship responsibilities and privileges. When remediation plans do not rectify the problem behavior or concerns, the Training Directors and the Internship Training Committee will determine the possibility of termination of the intern's position. Human Resources and Education Officials at the intern's funding site will also be consulted when termination is being considered. This action is considered the last available option and is taken seriously by the Training Directors and ITC. In the event of termination, the intern will receive a letter stating in what ways the intern failed to rectify successfully the specific knowledge, skill, or behavioral problems outlined in the written warning and probationary period. Terminated interns will not receive a certificate of internship completion.

Due Process General Guidelines

Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures which are applied to all trainees and provides appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, presenting to the interns, in writing, the program's expectations related to professional functioning. Discussing these expectations in both group and individual settings.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions regarding the problem behavior or concerns.
4. Communicating, early and often, with graduate programs about any suspected difficulties with interns and when necessary, seeking input from these academic programs about how to address such difficulties.
5. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. Providing a written procedure to the intern which describes how the intern may appeal the program's action. Such procedures are included in the intern policies and procedures document. This is provided to interns and reviewed during orientation.
7. Ensuring that interns have sufficient time to respond to any action taken by the program.

8. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
9. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

Due Process Procedures

The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. When a matter cannot be resolved between the Training Directors and intern or staff, the steps to be taken are listed below.

Grievance Procedure

Grievance procedures may be initiated under the following conditions:

1. When an intern encounters any difficulties or problems (e.g. poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict) during his/her training experiences; or
2. If a training staff member has a specific concern about an intern.

Procedure for filing a grievance

When an intern contends that any disciplinary action (warning, probation, termination) is unfair, or that due process has not been followed, the intern may address the grievance in a variety of avenues. In general, the specific contention should be addressed by following a standard hierarchy. This hierarchy may be altered due to the parties involved.

1. If possible, the grievance should first be addressed through open discussion between the intern and faculty member with the year-long supervisor assisting communication, as needed. The year-long supervisor may be consulted at any time to offer guidance and support but will generally allow the intern to address the issue with the specific faculty member.
2. The intern may also report directly the training directors. Again, the year-long supervisor can offer guidance and support during the process.
3. If a resolution satisfactory to the intern and/or faculty member has not been established, the intern or faculty member may submit the issue to the ITC for review. This grievance should be submitted in writing and should describe the problem and describe previous attempts to deal with it. This written grievance should be submitted to the intern's year-long supervisor and to the Training Directors within two weeks of receiving the disciplinary action. The Training Directors will then put the grievance on the ITC agenda at which time the intern may request to be present during review of the issue. The ITC will investigate the grievance with the supervisor and attempt to gain resolution. If no satisfactory resolution can be reached, the ITC will make a decision regarding the disposition of the grievance.
4. If the intern is dissatisfied with this resolution, the intern may submit a further appeal in writing to a Review Panel (described below) whose ruling will be final.

Notes: The year-long supervisor serves as the advocate for the intern. If this presents a dual role (i.e. the year-long supervisor is the individual with whom a grievance is involved) then another advocate will be assigned by the Training Directors.

Discuss the issue with the intern(s) involved

1. Consult with the Training Directors
2. If the issue is not resolved informally, the staff member may seek resolution of the concern by written request, with all supporting documents, to the Training Directors for a review of the situation. When this occurs, the Training Directors will:
 - a. Within three days of a formal complaint, the Training Directors must consult with the faculty and implement Review Panel procedures as described below.

Review Panel and Process

1. When needed, a review panel will be convened by the Training Directors, with the Training Director for the funding source leading the process. The panel will consist of three internship faculty members, with no prior involvement, reviewing the grievance, selected by the ITC and the intern involved in the dispute. If the issue involves the Training Directors or any member of the ITC, that individual will be recused from selecting the Review Panel. To minimize conflicts of interests and/or possible retaliation, members of the Review Panel will be chosen from entities separate from the involved faculty member's institution and/or department. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.

2. Within five (5) work days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) work days of the completion of the review, the Review Panel submits a written report to the ITC, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.

3. Within three (3) work days of receipt of the recommendation, the ITC will either accept or reject the Review Panel's recommendations. If the ITC rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the ITC may return the matter to the Review Panel for further deliberation and revised recommendations or may make a final decision.

4. If referred back to the panel, they will respond to the ITC within five (5) work days of the receipt of the ITC's request of further deliberation. The ITC then makes a final decision regarding what action is to be taken.

5. The ITC informs the intern, staff members involved and, if necessary, members of the training staff of the decision and any action taken or to be taken.

6. If the intern disputes the ITC's final decision, the intern has the right to contact the Human Resources department of their funding site (e.g., UAB or BVAMC) to discuss this situation.

Training Staff and Leadership

Name	Location	Internship	Post-Doc	Specialties
Heather Austin, Ph.D.; Auburn University	UAB Department of Pediatrics, Adolescent Health Center/Children's of AL	UAB-BVAMC Consortium (child track)	UAB Department of Hematology/Oncology	Adolescent Health and risk reduction, Motivational Interviewing, Chronic Illness, Weight Management, ADHD
Casey B. Azuero, Ph.D., MPH, ABPP; University of Alabama	UAB Spain Rehabilitation Center	UAB-BVAMC Consortium		Rehabilitation Psychology, Spinal Cord Injury (SCI)
Nashedra Barry, Ph.D.; Mississippi State University, School Psychology	Children's of AL	John's Hopkins School of Medicine/Kennedy Krieger Institute, Behavior Management Clinic	John's Hopkins School of Medicine/Kennedy Krieger Institute, Behavior Management Clinic	Assessment and treatment of disruptive behaviors using behavior-analytic principles and parent training; Treatment of challenges associated with neurodevelopmental disorders such as autism spectrum disorder and ADHD; Parent child interaction therapy (PCIT)
Allison Battaglia, Ph.D.; The University of Southern Mississippi, School Psychology	Children's of AL	Center for Autism Spectrum Disorders, Munroe-Meyer Institute, Nebraska Internship Consortium in Professional Psychology	Trueman Fellowship in Autism Treatment, Center for Autism Spectrum Disorders, Big Lots Behavioral Health Services at Nationwide Children's Hospital	ASD/DD, severe/complex behaviors, social skills training, parent training, and pediatric feeding problems
Maggie Canter, PhD; St. John's University	UAB Department of Pediatrics, Children's of AL	Mount Sinai St. Luke's Hospital (now called Mount Sinai Morningside)	ADHD and Disruptive Behavior Disorders fellowship at Child Study Center at Hassenfeld Children's Hospital at NYU Langone Health	ADHD, disruptive behaviors, parent training, child anxiety, PCIT, child trauma
Andrea S. Celka, Ph.D.; Indiana University--Bloomington	UAB Department of Neurology	UAB/BVAMC Consortium	UAB Department of Neurology	Neurodegenerative diseases, movement disorders, neurovascular diseases
Kaylee Crockett, PhD University of Connecticut	UAB Department of Family and Community Medicine	Medical College of Georgia	UAB Family Medicine	Family and Community Medicine; Research of AIDS, Obesity and Clinical & Translational Science
Karen Cropsey, Psy.D.; Indiana State University	UAB Department of Psychiatry	Virginia Commonwealth University	Forensic Psychology at University of Mississippi Medical Center	Criminal Justice and Substance Abuse, Research
Michael Crowe, Ph.D.; University of Southern California	UAB Center for Research on Applied Gerontology	Birmingham VAMC		Geropsychology, Research
Victor A. Del Bene, Ph.D.; Yeshiva	UAB Department of Neurology	UAB-BVAMC Consortium	Johns Hopkins University School of	Clinical neuropsychology, aging, dementia, Alzheimer's disease,

University, Ferkauf Graduate School of Psychology			Medicine- Department of Psychiatry and Behavioral Sciences	Parkinson's disease, frontotemporal dementia, HIV, epilepsy, presurgical assessments (DBS, epilepsy), research
Kristy Domnanovich, Ph.D.; University of Southern Mississippi	UAB Civitan-Sparks Clinics	UAB-BVAMC Consortium, Child Specialty Track	UAB Civitan-Sparks Clinics	Outpatient evaluation of school-age children experiencing academic, behavioral, or emotional difficulties, evaluation of preschool to school-age children with suspected developmental delays, and developmental evaluation of children (aged 18 months to 3 years) born pre-term with extremely low birth weight.
Laura E. Dreer, Ph.D.; Central Michigan University	UAB Department of Ophthalmology	Duke University Medical Center	Duke University Medical Center (Neuropsychology); UAB (Medical Rehabilitation Psychology)	Clinical research with a variety of medical conditions and populations including traumatic brain injury, vision impairment, injured military and family caregivers
Aaron Fobian, Ph.D.; University of Alabama at Birmingham	UAB Department of Psychiatry	Baylor College of Medicine	Leadership Education in Adolescent Medicine (LEAH) UAB Department of Pediatrics	Clinical research on behavioral health interventions for pediatric health issues such as functional neurological disorders, obesity and sleep.
Adam Gerstenecker, Ph.D.; University of Louisville	UAB Department of Neurology	UAB-BVAMC Consortium	UAB Department of Neurology	Neuropsychology/Neurocognitive Assessment
Merida Grant, Ph.D.; Duke University	UAB Department of Psychiatry	Western Psychiatric Institute and Clinic at Pittsburgh	Western Psychiatric Institute and Clinic at Pittsburgh	UAB Trauma Recovery Center
Melissa J. Greenfield, Psy.D.; The Chicago School at Xavier University	UAB Department of Neurology	UAB-BVAMC Consortium	UAB Department of Psychiatry and Behavioral Neurobiology	functional neurological disorders
Megan Hays, Ph.D., ABPP; University of South Florida	UAB Spain Rehabilitation Center	UAB-BVAMC Consortium	UAB Spain Rehabilitation Center	Inpatient and Outpatient assessment and treatment of experienced medical trauma (e.g., crush, burn, amputation, multiple fractures, gun shots wounds). trauma and stressor-related disorders, adjustment disorders, depression, anxiety, and substance use disorders
Sarah Hill, Psy.D.; Mercer University	UAB Civitan-Sparks Clinics	UAB-BVAMC Consortium, Child Specialty Track	UAB Civitan-Sparks Clinics	Comprehensive diagnostic evaluation of children with known or suspected neurodevelopmental disabilities, such as ASD; social skills groups;

				Parent-Child Interaction Therapy (PCIT)
John Houser, Ph.D. ; Indiana University	UAB Civitan-Sparks Clinics	Indianapolis Public Schools (School Psychology Internship)	Indiana University School of Medicine	Children with or at risk for neurodevelopmental disabilities, psychoeducational assessment and service provision, and school and community partnerships.
Brittnay Jondle, PsyD; Azusa Pacific University	UAB Department of Psychiatry	Lincoln Hills/Cooper Lake Schools; Wisconsin Department of Corrections	Children's Hospital of Los Angeles (CHLA), Division of Adolescent and Young Adult Medicine	Adolescent and young adult populations; co-occurring chronic medical conditions, trauma-informed care, gender affirming care
Amy Knight, Ph.D., ABPP-CN; University of Wisconsin--Madison	UAB Department of Neurology	West Virginia School of Medicine	UAB Department of Neurology	Assessment & Therapy - Stroke, Acquired Brain Injury, MS, Functional Neurological Syndromes
Kristine Lokken, Ph.D.; University of North Dakota	UAB Department of Psychiatry	Rush Presbyterian St. Luke's Medical Center	UAB Center for Psychiatric Medicine	Neuropsychology; Behavioral Medicine; Post-COVID; Prevention and Early Intervention for Cognitive Decline; Women's Health
Avi Madan-Swain, Ph.D.; Georgia State University	UAB/Children's of AL	UAB-BVAMC Consortium	UAB-Pediatric Neurology	Psychological and neuropsychological assessment of children diagnosed with cancer, brain tumors, childhood cancer survivors, and sickle cell disease
Roy Martin, Ph.D.; Louisiana State University	UAB Department of Neurology	West Virginia University, School of Medicine	West Virginia University, School of Medicine	Neurologic populations including Alzheimer's disease, Parkinson's disease and epilepsy. Pre and post-operative surgery evaluations with epilepsy and Parkinson's disease populations.
Elizabeth McRae, Ph.D.; University of Alabama at Birmingham	UAB Department of Neurosurgery	UAB-BVAMC Consortium	University of Alabama Autism Spectrum Disorders Clinic	Neurodevelopmental disorders and comorbid medical and psychological problems; parental adjustment
Donna Murdaugh, Ph.D., ABPP-CN; University of Alabama at Birmingham	Children's of AL	Emory University School of Medicine	Emory University School of Medicine, Neuropsychology Emphasis	Neuropsychology, Consult/Liasion with Taking on Life After Cancer Clinic
Cassandra Newsom, Psy.D.; Virginia Consortium	UAB Civitan-Sparks Clinics	Virginia Beach City Public Schools, Neuropsychology Track	Virginia Beach City Public Schools, Neuropsychology Center	Autism Spectrum Disorders (ASD) training team at Civitan-Sparks Clinics
Tiffany Nowell, Ph.D.; St. Louis University	UAB Department of Psychiatry	Stony Brook University	University of California, Santa Cruz	LGBTQ Community, Trauma, Characterological Disorders, Women's Health
Sarah O'Kelley, Ph.D.; University of Alabama	UAB Civitan-Sparks Clinics	UAB-BVAMC Consortium-Child Specialty Track	UAB Civitan-Sparks Clinics	Cognitive and diagnostic evaluations of children with known or suspected

				neurodevelopmental disabilities, including ASD; individual and family therapy, social skills groups, and school consultation focused on children with ASD.
Kathryn Phillips, Ph.D.; University of Alabama at Birmingham	Children's of Alabama Behavioral Health	Children's Mercy Hospital Kansas City (Pediatric Psychology Track)	Children's of Alabama Pediatric Psychology/C&L	Consultation/liaison , pain and functional disorders
Christina Pierpaoli Parker, PhD; University of Alabama	UAB Department of Psychiatry	UAB-BVAMC Consortium	UAB Department of Psychiatry	Integrative Primary Care
Rebecca Rampe, PsyD; Georgia School of Professional Psychology	UAB Department of Psychiatry	The College of William and Mary		Developmental trauma and traumatic grief
Brittney Randolph, Ph.D.; Fielding University	UAB Department of Psychiatry	UAB-BVAMC Consortium	UAB Medicine, Spain Rehabilitation Center	Adult Neuropsychology, Medical/Surgical, Autoimmune, Lupus
Arista Rayfield, Ph.D.; University of Florida	Children's of AL	Medical College of Georgia, Department of Veteran Affairs Medical Center, Walton Rehabilitation Hospital Internship Consortium	University of Florida, Department of Psychiatry (Pediatric Psychology)	Inpatient psychological assessment for children and adolescents; outpatient assessment and treatment for children/adolescents; PCIT Within Agency Trainer
Ashley Reno, Psy.D., ABPP-CN; Wright State University	UAB Department of Psychiatry	Central Arkansas Veterans Healthcare System (Neuropsychology Track)	University of Virginia Health / School of Medicine	Adult clinical neuropsychology, general neuropsychology, various neurologic and medical populations
Nina Reynolds, Ph.D.; University of Alabama at Birmingham	Children's of AL	Cincinnati Children's Hospital Medical Center, Department of Behavioral Medicine and Clinical Psychology	UAB, Department of Pediatrics	Children and adolescents
Sarah Ryan, Ph.D., University of Alabama	UAB Civitan-Sparks Clinics	UAB-BVAMC Consortium, Child Specialty Track		Neurodevelopmental disabilities/Autism
Kristen Smith, Ph.D.; Georgia State University	Children's of AL	UAB-BVAMC Consortium	Birmingham VAMC (clinical neuropsychology)	Neuropsychological evaluation of children with epilepsy, concussion/traumatic brain injury, and other neurological conditions. Provides CBT-based therapy to children and families
Alison R. Thomas, Ph.D.; Suffolk University	UAB Department of Psychiatry	UAB-BVAMC Consortium		Serious and persistent mental illness, early phase psychosis identification and treatment, inpatient neuropsychological assessment
Justin Thomas, Ph.D.; University of Alabama	UAB Department of Psychiatry	University of Florida	UAB research fellowship in sleep and hypertension	80% research/20% clinical; Director of UAB BSM Training Program (treat a variety of patients with sleep disorders)

Matthew Thompson, Psy.D., ABPP-CN; Nova Southeastern University	Children's of AL	University of Oklahoma Health Sciences Center	University of Oklahoma Health Sciences Center	Neuropsychological assessment of children with TBI, epilepsy, and other neurological conditions
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INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

INTERNSHIP PROGRAM TABLES

Date Program Tables updated: August 2024

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values,	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide, website link (or content from brochure) where this specific information is presented:	N/A

Internship Program Admissions

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:
<p>Candidates for UAB Psychiatry and UAB Child tracks must show verified progression within a doctoral program in Clinical Psychology that is APA-accredited (or in the process of APA accreditation with reasonable likelihood of success).</p> <p>Strong applicants to the training program possess both research productivity and clinical experience including intervention, direct assessment, and report writing. While there are no minimum required hours of assessment and intervention, applicants exceeding 600 total direct hours are more likely to be invited for interview, especially in the context of published research. Our settings and faculty offer training across a broad array of clinical experiences, including neuropsychology, Behavioral medicine, trauma recovery, and rehabilitation. We welcome applicants with primary interests in assessment, intervention, or both.</p> <p>We are strongly committed to building a diverse internship class and welcome applications from prospective trainees of varied ethnic, cultural, sexual orientation, and/or disability backgrounds.</p>
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: x <u>N</u> <u>Y</u> Amount: <u>N/A</u>
Total Direct Contact Assessment Hours: x <u>N</u> <u>Y</u> Amount: <u>N/A</u>
Describe any other required minimum criteria used to screen applicants: <u>N/A</u>

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$27,479
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If access to medical insurance is provided:	
Trainee contribution to cost required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Coverage of domestic partner available?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other benefits (please describe): N/A	

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

Initial Post Internship Positions

Total number of interns who were in cohorts 2023 - 2025	14
Total number of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0

Primary Setting	Post-doctoral residency position	Employed position**
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	1	
Military health center		
Academic health center	8	1

Other medical center or hospital		
Psychiatry hospital		
Academic university/department		2
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting	1	1
Not currently employed		
Changed to another field		
Other		
Unknown		

**Note: Information listed is not guaranteed to be up to date as position types may change.

Post-Internship Positions

2023-2024

Awaiting data

Awaiting data

Awaiting data

Awaiting data

Awaiting data

2022-2023

Awaiting data

Awaiting data

Awaiting data

Awaiting data

Research Fellowship – University of Wisconsin in Milwaukee

Graduate Schools of Previous Trainees

2024-2025

University of Florida

Pacific University

University of Mississippi

East Tennessee State University

Penn State University

2023-2024

Bowling Green State University

Georgia Southern University

University of Alabama

Washington State University

Virginia Consortium Program in Clinical Psychology

2022-2023

University of Alabama

University of South Alabama

Pennsylvania State University