



Clinical Psychology Doctoral Program (PsyD)
1453 Mission Street, San Francisco, CA 94103, (415) 575-6210, Fax (415) 575-1266

CIIS PsyD MHSA Stipend Program

Guide for Completion of 2011-12 Stipend Application

SUBMISSION PROCEDURE

Applicants need the following documents, which can be downloaded by logging on to MyCIIS and going to Clinical Psychology portal, <https://my.ciis.edu/ICS/Academics>. In the PsyD MHSA Stipend folder prospective applicants will find:

- Information on the 2011-12 PsyD MHSA Stipend Program
- 2011-2012 Application Form
- 2011-2012 Recommendation Form
- 2011-2012 Payback Agreement Form
- Federal W-9 Tax Form

The applicant needs to submit five items: 1) page one of the Application Form; 2) page two of the Application Form; 3) CV/Resume; 4) essay responses, and 4) the completed/signed Federal W-9 Tax Form. The *Recommendation Form* should also be submitted in a sealed envelope with the application or the faculty member may email or mail it separately to the PsyD MHSA Stipend Program (c/o Monica Munjal mmunjal@ciis.edu).

- All e-mail correspondence regarding this application should have “PsyD MHSA Stipend Program” in the subject line.
- The completed application must have original applicant and faculty advisor signatures. Copied, faxed or emailed applications will not be accepted.
- Do not include other material such as academic records, or letters of recommendation other than the *Recommendation Form*.
- All items together, in one envelope, should be mailed to the address below OR dropped off in the main PsyD program office located in suite III, Fox Plaza:

CIIS PsyD MHSA Stipend Program
c/o Monica Munjal
1453 Mission Street
San Francisco, CA 94103

APPLICATION DEADLINES

Early Application Deadline: November 15, 2011. Applications postmarked on or before November 15th, 2011 will be reviewed and the applicant will be notified if application is incomplete. Applicant may resubmit missing items or documents by the final November 28th deadline.

Application Deadline: November 28, 2011. Applications postmarked after November 28, 2011 will not be accepted. Applicants will be notified two weeks after the application deadline of the receipt and eligibility of their application. Communication with applicants will be through the primary email address provided on Part I of the application form.

PART I: APPLICANT IDENTIFYING INFORMATION

Applicant's Name. The applicant's full name needs to be provided; no abbreviations. The name must match the name provided on the Federal W-9 Tax Form.

Applicant's Address. The first address is the applicant's current address and often is the address used when in school. The permanent address needs to be the address provided in the Federal W-9 tax form and will be the address where the stipend check will be mailed, if the student is entitled to a direct payment, rather than when the stipend will be used towards loan forgiveness. Of course, the current and permanent address may be the same.

Applicant's Emails. Communication with the applicant will be through the primary email address on the application form. Do not include a school email address as a primary email address if it will not be available after graduation. Stipend recipients will be in communication with the Stipend Manager and Outreach Coordinator two years beyond graduation, if awarded a stipend. Emails must be legible; ensure that underscores are clearly distinguishable from underlines and that numbers are distinguishable from letters. Applicants need to regularly check their primary email address for communiqués from the stipend coordinator or program administrator that may be time sensitive.

Applicant's Phone Numbers. Both cell and home phone numbers are required. If the phone numbers are the same, indicate that on the application.

School Name. This section should say: "California Institute of Integral Studies, PsyD Program"

Enrollment Date and Advancement to Candidacy Date. These dates do not have to be verified with official documents. It is sufficient that the school's administrator or faculty advisor verifies these dates with his/her signature. The Advancement to Candidacy Date refers to the date posted by the school's Registrar and will appear on the applicant's transcript.

Faculty Advising Applicant. The name and signature of the applicant's stipend advisor is provided here. The advisor's signature on the application form implies the following:

- Applicant is in good academic standing
- The applicant is eligible to receive a stipend because she/he will graduate with a degree conferral date between July 1, 2012 and June 30, 2014
- The applicant has received advisement on eligibility and qualifications for the MHSA Stipend Program

Applicant Signature. Applicant needs to sign and date the application form. As stated on the form, the applicant's signature affirms the applicant has read the *Information on the 2011-2012 CIIS PsyD MHSA Stipend Program*, understands the provisions of the Payback Agreement as reflected in the sample, is eligible to be employed in California, and has accurately completed the entire application form and essays.

PART II: APPLICANT QUALIFYING INFORMATION

For scoring anonymity, do not include your name on Part II of the application form.

1. **Language Capacity.** Only applicants who have the proficiency to provide mental health services in a language other than English should check this box. The second language *must* be one of the needed threshold languages listed on the application form. Applicant's proficiency in the second language will not be tested by the MHSA Stipend Program. If an applicant is awarded a stipend and is not able to demonstrate proficiency in this language

to mental health agencies, the student will be required to return the stipend amount awarded.

2. **Employment in Underserved Areas.** Applicants who are willing to be employed in an agency providing mental health services in counties or geographic areas designated as high need for services. These areas are usually communities that have difficulty recruiting professionals because of their isolation, considerable poverty, and/or high cultural marginalization.
3. **Employment in a MHSA Program.** Applicants who are willing to be employed and provide services in programs funded through the Mental Health Services Act (MHSA) should check this box.
4. **County/County-Contracted Field Placement Training.** Applicants who received practicum training at an agency that was operated or contracted by a county/state mental health department may check this box. The applicant needs to include the name, location of the agency and dates of placement. This applicant needs to identify the county/state governmental entity that directly operated or funded the agency. *Note: The applicant may only check box 4 and box 5 if the applicant was in two practicum sites.*
5. **Non-County/County-Contracted Field Placement Training.** Applicants who received practicum training at a community agency that provided specialized training to promote their capacity to serve those in the public mental health system may check this box. The applicant needs to include the name, location of the agency, dates of the placement and a brief description of the specialized training received. These training agencies, often referred to as community-based organizations (CBO's), are not part of the state mental health system yet provide valuable educational, clinical and peer-based services. The specialized training provided by the CBO agencies usually serve households coping with multiple stressors, second-language families, persons exposed to trauma/violence, or persons dealing with addictions in oppressed or disenfranchised communities. *Note: The applicant may only check box 4 and box 5 if the applicant was in two practicum sites.*
6. **County/County-Contracted Employment/Volunteer Experience.** Applicants who had experience as an employee or volunteer at an agency that was operated or contracted by a county/state mental health department may check this box. The applicant needs to include the agencies name, location and dates of employment or volunteerism. The applicant needs to identify the county or state governmental entity that directly operated/funded the agency. The employment or volunteer experience needs to be in a capacity that exposed the applicant to the population and delivery of public mental health services but providing direct services is not necessary.

PART III: APPLICANT QUALIFYING INFORMATION- ESSAYS

Include an attachment of your typed essay responses. Each essay cannot be longer than 150 words. For anonymity in scoring, your name should not be included in the essay responses.

1. **Explain why you are applying to the MHSA Stipend Program.**

One of the objectives of the MHSA Stipend Program is to recruit potential applicants who reflect the diverse populations served by local mental health agencies, especially those populations that have been underserved by the public mental health system. Explain how you represent a diverse population with respect to economic conditions, social oppression or cultural marginalization. This is also an opportunity for you to explain how the MHSA

Stipend program will contribute to your desire to pursue a career in public practice. In responding to essay #1, consider the following:

- Disclose your own economic situation and how you are paying for your education
- Describe your personal experiences growing up and living in disfranchised communities
- Convey your personal vision of work within public mental health service.

2. State your personal background and individual strengths that will assist you in successfully working in public mental health.

This essay provides you the opportunity to describe your personal strengths and experiences that will contribute to your successful work in the public mental health practice as a clinical psychologist. In responding to essay #2, consider the following:

- Disclose your cultural background, such as race, ethnicity, socioeconomic status, linguistic capacity, acculturation status and describe how it will be a strength in your community service.
- Disclose your personal experience living in specific ethnic or racial communities and describe how that exposure will be a strength in your community service.
- Disclose your personal experience in the mental health system, either as a consumer or as a family member of a consumer of public mental health care, and describe how it will be a strength in your community service.

3. State how your educational preparation and practicum training has prepared you to work with the population served by the public mental health system.

The MHSA Stipend Program, funded by the Mental Health Services Act, is invested in promoting the educational and clinical preparation of psychology graduate students in public mental health practice. This essay provides you with the opportunity to describe how your educational preparation and practicum training has prepared you to understand the work that is needed when serving those in the public mental health system. In responding to essay #3, consider the following:

- Describe your personal exposure or professional experience with mental health stigma.
- Describe the extent to which your graduate education and training have prepared you to serve persons living with serious mental illness.
- Describe how your graduate education and training specifically exposed you to the concepts of resiliency, recovery, wellness, empowerment, self-directed care and the value of peer support groups.

4. State your professional interest in and commitment to public mental health.

The goal of MHSA Stipend Program is to promote public mental health practice as a long term career option for PsyD Program graduates. This essay provides you the opportunity to express your level of commitment to a professional career in public practice. In responding to essay #4, consider the following:

- Explain how and why you have decided that public mental health was an option of your post-degree training.
- Explain what attributes are important for a psychologist serving those in public mental health care.

- Explain how your post-degree training and experience in public mental health will contribute to your level of intent and commitment to public practice as a licensed psychologist.

FACULTY RECOMMENDATION

Ask one of the PsyD program's core faculty to complete a recommendation for you using the *2011-2012 Recommendation Form*. Any PsyD core faculty may complete the recommendation but only one recommendation will be accepted per applicant. It is best to have a faculty member who is acquainted with your qualifications completed the form.

The faculty member or administrator has two submission options. He/she may:

- 1) E-mail the *Recommendation Form* and cover letter directly to Monica Munjal
mmunjal@ciis.edu
- 2) Place the *Recommendation Form* and cover letter in a sealed envelope (signed across the seal) to be included in your application packet.



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CIIS PsyD MHSA Stipend Program

2011-2012 Application Form- Part I

Early Application Deadline: 11/15/11

Application Deadline: 11/28/11

APPLICANT IDENTIFYING INFORMATION (Please type or print legibly)

Full Name: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City/State Zip Code

Permanent Address: _____
Street Address Apartment/Unit #

City/State Zip Code

Primary Email: _____ Secondary Email: _____

Cell Phone: _____ Home Phone: _____

SCHOOL INFORMATION

School Name: California Institute of Integral Studies, PsyD Program

Enrollment Date: _____ Expected Degree Conferral Date: _____
(mm/dd/yyyy) (mm/dd/yyyy)

PsyD Faculty Advising Applicant: _____
First & Last Name/ Title

School advisor's signature implies that the applicant is in good academic standing and the applicant's anticipated or posted degree is between 7/1/12-6/30/14.

Signature

APPLICANT SIGNATURE

I have read and understand the Information on the 2011-12 MHSA Stipend Program. I agree to the provisions of the sample Payback Agreement if I am selected to receive a stipend. I affirm that the information provided in this application is accurate and that I can legally work in California.

SIGNATURE: _____ DATE: _____

Candidate ID Number: _____ Date Received (mm/dd/yyyy): _____

CIIS PsyD MHSA Stipend Program

2011-2012 Application Form- Part II

APPLICANT QUALIFYING INFORMATION

(Check all that apply)

Indicate below the qualifications you bring to consumer service and the commitment you have to public mental health care. DO NOT INCLUDE YOUR NAME OR SCHOOL ON THIS SHEET.

1. LANGUAGE CAPACITY:

I have second-language proficiency in a threshold language and I am willing to commit to find employment at an approved mental health agency to provide services to consumers using my second-language proficiency. The threshold languages are Spanish, Mandarin/Cantonese, Vietnamese, Tagalog, Arabic, and Russian.

My second language proficiency is: _____

2. EMPLOYMENT IN UNDERSERVED AREAS:

I am willing to commit to find employment at an approved mental health agency to provide services to consumers in the underserved communities in the San Francisco Bay Area.

3. EMPLOYMENT IN MHSA PROGRAMS:

I am willing to commit to find employment at an approved mental health agency to provide services to consumers in programs funded through MHSA.

4. COUNTY/COUNTY-CONTRACTED FIELD PLACEMENT TRAINING:

I received my practicum training as a student at the following agency or agencies that is operated or contracted by a county mental health department.

a. Name of agency: _____ City: _____

Dates of field practicum training: _____ to _____

The agency is operated/contracted by the following county department: _____

b. Name of agency: _____ City: _____

Dates of field practicum training: _____ to _____

The agency is operated/contracted by the following county department: _____

5. NON-COUNTY/COUNTY-CONTRACTED FIELD PLACEMENT TRAINING.

I have current/prior employment or volunteer experience at the following agency or community-based organization (CBO) that provided specialized training to promote my capacity to serve those in the public mental health system.

Name of organization: _____ City: _____

Dates of employment/volunteer experience: _____ to _____

6. COUNTY/COUNTY-CONTRACTED EMPLOYMENT/VOLUNTEER EXPERIENCE:

I have current/prior employment or volunteer experience at the following service agency that is operated or contracted by a county mental health department:

Name of agency: _____ City: _____

Dates of employment/volunteer experience: _____ to _____

The agency is operated/contracted by the following county department: _____

Candidate ID Number: _____

CIIS PsyD MHA Stipend Program

2011-2012 Application Form- Part III

APPLICANT QUALIFYING INFORMATION- ESSAY

Complete the four essays below and attach your typed responses as part of your application. Each essay response should be 150 words or less. Do not write your name in your responses. Refer to the Application Guide for suggestions on essay responses.

- 1. EXPLAIN WHY YOU ARE APPLYING TO THE STATE DOCTORAL STIPEND PROGRAM.**
- 2. STATE YOUR PERSONAL BACKGROUND AND INDIVIDUAL STRENGTHS THAT WILL ASSIST YOU IN SUCCESSFULLY WORKING IN PUBLIC MENTAL HEALTH.**
- 3. STATE HOW YOUR EDUCATION PREPARATION AND PRACTICUM TRAINING HAS PREPARED YOU TO WORK WITH THE POPULATION SERVED BY THE PUBLIC MENTAL HEALTH SYSTEM.**
- 4. STATE YOUR PROFESSIONAL INTEREST IN AND COMMITMENT TO PUBLIC MENTAL HEALTH.**

SUBMISSION PROCEDURES

- Meet with your PsyD faculty advisor to discuss your interest and eligibility in the MHA Stipend Program. Your advisor's name and signature needs to be included in Part I of the application form
- Complete the three parts of this application form. Make sure you fully and legibly complete the applicant identifying information and that you sign/date where indicated. Original signature is required; no electronic submission of applications will be accepted.
- Complete the W-9 Federal Tax Form. Make sure you include your address and social security number, and that you have signed the form. Only submit the first page of the W-9 form.
- Ask your advisor to complete the Recommendation Form. Your advisor may give you the completed form and cover letter in a sealed envelope to be included with your application material. The advisor may also email the form to mmunj@ciis.edu or mail it directly to the address below.
- Compile together the completed application (Parts I & II), CV, the typed essays (part III), and page one of the W-9 form. All items together, in one envelope, should be mailed to the address below OR dropped off in the main PsyD program office located in suite 111, Fox Plaza:

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1453 Mission Street
San Francisco, CA 94103

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