Kingston Residency Consortium

Pre-Doctoral Residency in Clinical Psychology

2027-2028

Ongwanada
Developmental Services

Providence Care
Aging, Mental Health and Rehabilitative Care

RARC

Chronic Pain Clinic
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Queen's University

KidsInclusive EnfantsInclus
Centre for Child & Youth Development

Limestone District School Board

We look forward to speaking with you about working together to make your Residency Year an outstanding experience at KRC!

Director of Training
Dr. Lindy Kilik, Ph.D., C.Psych.
EMAIL: kilik@queensu.ca

CPA Accredited and Member of APPIC and CCPPP

Contents

Introduction

Psychology Residency Focus: Disability Across the Lifespan

The Kingston Residency Consortium (KRC) offers psychology residents opportunities to expand their clinical skills and apply their knowledge in working with individuals across the lifespan, including children and adolescents, adults, and seniors. The residency focuses on both acquired and developmental disabilities, which may be temporary, permanent, or episodic and may arise or be identified at any point in a person's life. According to the 2022 Canadian Survey on Disability, 27% of Canadians aged 15 and older had one or more disabilities.

Psychologists play an integral role in disability-related services. Their contributions may include chronic-pain assessment and intervention; neuropsychological assessment and rehabilitation following an acquired brain injury; service design and implementation for individuals with developmental disabilities; behavioural, cognitive, and learning supports for children and adolescents in schools; and neuropsychological assessment and intervention related to age-related cognitive and behavioural changes in seniors.

A Broad Foundation for Clinical Practice

KRC is designed to prepare residents for practice as Clinical Psychologists. Many residents enter from generalist Clinical Psychology programs, and the consortium's approach supports the development of broad knowledge, skills, and professional values that can be applied across clinical areas and populations. Residents work with individuals experiencing physical, emotional, cognitive, social, learning and/or occupational challenges associated with illness, trauma, injury, or developmental differences.

The consortium prepares residents for the varied roles of a Clinical Psychologist and has also welcomed residents from programs with more specialized areas of focus, including child clinical psychology, developmental clinical psychology, and clinical neuropsychology.

A Resident-First Training Environment

KRC was thoughtfully designed to emphasize training that responds to residents' developmental needs and professional goals while supporting well-being and sustainable professional practice. We are a resident-first training site.

Applicants commonly ask whether previous experience with disability populations is required. It is not. Personal or professional experience with acquired or developmental disabilities may be beneficial, but it is not a prerequisite for admission.

Five Agencies, Ten rotation sites

KRC brings together the resources of five well-established Kingston agencies to offer ten rotation sites:

- Ongwanada Developmental Services, host site (Community Behavioural Services, Psychology Services);
- Queen's University (Department of Psychiatry Developmental Disabilities Consulting Program, Regional Assessment and Resource Centre);
- Kingston Health Sciences Centre-Hotel Dieu Hospital (KidsInclusive and HDH Chronic Pain Program);
- Providence Care Hospital (Seniors Mental Health, Regional Community Brain Injury Services, Dual Diagnosis Consultation Outreach Team) and
- Limestone District School Board

Together, these sites share several guiding commitments:

- providing client-centered care that respects each individual's goals, needs, identities, and circumstances;
- celebrating diversity while advancing equity, inclusion, and accessibility for people of all abilities;
- supporting people who have experienced marginalization or barriers to accessing care; and
- collaborating within interprofessional teams that include the person receiving services, health professionals, families, and care providers.

Diverse Populations and Service Systems

The participating sites serve different populations, creating opportunities for residents to work with people of different ages, diagnoses, disabilities, identities, and lived experiences. Residents train in inpatient and outpatient healthcare settings, schools, and community programs. These experiences support the development and integration of CPA's foundational and functional competencies and provide a well-rounded foundation for future practice. Residents are encouraged to pursue new clinical experiences that align with their training needs and goals, including experiences that may fall outside their intended long-term areas of practice.
The partner sites also operate within different service sectors and Ontario government ministries, including the Ministry of Health, the Ministry of Long-Term Care, the Ministry of Education, and the Ministry of Children, Community and Social Services, and the Ministry of Colleges, Universities, research Excellence and Security. Exposure to different systems and organizational cultures helps residents develop a broader understanding of service delivery, referral pathways, inter-agency collaboration, and navigation across complex systems.

Learning Through Collaboration

Training across multiple sites allows residents to compare service-delivery models, community needs, and psychologists' roles in different settings. Supervising psychologists bring diverse

clinical perspectives, educational backgrounds, and areas of practice to the training experience. Because several sites have academic affiliations, residents may also gain experience with supervision approaches for junior students and non-regulated health professionals, as well as opportunities for peer supervision with other graduate healthcare students.
Together, these experiences support residents in developing thoughtful, acceptable, culturally responsive, and person-centered approaches to psychological practice.

Living in Kingston

Kingston, also known as Katarokwi, is situated on the traditional territories of the Anishinaabek and Haudenosaunee. The area has long held significance for Indigenous Peoples and is known by different names across Indigenous languages. In Anishinaabemowin, *Gaadanokwii* is interpreted to mean “a great meeting place”. In Huron-Wendat, *Ken’tarókwen*, and in Mohawk, *Ka’tarohkwi*, are interpreted to mean “a place where the city is clay.” We acknowledge the enduring presence and histories of Indigenous Peoples in this region, including the Huron-Wendat, as well as the Métis, Inuit, and First Peoples from other Nations who make their home here today. We are grateful to live, learn, work, and visit on these lands and acknowledge that each of us has a responsibility to honour the land by walking gently and respectfully upon it and appreciating the immense beauty of the natural landscape.

Equidistant from Toronto, Montreal and Ottawa, where the St. Lawrence River meets Lake Ontario and the Rideau Canal, Kingston is a stunning, historic city that consistently ranks as one of the best places to live in Canada. Kingston is rich with history and culture. It was established in 1673, making it the oldest city in Ontario. It was named the First Capital of a United Canada in 1841.

Today, Kingston is a well-known tourism hotspot with its many historical attractions, such as Fort Henry, the Rideau Canal, and Market Square, making it an incredible place to visit. “The Limestone City”, as it is affectionately nicknamed, also boasts a vibrant culinary scene, with more restaurants per capita than most cities in Canada (Bon Appetite)! Beyond its history, Kingston offers plenty to enjoy year-round, including live music and entertainment, festivals and community events, local restaurants and cafes, independent shops, and an active arts and cultural community.

There are concert venues (Slush Puppy Place, The Grand Theatre), multi-purpose recreational facilities (Invista Centre), scenic waterfront spaces, parks and nature reserves, and the nearby Thousand Islands that enhance the quality of life of the city’s residents. For those that enjoy staying active, Kingston offers extensive opportunities for sports and recreation, including walking, running and cycling trails, hiking, skating, swimming, paddling and other water sports, as well as numerous recreational sports fields and courts. Kingston’s walkable downtown and waterfront make it easy to explore, while Kingston Trolley Tours, local walking tours, and cruises through the Thousand Islands offer opportunities to experience the city and surrounding area.

Kingston is a welcoming and inclusive city, embracing people from all walks of life. There are several spiritual and faith communities for newcomers to Kingston, including the Islamic Society of Kingston, Beth Israel Congregation, and the Kingston Interfaith Group, to name just a few.

Kingston has been described as a city that has all the amenities of a large urban centre yet maintains a small-town charm. Its three post-secondary institutions - Queen's University, the Royal Military College of Canada, and St. Lawrence College – contribute to a strong academic community and make Kingston a hub for education, research, and innovation. For residents relocating to Kingston for their training year, the city offers a unique combination of professional and academic opportunities, a lively walkable downtown, easy access to nature and the waterfront, and the opportunity to quickly feel part of a community. Simply put, it is a great place to relocate to study, train, and for the next stage of your career.

Learn more about Kingston:

- https://www.cityofkingston.ca/explore/about-kingston
- https://www.visitkingston.ca/plan/getting-to-kingston/
- Flyover video of Kingston: https://www.youtube.com/watch?v=UZzdZqFpSxA
- Invest Kingston video: https://www.youtube.com/watch?v=bbmsTnwGj1w

Our Training Program

Our Mission

KRC's training focus is to foster the development of clinical psychologists, using a scientist-practitioner model, who competently apply their broad knowledge, skills and values in clinical psychology, to work within a wide range of clinical areas and populations.

Training opportunities occur through the rich diversity of our five partner agencies, working with multifaceted complex cases across the lifespan, and diverse disability populations.

"We are involved in the KRC Consortium because we have a genuine interest in training and specifically, in bringing out the best in new clinicians and seeing them succeed".

Philosophy, Mission and Model

The philosophy of the Kingston Residency Consortium is to foster the development of the

knowledge, skills, and professional values required for clinical psychology practice. The residency represents the breadth of practice within clinical psychology, with a primary emphasis on clinical service and opportunities for involvement in research and teaching.

This residency espouses the scientist-practitioner model of psychology, combining the scientific foundations of psychology with their application to clinical practice and training clinical psychologists as both scientists and practitioners. Training includes experience in contemporary assessment approaches, the use of empirically supported interventions, objective evaluation of treatment outcomes and efficacy (i.e., clinical accountability), and opportunities to participate in program development/evaluation and research.

Although this residency places an emphasis on working with individuals with disabilities, recognizing that this speaks to the lives of more than 1 in 4 of all Canadians, the residency takes an inclusive perspective regarding disability. Consistent with the World Health Organization (WHO), we recognize disability as arising through the interaction between an individual's health condition and personal and environmental factors, that can happen to anyone, at any time, and that limits participation. Our focus is to build generalizable skills and core competencies rather than to focus on a single population or type of disability.

Our residents are expected to enter residency with the required foundational knowledge in biological, social, individual, and cognitive-affective bases of behaviour; learning theory; research design and methodology, statistics and psychological measurement. In addition, residents are expected to have the requisite assessment, intervention, and supervision hours and experience. Residents will learn to apply and refine their existing knowledge and skills while acquiring new ones. It is our strongly held belief that this model of training enhances the calibre of the clinician. Through the residency, we aim to enable residents to integrate clinical and research skills seamlessly in practice.

Equity, Diversity and Inclusion

KRC's psychology residency program is strongly committed to advancing **equity**, **diversity**, **inclusion**, **accessibility**, and **cultural humility** within its training environment and clinical practice. We welcome applications from individuals with diverse identities, backgrounds, perspectives, and lived experiences, including Indigenous, BIPOC, 2SLGBTQIA+ communities, gender-diverse individuals, people with disabilities, and individuals from other historically underrepresented or marginalized groups.

Residents receive training related to:

- Inclusive and culturally responsive practice, allyship, and antiracism
- The effects of racism, oppression, power, privilege, and systemic barriers
- Indigenous perspectives and approaches relevant to assessment, intervention, consultation, and research

- Ethical, non-stereotyping clinical practice that recognizes and respects individual, cultural, and contextual differences

Learning opportunities may include professional seminars, assigned readings, supervision discussions, Indigenous Cultural Consultation, and experiential learning offered in collaboration with Kingston-area educational institutions (e.g., Queen's University, St. Lawrence College). Through their clinical rotations, residents also develop skills in adapting their practice to the varied identities, lived experiences, needs, and contexts of the individuals and communities served. The nature and extent of these opportunities may vary across rotations.
KRC acknowledges psychology's historical and ongoing role in systemic discrimination and is committed to identifying and reducing barriers within its application, selection, training, and evaluation processes. KRC is committed to providing accessible and individualized accommodations throughout the application, selection, and residency training processes, including for applicants and residents with disabilities or other accessibility needs.

Applicants and residents may contact the Director of Training at any stage to discuss accessibility needs and the accommodation process. Accommodation-related information will be handled respectfully and confidentially in accordance with applicable policies and legislation.

Goals of the Residency

By the end of residency our program aims for alumni to have internalized the training goals as part of their identity as a psychologist. The training goals of the residency are:

1. Develop and integrate the core foundational and functional competencies required for entry-to-practice as a psychologist, including competence in assessment, intervention, consultation, program development and evaluation, and supervision;

2. Strengthen residents' ability to work responsively with individual, social and cultural diversity and to consider human rights, social justice, intersectionality, power, privilege, oppression, and systemic barriers within a framework of cultural humility;

3. Build residents' understanding of Indigenous interculturalism, including reconciliation, the history and ongoing effects of colonialism, Indigenous ways of knowing and concepts of wellness, and culturally appropriate, strengths-based practice with Indigenous Peoples;

4. Integrate evidence-based knowledge and methods with professional practice, including scientific methods, research evidence, clinical expertise, lived experience, and client values and contextual information, consistent with the scientist-practitioner model;

5. Strengthen professionalism, interpersonal and communication skills, and reflective practice, including awareness of how personal characteristics, assumptions, biases, power, and privilege may influence professional functioning;

6. Develop and apply knowledge of ethical values and decision-making, professional standards, relevant legislation, and organizational policies;

7. Work effectively within interprofessional teams and develop an understanding of psychological practice across different service settings, organizational contexts, populations, and stages of the lifespan;

8. Develop self-awareness, self-monitoring, boundary-setting, receptivity to feedback, and sustainable professional practice skills that support well-being, work-life balance, professional competence, and continued learning.

Residency Details

Program Structure

The Kingston Residency Consortium (KRC) consists of **ten rotation opportunities**. Clinical rotations may vary from year to year based on residents' training needs/knowledge/interest and goals, availability of programs and supervisors, and the clinical demands of participating agencies.

Rotations are designed to provide residents with experience:

- Across the lifespan, including children, adolescents, adults, and older adults.
- Across disability types, including both acquired and developmental conditions.
- In a variety of interdisciplinary, hospital and community-based service settings.

Table 1 outlines the rotation framework used to guide rotation selection and reflects the Consortium's mission and training model. Some rotations are completed independently, while others are paired to provide a broader and more integrated training experience.

Typically, residents complete **three non-overlapping rotations**, each lasting approximately **four months**. Exceptions include the following **paired rotations**:

- **Dual Diagnosis Community Outreach Team (DDCOT)** and the **Queen's University Developmental Disabilities Consulting Program (DDCP)** are paired into a single four-month rotation because of the complementary nature of their services.
- **The Regional Assessment and Resource Centre (RARC)** and the **Hotel Dieu Hospital Chronic Pain Clinic (CPC)** are paired and extend over **eight months**, allowing residents to participate in longer-term intervention cases in both settings.

For paired rotations, residents generally spend **two days per week in each program**, with the fifth day reserved for non-rotation activities.

Residency applicants are encouraged to include their rotation preferences in their application letters and will be asked about their preferences for rotations during the interview process. Residents will also be contacted for further suggestions once they are successfully matched with the KRC.

Table 1: KRC rotation settings by population and origin

		Disability	
		Neurodevelopmental	**Neurocognitive**
Across Lifespan	**Child/ Adolescent**	Ongwanada – Community Behaviour Services Queen's University – Developmental Disabilities Consulting Program; KidsInclusive; Limestone DSB	KidsInclusive Limestone DSB
	Adult/ Seniors	Ongwanada – Psychological Services Ongwanada – Community Behaviour Services, Providence Care – Dual Diagnosis Community Outreach Team; Queen's University – Developmental Disabilities Consulting Program	Providence Care – Senior's Mental Health Providence Care – Community Brain Injury Services HDH Chronic Pain Program Regional Assessment and Resource Centre

The Kingston Residency Advisory Committee reviews each resident's preferences, the availability of the supervisors, and the fit of the requested rotations with the applicant's experience and determines the rotation schedule that will best meet both the person's training needs and the mission of the KRC.

Table 2: Examples of rotation schedules

Resident	Sept-Dec	Jan-Apr	May-Aug
Sample 1	Limestone District School Board (LDSB)	Providence Care Community Brain Injury Service (CBIS)	Providence Care Dual Diagnosis Consultation Outreach Team (DDCOT) **and** Queen's University Developmental Disabilities Consulting Program (DDCP)
Sample 2	Providence Care Seniors Mental Health (SMH)	Kids Inclusive	Ongwanada Psychological Services (PS)
Sample 3	Ongwanada Community Behavioural Services (CBS)	Limestone District School Board (LDSB)	Providence Care Seniors Mental Health (SMH)
Sample 4	Limestone District School Board (LDSB)	Regional Assessment and Resource Centre (RARC) **and** HDH Chronic Pain Clinic (CPC)	Regional Assessment and Resource Centre (RARC) **and** HDH Chronic Pain Clinic (CPC)

Non-rotation day

Residents are provided with **one dedicated non-rotation day per week**, typically on Mondays. This time is intended to support:

- Research activities, including dissertation work, presentations, and publications.
- Program development and evaluation projects.
- Professional development activities.
- Administrative and residency-related meetings.

Residents who have already completed their dissertation have also used this time to prepare for professional examinations, job applications, and interviews.

Monthly meetings with the Director of Training and Professional Development Seminars are typically scheduled on Mondays. Professional seminars are often conducted jointly with other Kingston residency programs to encourage discussion of ethical, professional, and practice-related issues across multiple contexts.

Each resident meets monthly with the Director of Training to review progress, discuss learning goals, and ensure training needs are being met.

In most cases, Mondays include a single virtual meeting, such as a journal club, seminar, or D of T check-in, with the remainder of the day available for independent research or professional development activities.

Program Development/Evaluation/Research

Opportunities for program development, program evaluation, and research vary from year to year and depend on the active research and clinical initiatives of participating faculty and agencies.

Examples of recent projects have included:

- Evaluating long-term functional outcomes of clients within Community Brain Injury Services.
- Adapting therapeutic group programming for individuals with intellectual disabilities.
- Evaluating pre-post measures (Baycrest MMQ) as part of evaluation of a memory group for seniors.

Residents are expected to complete **one program development/program evaluation project** during the residency year.

Professional Development Activities

In order to have a cohesive program across agency sites, the residents also participate in a number of professional development activities, with some being site-specific and other available to all residents. These activities include (but are not limited to):

- attending and giving a presentation at the Psychology Community of Practice Journal Club,
- attending hospital Grand Rounds,
- attending Neuropathology Rounds (CBIS rotation),
- completing in the Non-Violent Crisis Intervention training at Ongwanada,
- participating in the residency applicant review process.
- The Barbara Wand Seminar for Professional Ethics in Psychology (offered via the College of Psychologists of Ontario)
- Suicide Prevention & Intervention Workshops
- Canadian Psychological Association Web-based Continuing Education Courses (such as CBT for Psychosis)

- Virtual Seminars – such as Psychopharmacology for Psychologists
- Training on specific instruments (such as the MIGDAS)
- Workshops focused on Indigenous Interprofessional Primary Care
- Project ECHO Webinars

Caseload Expectations

The resident will complete a number of clinical practice activities (e.g., assessments, interventions, consultations) in each setting for a variety of presenting problems (e.g., cognitive, behavioural, mood) and diagnostic issues (e.g., developmental disability, neurocognitive decline, mood disorders, dual diagnosis). The resident will also develop skills in communicating results in both verbal consultations and written reports for fellow professional colleagues, community agencies, families, and individuals.

Meeting our resident's training needs is a priority for us. We endorse being thoughtful, thorough and accurate, rather than meeting an arbitrary set number of cases/activities. The examples of types of experiences that prospective resident can anticipate include:

Assessment/Evaluation

Examples of types of experiences that a prospective resident can anticipate include:

- Comprehensive cognitive and diagnostic assessments of children, adolescents, adults, and older adults.
- Neuropsychological assessment of neurocognitive disorders and dementias.
- Driving safety and independent living capacity evaluations.
- Assessment of co-occurring mental health conditions, including depression and anxiety.
- Autism diagnostic assessments
- Adaptive behaviour assessments.
- Dual diagnosis assessments.
- Functional behaviour assessments.
- Psychoeducational evaluations for learning disabilities and identification of accommodations and compensatory strategies.

Typically, residents complete **approximately 1 to 4 comprehensive assessments per rotation**, although expectations remain flexible and are tailored to training needs and goals.

Intervention/Consultation

Residents may participate in:

- Individual and group interventions with children, adolescents, adults, and older adults.
- Exposure to diverse psychotherapy models and intervention approaches.
- Interdisciplinary team meetings and case consultations.
- Consultations within organizations and across community agencies.
- Collaboration with external healthcare professionals.
- Consultation and support for families and caregivers.

Residents typically carry **1 to 4 therapy cases or groups per rotation**, with flexibility based on training objectives and clinical opportunities.

Supervision

Residents may gain experience providing supervision to:

- Junior trainees and students.
- Unregulated professionals.
- Graduate students from other healthcare disciplines.

Depending on alignment of their interests and goals and training needs, residents may choose to supervise one or more learners during the residency year.

Ethics and Standards

Ethics and professional practice are integrated throughout the residency program and include:

- Participation in Professional Development Seminars.
- Delivery of an ethics-focused clinical presentation during each rotation.
- Discussion of relevant legislation, regulatory standards, and professional practice issues within rotations and seminar activities.

Seminar content includes material aligned with competencies historically assessed through licensing and registration examinations, providing residents with opportunities to strengthen their knowledge of ethical, legal, and professional standards while preparing for future supervised practice and registration requirements.

Placement Requirements

Health Status Check

Prior to commencement of the placement, the resident must provide proof of the following to the Director of Training:

- TB test - two step
- Proof of COVID-19 vaccination (minimum 2 doses)

- Blood Screening for Anti HBS, Varicella, Measles, Mumps, Rubella antibody
- Documentation of Immunization for: Hepatitis B Vaccine, Influenza, Tetanus, Varicella, Measles/Mumps/Rubella

Criminal Reference Check

- Criminal Reference Check for working with vulnerable populations which is dated within the previous 6 months
- Ongwanada will reimburse residents who incur a fee for the Criminal Reference Check upon submission of the receipt to the Director of Training.

Professional Liability Insurance

Prior to placement, the resident must have /obtain/renew personal Professional Liability Insurance. This insurance is independent of your university's coverage. This insurance is tax deductible, so please remember to file the receipt. This Liability Insurance can be obtained through BMS group (http://www.psychology.bmsgroup.com/). Membership in the Canadian Psychological Association or Ontario Psychological Association (OPA) will make the insurance purchase much less expensive. http://www.cpa.ca/insurance/business

Vehicle

The nature of the work at some of the sites is in the community and crosses several counties in the eastern Ontario region. Though not necessary, our past residents have found it useful to have access to a vehicle. Residents who will use their own vehicle will need to provide documentation and maintain a valid license and valid insurance, including coverage for business purposes. Compensation for residency related mileage is provided. However, residents are not required to have a car, and arrangements will be planned in advance to help the resident navigate any potential commutes (e.g., riding along with a supervisor or extra time for public transit, etc.)

Placement Information

Duration

The residency begins on the first Tuesday of September after Labour Day and ends on August 31st the following year. The resident spends the first orientation week at Ongwanada with the Director of Training, completing the necessary administrative materials and getting to know their fellow residents. A scheduled ½ day meeting is held the first Monday of the residency for all supervisors and residents to meet and greet. **This week is slower paced and meant to welcome the resident and enable them to settle in.**

Distribution of Time

The allocation of the resident's time is based on the Accreditation Standards for Doctoral and

Residency Programs in Professional Psychology (2023) and is reflected in the chart below. The time is further based on a work week of 37.5 hours and allows for holidays, vacation, and illness. Each placement is full time, five days per week, with four of the days at the site itself (typically Tuesdays through Fridays). **There may be a blend of in-person and virtual work, depending on the rotation and agreement with your supervisor.** As noted above, Monday tends to be the day that our residents dedicate to their own research requirements, as well as attending virtual workshops, seminars, and Journal Club.

Table 3: Distribution of Hours per Week

Activity	Hours/Week	Description
Clinical Service	24.75	Assessment & Evaluation, Intervention & Consultation, Inter- professional Relationships, Ethics and Standards, Supervision
Primary Supervision	4	By supervisor at rotation site
Training Supervision	0.75	Monthly Meeting with Director of Training, Professional Development Seminar,
Evidence of scientist/practitioner	4.25	Dissertation, client or project related research
Other	3.75	Providence Care Journal Club, Barbara Wand Seminar (College of Psychologists of Ontario), Residency Advisory Committee meetings, et cetera
Total Time	37.5	

Number of Positions

There are **three** resident positions within the Kingston Residency Consortium. Our training model is collegial, and our residents develop their skills in this supportive atmosphere. In addition to interactions with fellow residents, our residents are expected to interact professionally with students/residents of other disciplines. Our residents, for example, may participate with psychiatric residents in ongoing courses and may participate in training opportunities with students from a variety of disciplines (e.g., medical, occupational therapy, physiotherapy, speech, behavioural therapy, pharmacy, etc.). We are excited that some of our training activities occur with psychology residents from other Kingston-based residency placements, providing an even broader understanding of the role of psychologist.

Salary

Residents receive an annual salary of $40 000 (less any statutory deductions) that is managed by Ongwanada (the host agency). This amount is consistent with the CPA Living Wage Guideline as it relates to living in Kingston. The compensation is divided into equal instalments, paid at

the end of each month. The Director of Training will be in contact with matched candidates prior to the commencement of residency to ensure needed information is in place.

Benefits

Residents have one day per week (typically Mondays) to work on their dissertation or other research and program development/program Evaluation projects. This is protected time and serves as a way to encourage living the scientist-practitioner model within the context of maintaining work-life balance.

Each Resident is eligible to access up to $3,000 per year for professional development activities and attendance at relevant conferences or other events as approved by Ongwanada. Recent examples include attendance at the OADD Conference and completion of the Pearson WAIS-5 training workshop. Residents are asked to submit requests for professional development funding to the Director of Training for approval.

In terms of Health Benefits, Canadian residents have provincial health benefits. Basic Ontario Health Care Insurance requires three months of residence within the province of Ontario prior to taking effect. Extended health care benefits covering prescription drugs, dental, vision, and paramedical coverages are the responsibility of the Resident. In addition, Residents can access an Employee Assistance Program (EAP) or similar programs for counselling, available at each agency, should the need arise.

Time Away

The resident is responsible for informing the Director of Training of any absences for whatever reasons. We define *time away* as time needed for vacation or illness since we do not have a plan for sick leave. **The resident is allotted four weeks of time away over the residency year.** Time away cannot be taken in the last two weeks of the residency (August), given the potential need for document review, wrap up, and final meetings. Time away scheduling must also take into consideration supervisor availability. All vacation plans should be negotiated with the site supervisors on duty during the intended time away, and with the Director of Training. Time away requests should be discussed as early as possible for planning purposes and to not compromise training. Residents are encouraged to use all of their time away over the course of the year in order to promote good work life balance habits!

Additionally, **the resident is entitled to an additional 10 days of statutory holidays** (New Year's, Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving Day, Christmas Day, Boxing Day). Residents may also be entitled to additional statutory holidays such as Remembrance Day or PA days if the holiday is being taken by the agency where they are placed at the time of the holiday. Of course, the resident is also entitled to any faith-based holidays as obligated with the maximum entitlement to time away during the year equalling 30 days, unless given special permission by the Advisory Committee. Time away (as chosen by the resident) cannot compromise the required 1600 hours of residency required for successful completion.

Supervision

All psychological services carried out by the resident are supervised by doctoral-level, experienced psychologists, who are registered within the relevant areas of practice and who are deemed competent to provide the kinds of services they are supervising. **Supervisors are clinically responsible for psychological services provided by the residents they are supervising.** Across all rotations and In accordance with CPA guidelines, Residents receive a minimum of 4 hours of supervision time per week, with at least three are in individual supervision.

Evaluation

Residents, along with their primary supervisor, set goals at the beginning of each rotation. Residents are evaluated by their primary supervisor for each rotation, informally, on an ongoing basis, and also, more formally, at both midpoint and at the end of each rotation. The evaluation form construction is based on the CPA core functional and foundational competencies (CPA, 2023). The supervisor and resident each complete the evaluation, independently. Both sets of ratings (self and supervisor) are compared and discussed during an evaluation review meeting with the primary supervisor. The final evaluation form is then submitted to the D of T and reviewed at the next monthly meeting. The process is meant to be collaborative, where there is an opportunity to openly discuss any ratings that are discrepant; a second opportunity is also available to have this discussion with the Director of Training if there are outstanding areas where a consensus has not been reached. The Director of Training provides feedback to the Resident's home University at the end of each rotation.
The KRC also values feedback from our Residents so that we can continue to improve and grow. As such, Residents complete an evaluation of the residency, including each rotation, at the completion of the residency. This is reviewed in an exit interview.

Recruitment Policy

Selection Process

Each application is thoroughly evaluated by a review team, consisting of members of the Kingston Residency Consortium Advisory Committee, current residents, and the Director of Training who chairs the Application Review meeting. Current Residents participate in reviewing the written applications and have a voice in this discussion. Decisions to interview an applicant are based on the quality of the applications, the applicant's preparedness and the degree to which an applicant's areas of interest coincide with the goals and mission of the Consortium. Current residents do not participate in the interviews; however, they do participate as part of the process by being available after the interview to meet with candidates. The discussion between applicants and residents is deemed confidential and provides the applicant with the opportunity to learn directly from the current resident(s) about their experience. current residents are informed of the ranking decision-making process, once ranks are submitted by the Director.

Since 2020, **all applicant interviews have been scheduled via videoconference and/or teleconference. Interview bookings are available through the NMS Interview system, and assistance with interview booking is available from administrative staff at the host agency. In-person interviews on site are not expected to be scheduled for the foreseeable future.**

Since interviews via videoconference have been initiated, we have found great success with the overall process. **Our KRC supervisors strive to ensure that there is more than adequate time for interviewee questions to be answered, and for all interviewees to gain a thorough understanding of how the KRC rotations can meet their training needs and goals**. All interviewees have the opportunity to meet *separately* with the current resident cohort via videoconference after the initial interview with the site supervisors.

Prerequisites

Prior to applying to the residency, the resident is expected to have a minimum 600 hours of practicum experience in assessment and intervention strategies. **While 600 hours of practicum experience before beginning a residency has been set within the CPA accreditation standards as the minimum in which this competence might be gained, more typically 1000 hours of practicum experience is required to attain sufficient breadth and depth**. These 1000 hours would include an appropriate balance of direct service including assessment and intervention (600 hours), supervision, and support hours (p. 18, Documentation of Professional Psychology Training Experiences - Guidelines for Students, Supervisors, and Training Directors, January 2024, www.ccppp.ca).

Eligibility

The residency will only consider students who have met the criteria identified for the APPIC NMS. Preference is given to students from CPA/APA accredited university-affiliated Clinical Psychology doctoral (Psy.D., Ph.D.) programs, with a scientist-practitioner emphasis. Students are expected to have completed their university program requirements, and our preference is for substantial progress on the dissertation made prior to starting residency.
The applications are initially reviewed by the Director of Training prior to recommending the Interview Committee review applications for interview consideration. The following criteria are used as a guideline:

- Accreditation by the Canadian Psychological Association or American Psychological Association
- Doctoral level training (Psy.D., Ph.D.) in a program affiliated with a university
- Clinical Psychology preference
- A program emphasis on Scientist Practitioner training
- Comprehensive exams or Major Areas Papers completed
- Proposal defended
- Data collected and analyzed
- Progress on one's dissertation
- The distribution of practicum hours
- Interest in serving vulnerable populations

Advisory Committee: Sept 8th, 2008, Revised: August 2026

Site Statistics

Table 4: Acceptance Rates

	Received	Met Eligibility Criteria	Asked to Interview	Matched
2009	15	13	8	1
2010	12	10	10	3
2011	23	18	16	2
2012	27	26	16	3
2013	28	25	16	3
2014	39	29	20	3
2015	34	25	19	1
2016	19	16	15	3
2017	Due to several changes at the participating agencies, we did not participate in the 2016-2017 match, and did not have residents for 2017/2018.			
2018	35	33	25	2
2019	25	17	17	3
2020	20	18	18	3
2021	22	18	13	3
2022	13	12	7	3
2023	15	12	11	2
2024	16	12	12	2
2025	21	16	10	1
2026	Due to several changes at the participating agencies, we did not participate in the 2025 match and did not have residents for 2026/2027. We look forward to seeing residents in 2027/2028!			

Matched Candidate Distribution

- 91 % women, 0 % with identified disabilities, 30 % self-identified diverse backgrounds
- From the provinces of New Brunswick, Nova Scotia, Quebec, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Newfoundland & Labrador
- Past KRC residents have found employment in Children's Mental Health, District School Boards, local children's mental health services, University Psychology Training Clinic, Provincial/Federal Corrections Services, Adult Mental Health; in hospitals, community, universities and private practice. Some residents have gone on to complete post-doctoral fellowships. Some residents have also found employment within the agencies supporting the residency! Many opportunities for employment are available in Kingston and the Southeast Ontario region following completion of the residency.

Additional Training Resources

Each of the sites provides the following resources and facilities:

- Access to secure, quiet and unobstructed workspace in an office
- Secure storage of resident's work is provided by locking filing cabinets in a locked office
- Efficient means of communication with supervisors is available through proximity of offices, email, voicemail, video conferencing, and telephone access
- Secure and sound-dampened space in which to carry out professional activities
- Access to computers, photocopiers, scanners, and printers
- Audiovisual resources necessary for supervision (audio and video recording equipment, therapy rooms and one-way mirrors)
- A range of up-to-date assessment materials
- Tele/video conferencing platforms
- A number of structured and regular educational activities

Description of Rotations

Ongwanada Developmental Services (The Host Agency) www.ongwanada.com

Ongwanada Developmental Services is a non-profit organization that offers services and community supports to approximately 600 people with developmental disabilities and their families in Kingston and Eastern Ontario. Founded in 1948, Ongwanada is funded primarily by the Ministry of Children, Community and Social Services and managed by a volunteer Board of Directors. The organization is affiliated with Queen's University and St. Lawrence College and collaborates internationally in research to enhance the understanding and improve the quality of life of individuals with developmental disabilities.

Ongwanada has two separate (but collaborative) services within the agency. A resident may choose to just specifically focus on one rotation (Psychological Services or Community Behavioural Services); however, it is also not unusual for residents to be involved with supported individuals' cases across both rotations. Ultimately, the supervisor will work with the resident to determine their training goals, and then to ensure that the primary focus of the rotation meets their needs (e.g., a resident with a desire to learn more about serving adolescents living in the community may wish to focus on a CBS rotation).

Ongwanada: Psychological Services (PS) Rotation

Supervising Psychologist: ***At the time of posting this brochure, this program had no Psychology staff available to supervise Residents.***
Populations served: Adults
Location of persons served: Supported Group Living homes, Specialized Accommodations

Areas: Clinical Psychology, Developmental Disability Focused
Address: 191 Portsmouth Ave, Kingston, ON K7M 8A6

Role of Psychologists and Residents

Psychological Services (PS) provides a range of psychological services to persons who have a developmental disability using a bio-psycho-social approach. Various types of assessments are conducted (e.g., diagnostic, adaptive, functional, environmental, personality, behavioural, cognitive, medication reviews, researching possible links among physical impairments and genetic syndromes and presenting problems). Recommendations from the assessments relate to short- and long-term planning of supports (e.g., environmental supports, skill acquisition, further assessments, treatment planning). Assessment feedback is routinely provided to a multidisciplinary team which includes the identified person, the family and the team of involved care providers. Interventions may include individual therapy or the development of a behavioural support plan. Occasionally, small group sessions are arranged for individuals with similar needs (e.g., anger management, emotion regulation, and sexuality). Consultation services are provided to supportive living and community participation support staff, as well as other care providers.

Residents can also be involved in consultation and assessment with individuals residing at Ongwanada Specialized Accommodations (Sunnyside Road and Haig Road). Depending on available opportunities, residents may participate in interdisciplinary clinical consultation, assessment, case review, behavioural support planning and education.

Supported Individual and Referral Information

Eligibility for and referral to funded developmental services for adults with a developmental disability are approved through Developmental Services Ontario (DSO). Referrals to Psychological Services (PS) are reviewed in accordance with Ongwanada's current intake and service eligibility processes. Presenting problems include; behavioural support needs, including behaviour that may present risk to the person or others (e.g., aggression towards self or other), psychiatric disorders (e.g., dementia, PTSD, mood, and anxiety disorders), and individual stress, attachment, grief, and sexuality issues.

Rotation Information

The specific activities for each resident are discussed at the beginning of the rotation and based on the resident's goals and previous experience. Depending on the supported individuals' needs and clinical questions, provision of psychological services may require extensive review of clinical records, collection of information from multiple informants, observation of the person in various settings/ environments, direct work with the individual, and researching the literature for evidence-based practices. Supervision of Clinical Psychology graduate students and Behavioural Science students may be possible if student placements occur during the resident's rotation. Finally, the resident may have opportunities to participate in psychiatry clinics and interdisciplinary clinical consultations. In these clinics the resident will learn about

psychopharmacology, various physical impairments, genetic syndromes, and their link to presenting problems.

Most of these activities require frequent communication with the supported individuals support workers and the interdisciplinary team. Team members may include the individual, the family or substitute decision maker, supported group living staff and management, community participation support providers, service coordinators (case managers), and other community support providers; as well as professionals from various disciplines such as physiotherapy, occupational therapy, dietary, nursing, social work, and psychiatry.

Examples of goals from previous residents for this rotation have included: gaining experience in formulating referral questions and case conceptualization; assessment and treatment planning based on complex case file reviews; evaluation of supported individuals' response to psychotropic medication change; gain experience in differential diagnosis (e.g., dementia versus mood disorder); complete a comprehensive assessment with the goal of contributing to a behaviour support plan.

Ongwanada: Community Behavioural Services (CBS) Rotation

Supervising Psychologist***: At the time of posting this brochure, this program had no Psychology staff available to supervise Residents.***
Populations served: Children, Adolescents, Transition Aged Youth, Adults
Location of persons served: Within family of origin homes, community respite care
Areas: Clinical Psychology, Developmental Disability Focused
Address: 191 Portsmouth Ave, Kingston, ON K7M 8A6

Community Behavioural Services (CBS) works with people with developmental disabilities and their families, caregivers and other supports to understand behaviour in context, build skills and develop practical strategies that support participation and quality of life.

Role of Psychologists and Residents

CBS operates within the mediator model, which consists of the training of someone in the person's natural environment to implement an intervention. Service provided by the behaviour therapist can include assessment, consultation, education, and training in a variety of settings. Small group sessions are occasionally arranged for persons and families with similar needs. Consultations with the referral source and other agencies are provided as needed and on request. In order to supervise the behaviour therapists, the resident will become knowledgeable about the work of the behaviour therapists. Familiarity is obtained by working with the therapists on cases, as well as providing supervision on those cases. In addition, there are training opportunities in the more traditional roles of a psychologist, in all the core competencies and can include brief or full psychometric assessment, psychotherapy (8 to 12 sessions), case review and formulation, parent consultation/psychoeducation, and determining eligibility for CBS services.

Client and Referral Information

All referrals are reviewed in accordance with Ongwanada's current service eligibility processes. Referrals for children are accepted from the person, parents, physicians, teachers, and other professionals and agencies. The family and person themselves must be in agreement before a referral is made. Referrals for adults must come through the DSO.

Persons referred for CBS are at least two years of age, diagnosed with (or at risk for) a developmental disability, live with their families or another caregiver in the community who can function as mediator, and reside in Frontenac County. There is no upper age limit for this service though currently the majority of referrals are for children, adolescents, and transition-aged youth (up to age 19). Reasons for referral vary widely, but can include achieving developmental milestones, aggression towards self or others, destruction of property, social issues, sleep issues and development of specific parenting skills.

Rotation Information

Each behaviour therapist meets monthly for case reviews with the supervising psychologist. As part of the supervising responsibilities, records are kept of the discussions by the psychologist, future directions are determined, and decisions on issues are documented. The psychologist reviews the waiting list, prioritizes cases, and determines assignment to a behaviour therapist. Past residents have taken on responsibility for collaborating with behaviour therapists on 3 to 5 cases, and have provided structured assessment, psychotherapy, and consultation as needed. Further responsibilities entail reviewing intake reports for eligibility prior to being approved; review of files in preparation for opening cases, providing a provisional formulation to direct the initial discussion.

Examples of goals of previous residents for this rotation have included: brief assessment of receptive and expressive language, exposure to functional behavioural assessment measures, supervision of behaviour therapists in cases with developmental disability, emotional regulation therapy and supportive counselling interventions, review of intake reports for eligibility/direction with the Supervising Psychologist; and increased familiarity with psychopharmacological interventions.

Providence Care Hospital http://www.providencecare.ca

One of Kingston's university hospitals, Providence Care Centre is southeastern Ontario's centre for rehabilitation, specialized geriatric care, restorative rehabilitative care, complex medical management, specialized mental health care, and palliative care. Through affiliations with Queen's University, Providence Care Centre is also a major centre for teaching and research. Three programs participate in the residency consortium: Community Brain Injury Services (CBIS); Seniors' Mental Health (SMH); and the Dual Diagnosis Consultation Outreach Team (DDCOT).

Providence Care Hospital: Community Brain Injury Services (CBIS) Rotation

Supervising Psychologist: Dr. Martin Logan[11] ***This rotation will not be available for 2027-2028.***
Populations served: Adults
Areas: Neuropsychology, Rehabilitation Psychology, Clinical Psychology
Address: 303 Bagot St., Kingston, ON K7K 5W7

Community Brain Injury Services (CBIS) is a community-based agency that provides support to adults with acquired brain injuries (ABI) after their return to a community setting. Although the cause of the brain injury varies, many clients' injuries are due to motor-vehicle incidents, falls, or as a result of medical diagnoses (e.g., tumours, strokes). CBIS provides individualized programs based on roles identified by the participant, family and friends, referring sources, and staff. Together we help adults with acquired brain injuries be part of their community. Services are provided primarily by community-rehabilitation counsellors with the advice and support of a psychologist trained in the areas of rehabilitation and neuropsychology. CBIS has an outreach program, supported living program, system navigation program, and skills training/psychoeducational support groups.

Role of Psychologists and Residents

The CBIS psychologist provides assessment, psychotherapy (individual and group), consultation with rehab professionals, as well as clinical direction for all client services. In partnership with Queen's University and other post-secondary institutions, CBIS is committed to research to deepen the understanding of brain injury and to evaluate services to help us continue to improve. Areas of interest include community integration, social and vocational support, issues for older caregivers, and social/cognitive aspects of traumatic onset of disability. CBIS and the psychologist also provide education to regional service providers through conferences and workshops.

Client and Referral Information

CBIS serves adults between the ages of 18 and 64 years who have an acquired brain injury. Services are provided across the counties of Frontenac, Lennox & Addington, Lanark, Leeds & Grenville, Hastings and Prince Edward through three offices (Kingston, Brockville, and Belleville). Psychological services are accessed through the CBIS referral process. Referrals are accepted from service providers, individuals, and family members. A written referral form with medical documentation of an acquired brain injury is required. CBIS Service Coordinators contact the person within one month of referral. When service begins depends on the person's needs and available resources.

[1] This is a Clinical Psychology Residency, but the Supervising Psychologist is a Neuropsychologist

Rotation Information

CBIS provides training in the specific skill sets needed for working with people who have acquired brain injuries. This rotation is focused on collaborating with adults to facilitate their participation in roles that are important to them. CBIS services are delivered through the participate-to-learn model, which rests on roles as goals, learning by experience in real-life contexts, and the use of personal and environmental supports to enable participation. Under the supervision of a licensed psychologist, the resident will have an opportunity to provide extensive supervision through regular meetings and case reviews. In addition to providing supervision to rehabilitation counsellors, the resident will have opportunities to carry out one-to-one therapy with clients and their caregivers, conduct neuropsychological assessments complete with recommendations, run groups (e.g., new client group, caregivers group, post-concussion syndrome group), attend inpatient neuropathology rounds, as well as consult with other community agencies. Staff-training opportunities are also abundant at this rotation. Since CBIS serves clients from across Southeastern Ontario, most of the services are provided through one of CBIS' three offices which are located in Belleville, downtown Kingston and Brockville. At times, clients may also be seen in their homes. Given the large service area, travel is a part of this rotation and provides opportunities for professional development and supervision. Transportation is provided, if necessary.

Examples of goals from previous residents for this rotation have included: Learning and administering a wide range of neuro/psychological assessments; Integration of information to develop a cohesive psychological report/client service plan that helps to tailor rehabilitation programs to the roles and plans of persons who have sustained acquired brain injuries; Participate as a co-facilitator in new client groups; Consult and gain experience in case reviews and program planning; Gain experience in understanding the role of psychology within a community based rehabilitation program.

Providence Care Hospital: Seniors Mental Health (SMH) Rotation

Supervising Psychologist: Dr. Alisha Abbott

Populations Served: Adults, Older Adults

Areas of Practice**:** Neuropsychology, Clinical Psychology, Rehabilitation Psychology

Address: 752 King St. W., Kingston, ON K7L 4X3

Areas of Professional Interest: Differential diagnosis of neurodegenerative diseases and atypical dementias, as well as the adaptation of cognitive-behavioural therapy approaches for older adult populations.

Role of Psychologists and Residents

The Seniors Mental Health (SMH) Program provides outpatient services to older adults experiencing age-related cognitive, behavioural, and/or mood disturbances throughout Kingston and the counties of Frontenac, Lennox and Addington, Hastings, and Prince Edward. Psychology services are delivered within a multidisciplinary model of care that includes collaboration with geriatric psychiatrists, case managers, occupational therapists, social workers, and other allied health professionals.

The neuropsychology service is primarily assessment-based, with additional opportunities for both individual and group intervention. Residents conduct comprehensive neuropsychological assessments for older adults with suspected neurocognitive disorders and participate in feedback sessions with clients, families, and members of the interdisciplinary team. Common referral questions involve diagnostic clarification, characterization of cognitive strengths and weaknesses, and evaluation of how cognitive functioning may affect safety and independent living, including issues such as driving.

Residents may also provide individual and group cognitive-behavioural therapy for older adults presenting with mood disorders and participate in a compensatory memory group for individuals experiencing age-related memory concerns. Individual therapy is typically time-limited, often ranging from 8 to 12 sessions, and focuses primarily on the treatment of late-life depression and anxiety using evidence-based interventions.

Client and Referral Information

Referrals to the SMH Neuropsychology Service are received internally from program psychiatrists. Referrals most commonly involve diagnostic clarification and assessment of cognitive functioning, with an emphasis on understanding how cognitive changes may affect day-to-day functioning, independence, and safety within the community.

Rotation Information

The Seniors Mental Health rotation provides residents with specialized training in the assessment and treatment of older adults experiencing cognitive, emotional, and behavioural changes associated with aging and neurological illness. Through direct clinical experience, residents develop skills in identifying neuropsychological patterns associated with neurodegenerative diseases and other cognitive disorders, designing assessment plans that address specific referral questions, and formulating recommendations related to cognitive remediation, compensatory strategies, and community supports.

Residents gain experience communicating complex assessment findings to clients, families, and healthcare professionals, while also learning to work effectively within an interdisciplinary team. In addition to clinical activities, residents may participate in educational and professional development opportunities such as in-services, the Psychology Community of Practice Journal Club, Psychiatry Grand Rounds, and other program-based learning activities as available.

Providence Care Hospital: Dual Diagnosis Consultation Outreach Team[2] Rotation

Supervising Psychologist: Dr. Laura Hewett

Special Interest: Dementia Assessment in adults with Intellectual Disabilities with and without Down Syndrome
Populations served: Adolescents, Adults, Seniors
Areas: Clinical Psychology, Developmental Disability focused
Address: 2-55 Rideau St., Kingston, ON K7K 2Z8

The Dual Diagnosis Consultation Outreach Team (DDCOT) is a specialized mental health team that provides assessment, consultation and short-term intervention to adults (age 16 and up) who have an Intellectual Disability and/or Autism Spectrum Disorder and a suspected mental health issue or behavioural disorder. This interdisciplinary team (psychology, psychiatry, social work, occupational therapy, and nursing) works with the individual, family members, Developmental Service agencies, mental health service providers, physicians and others to improve the well-being of clients with a dual diagnosis.

Role of Psychologist and Residents

The DDCOT currently includes one full-time psychologist. Psychological services include: reviewing fit for services and consulting with referral sources; individual assessment for mental health conditions, cognitive strengths and challenges, neurocognitive disorders, adaptive skills, and/or autism spectrum disorders to inform support levels and strategies and treatment; psychotherapy for issues such as emotion dysregulation, depression, anxiety disorders, grief, etc.; collaboration with the interdisciplinary team for treatment planning; consultation to persons, families, Developmental Services and other service providers and agencies, education, training; and program evaluation.

Rotation Information

The rotation with the Dual Diagnosis Consultation Outreach Team (DDCOT) provides training in working with adolescents and adults with Intellectual Disabilities and mental health needs. Psychology residents will learn about the Developmental Services system and mental and physical healthcare systems in Ontario as they intersect for adults with Neurodevelopmental Disorders and how to effectively support and advocate within these services for the wellbeing of this vulnerable population. The resident is exposed to consultation across the sectors, identifying the roles of the client's intellectual functioning, health and genetic syndromes, as well as social context in their current mental health and behavioural presentation and

[2] Note that this rotation is combined with the Queen's University Department of Psychiatry Developmental Disabilities Consulting Program (DDCP) and the resident will typically spend half the rotation at each site (i.e., 2 days per week at DDCOT and 2 days per week at DDCP).

advocating for and initiating treatment to benefit them as appropriate. Residents will enhance their skills in assessment, therapy and consultation by the opportunities to practice adapting these skills to the unique abilities of their clients and their support milieu. A major focus of this rotation is interdisciplinary teamwork, and the resident is invited to participate actively in this process at regular team meetings and during team consultations with persons and their support networks in Kingston and when travelling with the supervisor and/or teammates to surrounding areas. In addition to conducting assessments and individual psychotherapy, the resident could also be involved in any therapy groups running during the rotation (e.g. adapted Dialectical Behaviour Therapy, social skills, sexuality, interoceptive awareness, etc.) as well as consultations to a variety of agencies, families, mental health and health professionals (e.g., family physicians regarding investigations of physical health factors affecting behavioural presentations). Complexities including rare genetic syndromes, medical issues, poly-medication management, sensory processing difficulties, functional impairments, and advocacy regarding social system issues, are a regular part of case conceptualization and the resident will gain exposure to working with these additional clinical practice issues.

Examples of goals of previous residents for this rotation have included: Gain experience in assessing for neurocognitive disorders in adults with Intellectual Disabilities with and without Down Syndrome; Tailor individual therapy approach to language and cognitive functioning of client with Intellectual Disability; Increase breadth of experience with new adult psychometric evaluation methods; Gain exposure to the process of consultation to varying community agencies; Gain experience in teasing apart the contributions of health conditions, genetic disorders, and cognitive functioning to mental health presentations; Gain understanding of the roles of psychology in different models of multidisciplinary teamwork.

Queen's University–Department of Psychiatry Developmental Disabilities Consulting Program[3]

https://psychiatry.queensu.ca/divisions/developmental-disabilities/ddcp

Supervising Psychologists: Dr. Jessica Jones, Dr. Patricia Minnes
Populations served: Child/Adolescent, Adult/Senior
Areas: Clinical Psychology, Developmental Disability focused
Address: 2-55 Rideau St., Kingston, ON K7K 2Z8

Supervising Psychologists: Dr. Jessica Jones, Dr. Patricia Minnes
Populations served: Child/Adolescent, Adult/Senior
Areas: Clinical Psychology, Lifespan, Developmental Disability/Neurodevelopmental Disorder, Psychiatry/Mental Health focused

[4]Note that this rotation is typically combined with the Providence Care Dual Diagnosis Consultation Outreach Team and the resident will typically spend half the rotation at each site.

Address: 817 Division St., Kingston, ON K7K 4C2

The Developmental Disabilities Consulting Program (DDCP) is an interdisciplinary service-academic program within the Department of Psychiatry, Division of Developmental Disabilities at Queen's University. Its specialized interprofessional team works primarily with children and adults with intellectual/developmental disabilities and/or autism spectrum disorders who also present with mental health concerns, complex behavioral needs, or diagnostic questions. The clinical team includes psychiatry, psychology, and occupational therapy and contributes to clinical service, research, education, and training.

Role of Psychologists and Residents

Psychology provides assessment, consultation, intervention, education, and program development services through psychology-specific and interprofessional clinics. Psychologists conduct psychodiagnostic assessments related to intellectual/developmental disability, autism, mental health, cognitive and adaptive functioning, and complex behavioral presentations. The program also offers focused Developmental Services Ontario (DSO) eligibility assessments of cognitive and adaptive functioning. Training is available for residents with less experience assessing individuals with developmental disabilities or complex communication and support needs.

Other services include diagnostic clarification and differential diagnosis; adapted individual and group psychotherapy, including CBT and DBT approaches; behavioral assessment and consultation; caregiver and family consultation; staff and agency training; and consultation regarding behavior support planning. Assessment and intervention approaches are adapted to clients' developmental, cognitive, communication, sensory, cultural, and environmental needs.

Specialized opportunities may be available in complex autism, family and caregiver intervention, forensic and risk-related concerns, sexualized or offending behavior, and consultation involving developmental, mental health, child welfare, education, and justice systems. Residents may also have opportunities to provide training or supervision to psychology practicum students, behavior therapists, or other learners, depending on availability and the resident's competencies and goals.

Client and Referral Information

Referrals are received from physicians, pediatricians, psychiatrists, community agencies, caregivers, and families. Clients may be seen individually or with caregivers, family members, or support staff in office, hospital, residential home, community, or virtual settings. Interprofessional clinics provide team-based assessments, diagnostic clarification, formulation, and treatment or support planning.

Services may be publicly funded, provided through agreements with community agencies, or funded privately through insurance or third-party organizations. Fee-for-service options include comprehensive psychodiagnostic assessments and focused DSO-eligibility assessments,

individual therapy, and psychological consultation.

DDCP serves children and adults in Kingston and across Southeastern Ontario, including Frontenac, Lennox and Addington, Hastings, Prince Edward, Lanark, Leeds and Grenville, and surrounding areas. Some outreach opportunities may involve regional travel.

Rotation Information

The DDCP rotation is tailored to the resident's competencies, training goals, and desired areas of growth. Residents gain experience in the varied roles of psychologists as clinicians, consultants, educators, researchers, program developers, and supervisors. They work across the lifespan with individuals presenting with intellectual/developmental disabilities, autism, mental health concerns, complex behavior, trauma, communication differences, and multisystem service needs. Depending on their goals, residents may participate in comprehensive assessments, psychological and interprofessional consultation, adapted psychotherapy, behavioral consultation, caregiver and staff intervention, program development, and community capacity-building. Specialized forensic, autism, family, or behavioral opportunities may also be available.

Residents attend regular DDCP team meetings where referrals are triaged, clinical cases are discussed, and service, educational, research, and program activities are coordinated. These meetings support interprofessional learning and understanding of the distinct and complementary roles of psychology, psychiatry, occupational therapy, and community providers.

Residents typically assume primary responsibility, under supervision, for a caseload of assessment, consultation, and/or therapy cases and participate in psychology-specific and interprofessional clinics. Services may take place in Kingston, virtually, or at outreach locations. Travel requirements will be discussed when developing the resident's individualized rotation plan.

Residents may work alongside psychiatry residents, medical learners, family medicine trainees, rehabilitation students, and behavior therapists. Depending on available opportunities, they may also participate in tiered supervision or community training. Interested residents may be provided with time and support to participate in ongoing research, program evaluation, quality improvement, or knowledge translation, depending on their interests, availability, and projects underway during the rotation. Research opportunities may include projects related to adapted DBT groups or the Province of Ontario Neurodevelopmental Disorders (POND) Network, including neurodevelopmental assessments. Educational opportunities may include case presentations, community agency training, health professional education, departmental rounds, and other teaching activities.

Examples of Resident Training Goals

Previous resident goals have included developing competence in interviewing and assessment

procedures adapted for individuals with dual diagnosis (i.e., IDD and/or ASD with co-occurring mental health concerns or complex behavioral presentations); gaining experience with evidence-based, developmentally adapted interventions; and strengthening skills in interprofessional case conceptualization, differential diagnosis, and clinical formulation. Other goals have included expanding knowledge of multimodal therapeutic approaches, such as individual, family, and group therapy and individually adapted CBT and DBT, and gaining exposure to forensic psychology services, including risk assessment and management, offence-focused intervention, and psychological court reports.

KHSC (Hotel Dieu Hospital)- KidsInclusive Rotation

www.kidsinclusive.ca

Supervising Psychologists: Dr. Tess Clifford
Populations served: Child, Adolescent, Families, Adult Caregivers
Areas: Clinical Psychology, Developmental Disability focused
Address: 166 Brock St., Kingston, ON K7L 5G2

KidsInclusive is one of twenty children's treatment centres in Ontario. It is an outpatient rehabilitation centre based within Kingston Health Sciences Centre, Hotel Dieu Hospital Site that provides multi-disciplinary assessment and treatment for children and adolescents with physical, neurological and developmental disabilities and school-based rehabilitation services. KidsInclusive also serves as an Autism Diagnostic Hub site for the Southeast region, and provides Ontario Autism Program funded core services, including parent-mediated early interventions, and Urgent Response Services. KidsInclusive offers diagnostic and case management services for children and youth with Fetal Alcohol Spectrum Disorder (FASD), as well as multiple other services supporting child development.

Role of Psychologists and Residents

KidsInclusive currently has one full-time psychologist, three part-time psychologists, and a psychometrist providing psychological services including: psychological assessment, consultation, and brief intervention services to children and youth ranging in ages from 2 to 18 years.

Dr. Clifford is currently splitting her time between the Autism Diagnostic Hub, and Urgent Response Service, while also providing supervision for the Social ABCs, parent-mediated early intervention program for toddlers with autism, and consultation to several other programs at KidsInclusive. This work includes collaboration with multidisciplinary teams, supervision, and consultation, as well as education to other service providers for capacity building. Dr. Clifford assesses neurodevelopmental conditions with a focus on autism, typically assessing clients aged 8 to 18. The Urgent Response Service is a multidisciplinary team providing short term support towards stabilization for high risks behaviours (e.g., suicidal ideation, aggression, property

destruction) for children and youth with autism and their families. Her work takes a neuroaffirming approach to assessment, consultation and intervention, and residents will be encouraged to do the same.

There may be opportunities for residents to work with the other psychologists at KidsInclusive who complete standardized assessments for FASD and Intellectual Disability (ID), as well as psychological assessment for children and youth post-brain injury. Work with other diagnosticians and age groups within the Autism Diagnostic Hub is also possible.

Client and Referral Information

Referrals to KidsInclusive diagnostic services are received externally from physicians (i.e., family doctor; paediatrician) and for intervention services referrals can be made by caregivers, service providers and school staff.

Rotation Information

Residents working with Dr. Clifford will learn to complete autism diagnostic assessments, including semi-structured interview and interaction based observational assessment with children and youth. There is an opportunity to engage in this experience as a minor rotation (1 day per week over several months).

Residents may also be involved in consultation and brief intervention for children, youth, and caregivers, participating in the Urgent Response Service. The Urgent Response Service is a brief, time limited multidisciplinary consultation and treatment service designed to support families in stabilization of high-risk behaviours, and reducing the need for crisis services (e.g., hospitalization, placement out of home). The psychologist provides leadership in treatment planning in this service, and consultation with team members and community partners. This team includes numerous allied health members, including Psychotherapists, Occupational Therapist, Social Worker, Registered Behaviour Analysts, Autism Services Therapists, and Care Coordinators. Residents have the opportunity to become part of effective and efficient multidisciplinary team.

Residents may also be involved in other experiences, based on supervisor availability, including standardized psychological assessment (queries of FASD or ID), supervision of psychometrist and/or practicum students, and consultation with rehab services teams across KidsInclusive.

Examples of Resident Training Goals

Previous resident goals have included developing competence and confidence in neuroaffirming autism assessment with children and youth; providing psychotherapy for parents using an ACT informed approach; providing individual therapy to an autistic youth experiencing suicidal ideation; and building skills in team-based case conceptualization and consultation.

KHSC (Hotel Dieu Hospital) Chronic Pain Program

Supervising Psychologist**:** Dr. Rebecca McDermott
Populations served**:** Adults
Location of persons served**:** Outpatient individuals with Chronic Pain
Areas: Clinical Psychology
Address: 166 Brock St, Kingston, ON K7L 5G2

Role of Psychologists and Residents

There is one psychologist at the Chronic Pain Clinic, working alongside social work, occupational therapy, physiotherapy, nursing, and physicians. Psychologists play a critical role in consultation, program development, assessment, and psychotherapy. In particular, psychology assesses patients to support navigation of the mental health system and to treat mental health conditions that may interfere with patients' ability to engage in the interdisciplinary pain pathway or manage their pain effectively.

Psychology completes a range of assessments. Psychodiagnostic assessments are provided to support system navigation, enhance patient understanding, and, when appropriate, facilitate access to disability services. Psychological assessments are also conducted to inform medical interventions, such as spinal cord stimulator implantation, or to address other concerns identified by medical providers, with recommendations provided as appropriate. Another important aspect of psychological assessment is treatment planning within the interdisciplinary team. Psychologists help patients understand the patterns that may be maintaining the pain cycle and support them in identifying and approaching meaningful areas of change.
Traditional psychotherapy models are used alongside emerging and novel research-informed interventions, including work related to psychedelics. All psychological interventions are informed by contemporary pain neuroscience as a core element.
Psychology consultation is another key role within the team. This includes consulting with other team members regarding behavioural approaches to patient care, as well as providing consultation around risk assessment and management.

Client and Referral Information

Patients access psychology services through direct referral from another member of the Chronic Pain Clinic team. Patients are referred to the clinic by their primary care practitioner or through referral from another specialist, with agreement from their primary care provider.

Rotation Information

The specific activities for each resident are discussed at the beginning of the rotation and are based on the resident's goals, previous experience, and training needs.
At the Chronic Pain Clinic, residents will acquire skills in conducting mental health and chronic pain assessments. They will have the opportunity to carry at least one psychotherapy client.

The clinic uses a variety of empirically supported, evidence-based interventions, and residents will have the opportunity to acquire or further refine competence in at least one of these approaches (e.g., DBT, ERP, PE, CPT, EMDR, ACT, or CBT for chronic pain).

Residents may facilitate group therapy, engage in interprofessional collaboration with physicians, nurses, and allied health professionals, and participate in patient outcome monitoring, as well as program development and evaluation.

Residents will also have opportunities to engage in activities that promote professional development and adherence to professional standards, including attending meetings with professional practice leads across sites, consulting with colleagues regarding complex clinical cases, and conducting suicide risk assessments.

Throughout the placement, residents will receive regular supervision to support their clinical work and ongoing professional development.

Limestone District School Board Rotation www.limestone.on.ca

Supervising Psychologists: Dr. Petra McDowell & Dr. Megan Brunet
Populations Served: Children and Adolescents
Areas: Clinical Psychology, Developmental Disability focused
Address: 164 Van Order Drive, Kingston, ON K7M 1C1

The Limestone District School Board provides public education to approximately 21,000 students within a catchment that covers over 7,000 km^2. Students range in age from 3-21 years. The psychology team at LDSB consists of 7 clinical staff (including 5 registered psychologists) that work as part of the school teams to support various student learning and behavioural needs.

Role of Psychologists and Residents

Each psychologist is responsible for a subset of schools that include students in both elementary and secondary school. Psychology involvement is requested by the school when they are struggling to adequately support a student's needs. The psychologist then works with the in-school multidisciplinary team (i.e., principal/vice principal, learning support teacher, classroom teacher, counsellor, speech and language pathologist, social worker, etc.) and often also with community providers to ensure that the student has appropriate support in place.

Depending on the student needs and presenting concerns, the psychologist may complete an in-depth consultation that involves review of available information, interviews with parents, teachers, and/or community professionals, completion of questionnaires, and observations. In other cases, a full psychological assessment may be required to help clarify the student's profile. The psychologist may also provide brief intervention for select students to help them address a specific issue.

The psychology team sees students with a broad range of presenting concerns, and they are often the first healthcare providers to note challenges (e.g., for young children who have not been in daycare prior to entering school or children who may not have had access to other services). Common diagnoses provided by school psychologists include Attention-Deficit/Hyperactivity Disorder, Learning Disability, Intellectual Disability, Anxiety, Depression, and Autism Spectrum Disorder. Given the complexity of the students' presentations, consideration of differential diagnoses is an essential aspect of all psychology services.

Client and Referral Information

Students who are presenting with needs are identified by the school and are brought to the attention of the psychologist assigned to that school. Students are prioritized for psychology support in collaboration with the in-school team, and services are provided as clinically appropriate. Reasons for referral to the psychology team vary and include learning concerns (e.g., student is not progressing despite extra learning support), behavioural concerns (e.g., student is presenting with aggressive behaviours that are difficult to manage by the school team), developmental concerns (e.g., the student is not meeting developmental or social milestones), and mental health issues (e.g., student is presenting with anxiety in the classroom).

Regional Assessment and Resource Centre (RARC)

https://www.queensu.ca/rarc/

Supervising Psychologists: Dr. Beth Pollock[5], Dr. Melanie Edwards, Dr. Daniel Hargadon, Dr. Jennifer Curry
Populations served: Child, Adolescent, and Adult
Areas: Clinical Psychology, School Psychology, Clinical Neuropsychology
Address: Queen's University, Mackintosh-Corry Hall, B100, 68 University Avenue, Kingston, Ontario, Canada K7L 3N6

The Regional Assessment and Resource Centre (RARC) promotes equity and access for students with neurodevelopmental disorders in post-secondary education, by providing evidence-based services and supports to students, practitioners, and educators across Ontario. The RARC strives for excellence in empirically driven assessments, training, transition programming, and research, all in the pursuit of equipping students with the knowledge, skills, resources, and abilities required to access and navigate post-secondary education.[4]

Role of Psychologists and Residents

The Regional Assessment and Resource Centre (RARC) currently includes four full-time psychologists. Psychological staff provide comprehensive assessment services to students with known or suspected neurodevelopmental disorders affecting academic access. Practitioners

[4] The residency is accredited as a Clinical Psychology Program, despite having a neuropsychologist as supervisor.

additionally support the development and implementation of transition programming for students moving from elementary to secondary school and those moving from secondary to post-secondary education. RARC staff are active in research, with projects mainly focussed on the assessment and accommodation of students with accessibility needs.

Rotation Information

The rotation with the Regional Assessment and Resource Centre (RARC) provides training in assessing and supporting children, adolescents, and adults with neurodevelopmental disorders that affect academic access. Residents participate in all stages of the assessment process under licensed supervision: intake interviewing; selection and administration of standardized measures; interpretation and integration of test data with clinical interview and academic history; writing clear, accommodation-focused reports for non-clinical audiences; providing feedback to students; and engaging in case consultation with educational stakeholders. Opportunities will be available for the resident to supervise Queen's psychology graduate students. Depending on interest, residents may additionally run groups through the Queen's Student Wellness Service for students with neurodevelopmental conditions who have comorbid mental health concerns. Residents may also participate in research activities at the RARC. Rotation activities are tailored to the resident's training level and learning goals and are agreed upon at the start of the placement. Typical responsibilities include:

- Conducting structured intake and functional interviews focused on academic tasks and learning contexts.
- Selecting and administering appropriate measures (e.g., intellectual, processing, memory, achievement, attention, emotional functioning) and validated effort measures; scoring and interpreting results.
- Integrating assessment results with developmental, academic, and mental health histories to formulate a clear case conceptualization and accommodation recommendations that map to essential academic requirements.
- Drafting clear, reader-friendly assessment reports and delivering feedback sessions to students that focus on actionable strategies and supports.
- Participating in case conceptualization and journal club meetings.

Supervision is provided by the RARC supervising psychologist and includes direct observation, joint assessments, case review, and feedback on reports and feedback sessions. Residents are expected to maintain professionalism, confidentiality, and awareness of applicable privacy legislation and university policies (e.g., PHIPA/PIPEDA considerations for data storage and disclosure).

This rotation emphasizes the translation of clinical assessment into actionable, evidence-based accommodations and supports appropriate to the post-secondary context, with attention to ethical practice, documentation, and interprofessional collaboration.

Program Faculty

The Kingston Residency Consortium consists of a Director of Training, who is employed at Ongwanada, and the psychologists who are employed in their respective psychological services departments at each of the partner agencies. In addition, the resident is encouraged to interact with and learn from other available staff, including psychological associates, psychometrists and behaviour therapists. And finally, residents are involved with many other disciplines through inter-professional teams.

Credentials of Staff Involved

All primary supervisors are psychologists registered within the province of Ontario and have completed the requirements for registration with the College of Psychologists and Behaviour Analysts of Ontario. These clinical psychologists provide the primary supervision. However, training may also be provided by psychological associates, supervised staff (e.g., psychologists in supervised practice, and behaviour therapists) or inter-professional team members (psychiatrists, social workers, occupational therapists, nurses, physiotherapists, etc.). Please note that despite having neuropsychologists in the faculty, the training focus is in Clinical Psychology. Faculty are listed below:

Director of Training

Dr. Lindy Kilik, Neuropsychologist
Degrees: BSc. University of Toronto (Psychology), MSc. Clinical Psychology (Queen's University), Ph.D. Clinical Psychology (Queen's University)
Internship: Queen's University, Kingston General Hospital and Kingston Psychiatric Hospital (Now part of Providence Care Hospital)
Registration: Neuropsychology, Rehabilitation Psychology and Clinical Psychology

Primary Supervisors

Dr. Laura Hewett, Psychologist
Degrees: B.Sc.H Life Sciences (Queen's University), M.A. Clinical Psychology (Queen's University), Ph.D. Clinical Psychology (Queen's University)
Internship: Kingston Internship Consortium, Kingston, Ontario
Setting: Providence Care Centre, Mental Health Services – Dual Diagnosis Consultation Outreach Team (DDCOT)
Registration: Clinical and Rehabilitation Psychology

Dr. Jessica Jones, Psychologist
Degrees: B.A. (Ottawa), D. Clin. Psy. (University of Wales, Cardiff), P. Cert. Applied Psychology (Glamorgan University)
Internship: Cardiff University: Llandaff Hospital – Neurological Rehabilitation Hospital; Caswell Clinic – Regional Forensic Medium Secure Unit; Llwyneryr Unit – Learning Disability Adult

Treatment Unit & Child Challenging Behaviour Team
Setting: Queen's University – Department of Psychiatry Developmental Disabilities Consulting (DDCP), Program, Providence Care – Mental Health Services Dual Diagnosis Consultation Outreach Team
Registration: Clinical and Forensic Psychology

Dr. Alisha Abbott, Neuropsychologist
Degrees: Doctor of Philosophy, Simon Fraser University, September 2015
Internship: Vancouver Coastal Health
Setting: Providence Care Centre-Mental Health Services, Seniors Mental Health
Registration Area(s): Clinical Neuropsychology, Clinical Psychology, and Rehabilitation
Populations Registered in: Adults and Geriatrics

Dr. Martin Logan, Neuropsychologist
Degrees: B.A. (University of Ottawa), M.A. (University of Ottawa), Ph. D. (University of Calgary)
Internship: Neuropsychology - Hamilton Health Sciences / Chedoke McMaster Post-Doctoral Internship
Setting: Providence Care Centre – Community Brain Injury Services
Registration: Rehabilitation, Clinical Neuropsychology

Dr. Patricia Minnes, Psychologist
Degrees: B.A. (Hons) (Queen's University); M.Phil. Clinical Psychology (University of Edinburgh, Scotland); Ph.D. Developmental Psychology (York University, Toronto)
Internship: Clark Institute, Child and Family Studies Centre, Toronto, Ont.
Setting: Department of Psychiatry Developmental Disabilities Consulting Program (DDCP)
Registration: Clinical, Counselling and Rehabilitation Psychology

Dr. Tess Clifford, Psychologist
Degrees: B.A. (McMaster), M.A. Clinical Psychology (Queen's University), Ph.D. Clinical Psychology (Queen's University)
Internship: Kingston Internship Consortium, Kingston, Ont.
Setting: Kingston Health Sciences Centre, Hotel Dieu Site- KidsInclusive
Registration: Clinical Psychology

Dr. Petra McDowell, Psychologist
Degrees: Ph.D. Clinical Psychology (University of New Brunswick)
Internship: Kingston Internship Consortium, Kingston, Ont.
Setting: Limestone District School Board
Registration: Clinical Psychology

Dr. Beth Pollock, Neuropsychologist
Degrees: Ph.D. Clinical Psychology-Neuropsychology Stream (University of Windsor)
Internship: Kingston Internship Consortium, Kingston, Ont.
Setting: Regional Assessment Resource Centre
Registration: Neuropsychology, Clinical Psychology

Dr. Melanie Edwards
Degrees: Ph.D. Clinical Psychology (Queen's University)
Internship: London Health Sciences Centre
Setting: Regional Assessment Resource Centre
Registration: Clinical Psychology

Dr. Daniel Hargadon,
Degrees: Ph.D. Clinical Psychology (Queen's University)
Internship: Correctional Services of Canada.
Setting: Regional Assessment Resource Centre
Registration: Clinical Psychology

Dr. Jennifer Curry
Degrees: Ph.D. Clinical Psychology (University of Alberta)
Internship: Youth Assessment Centre, Red Deer, Alberta
Setting: Regional Assessment Resource Centre
Registration: Clinical Psychology, Counselling Psychology

Dr. Rebecca McDermott
Degrees: Ph.D. Clinical Psychology (University of Western Ontario)
Internship: Royal Ottawa Hospital
Setting: KHSC (HDH) Chronic Pain Clinic
Registration: Clinical Psychology

Application Procedure

Our Consortium follows the APPIC policies and CPA Accreditation Standards with regard to preparation for the predoctoral residency year. The Residency participates in the APPIC Residency Matching Program. All applicants must register with the National Matching Services (www.natmatch.com/psychint) to be considered.

Kingston Residency Consortium NMS site number: 183811

Kingston Residency Consortium APPIC Member Number: 1838

The APPIC Application for Psychology Residency (AAPI) is available at the APPIC website at https://www.appic.org/Internships/AAPI

Your application would include:

- All elements of the AAPI Online
    - General Application, Cover Letter, Curriculum Vita (all elements), Graduate Transcripts, References, Verification By Program

- Of the 3 letters of reference, one is from your research supervisor

- Letters of reference follow the APPIC guidelines
  https://www.appic.org/Internships/AAPI#REF
  or the APPIC Standardized Reference Form
  https://www.appic.org/Portals/0/downloads/AAPI/SRF-Revised-2021.doc?ver=2021-08-08-211023-793

- We do not require any supplementary materials

Deadline for Applications: November 1 (annually)

Interview Notification: The Interview notification date recommended by Canadian Council of Professional Psychology Programs is the first Friday in December. Applicants can expect to hear no later than this first Friday in December regarding their interview status.

Interviews: Interviews are held mid-January typically the last 2 days of the 2nd week of January and the first 2 days of the third week of January, in accordance with Canadian Council of Professional Psychology Programs recommendations.

Presently**, all interviews will be conducted through videoconferencing.** Administrative assistants and support personnel will make the necessary arrangements for the interviews with invited applicants.

If any of our positions remain unfilled after the match, we will follow APPIC guidelines for participation in Match Phase II. All interviews during that time will be by telephone or videoconference platforms. In the event that there are residency positions available after Phase II of the match, the Kingston Residency Consortium may choose to participate in the Canadian post-match process sponsored through the Canadian Council of Professional Psychology Programs.

Kingston Residency Consortium agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any resident applicant. APPIC regulations make it clear that acceptance of a position is binding. We therefore ask that applicants and their Directors of Training or Department Heads carefully review their program's requirements for releasing the student to go on residency/internship, to ensure that students who are applying for positions in our Consortium will indeed be allowed to begin their training experiences on the first Tuesday, after Labour Day**.**

Privacy and Application Materials

In accordance with federal privacy legislation (*Personal Information Protection and*

***Electronics Documents Act* - http://laws.justice.gc.ca/en/P-8.6/ we are committed to only collecting the information in your application that is required to process your application.** This information is secured and shared only with those individuals involved in the evaluation of your application. **If you are not matched with our program, your personal information is destroyed within four months of Match Day.** If you are matched with our Consortium, your AAPI will be available only to those who are directly involved in your supervision and training (your rotation supervisors, the Director of Clinical Training, and relevant administrative support staff). If you are not matched with our Consortium, your personal information is destroyed one year after Phase II Match Day.

Accreditation

The Kingston Residency Consortium was first accredited in 2003/2004 by the CPA Accreditation Panel. In 2024, accreditation renewal was granted after a CPA site visit (May 23 & 24).

CPA Accreditation Panel https://www.cpa.ca/accreditation/
141 Laurier Avenue West, Suite 702, Ottawa, ON, K1P 5J3