

APPLICATION FOR ARMY CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

(For use of this form see USAREC Reg 601-37)

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 3012; 10 USC 4301; Executive Order 9397.

PRINCIPAL PURPOSE: Required for applicants to enter the Army Clinical Psychology Internship Program (CPIP).

ROUTINE USES: Used by selection board in considering applicants on a competitive basis and selecting those considered best qualified. Home address and home telephone number required for identification, for Department of the Army record purposes, and for contact purposes.

MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure of personal information is voluntary. However, failure to provide the requested information may result in nonconsideration.

THRU:

TO:

1. NAME (Last, First, Middle Initial):

2. GRADE:

3. BRANCH:

4. UNIT OF ASSIGNMENT:

5. COMPONENT (RA, USAR, ARNG):

6. PERMANENT HOME ADDRESS (Home of Record):

7. CURRENT MAILING ADDRESS AND PHONE NO. (Include Area Code):

8. ADDRESS AND PHONE NO. AFTER DATE OF _____:

9. CHECK PROGRAM(S) IN WHICH YOU HAVE PARTICIPATED:

ROTC SCHOLARSHIP

ROTC DELAY

HPSP

USUHS

10. I hereby make application for participation in the Army CPIP for the period June _____ through July _____ (fill in a applicable year). If there are any changes in the information I am submitting, I will notify my health care recruiter.

11. A board of officers makes selection of participants in the Army CPIP on a best-qualified basis. I understand that a check next to the Army Medical Center below indicates that I am applying for an Army internship at that site and does not imply a rank preference. If I am an U.S. Army Health Professions Scholarship Program (HPSP) recipient, I understand that I am obligated to apply to all Army sites and to rank all Army sites in the top positions on my rank order list for the Association of Psychology Postdoctoral and Internship Center National Match Program. If I am an HPSP recipient, I understand that I may not make application to another uniformed service's internship or residency program, but application to civilian sites is encouraged. We will not ask you for your rank orderings for any Army or civilian site.

NOTE: Check all medical centers to which you are applying. Do not rank sites.

Tripler Army Medical Center
Honolulu, Hawaii

Womack Army Medical Center
Ft. Bragg, North Carolina

Madigan Army Medical Center
Seattle (Fort Lewis), Washington

Brooke Army Medical Center
San Antonio (Fort Sam Houston), Texas

12. In return for my participation in the Army CPIP, I understand and agree that I will incur a 3-year active duty service obligation upon completion of training, including internship and post-doctoral residency and licensure. I also understand that should I fail to successfully complete the internship program or fail to receive licensure, I may be voluntarily separated from active duty. Per DODI 6000.13, paragraph 6.4.10, if dropped for deficiency in conduct or studies, or otherwise fail to fulfill contractual agreement as a result of action not initiated by the Government must: (1) Complete incurred active duty obligation in an appropriate military capacity, or (2) Reimburse the Government for all tuition and other educational costs incurred or portion thereof. If I am a U.S. Army HPSP participant, I understand that participation in the CPIP will not reduce any active duty service obligation that existed prior to my entry into the CPIP.

13. I understand that I will be appointed as a Medical Service Corps officer and receive the appropriate grade on entry into the CPIP and upon completion under the provisions of AR 135-101, regardless of any prior commissioned status or grade in another branch or service.

14. SIGNATURE OF APPLICANT:

15. DATE: