

# Dear Applicant:

Thank you for your interest in KIP's Post-Graduate Clinical Fellowship. Our fellowship program provides recent social work and mental health counseling graduates a unique opportunity to engage in intensive clinical work, receive individual and group supervision, gain exposure to a broad array of client populations and issues, and gain the knowledge and experience necessary to become successful and skilled clinicians. Fellowship hours meet New York State licensure requirements for both social workers seeking clinical licensure and mental health counselors.

Please carefully review the application package, including the minimum requirements for acceptance into the fellowship program. **Any applicant that does not meet the minimum requirements will not be considered.** Submit all required documentation, including a non-refundable application fee of \$45 to:

KIP 128 West 81<sup>st</sup> Street New York, NY 10024

All application materials must be received by **May 1st, 2017.** Highly qualified applicants will be contacted on a rolling basis to conduct initial, in-person interviews with the Director, and final interviews will be conducted with KIP staff. Due to the number of applications that we receive, we will not be able to conduct in-person interviews with all applicants. Early applications are strongly encouraged.

Acceptance decisions will be made in early June. The 2017 fellowships officially begin September 5th, 2017.

If you have any questions about the program, you can email the director, Dr. Ryan M. Kull, at <a href="mailto:ryan@kiptherapy.com">ryan@kiptherapy.com</a>.

Best regards,

Ryan M. Kull, PhD
KIP Director
ryan@kiptherapy.com



# Application Cover Sheet Post-Graduate Clinical Fellowship Application (Submit with non-refundable fee of \$45.00 for processing.)

Name					
Last	First	N	Middle		
Mailing Address					
Str	eet	City	State	Zip	
Email Address		Phone			
Educational Experienc	e (from an accredited :	social work or 1	nental healt	n graduate program):	
Degree	Name of Ins	titution	<del></del>		
Graduation or Expecte	d Graduation Date:				
Have you completed a	ıy supervised clinical l	nours towards l	NYS licensur	e? Yes No	
If so, how many hours	have you completed? _				
I verify that all informate understand that falsifica that all application mate applicant.	tion of any information	will result in a re	ejected applic	ation. I also acknowledge	
Signature of Applicant			)ate		
Please submit, along wit	h this sheet, the followir	ng materials (det	ailed instruct	ions follow):	

Personal statement

- o Curriculum vitae or resume
- o Graduate school transcript
- o Non-refundable application fee of \$45 (checks only, made out to "KIP")
- o Two professional letters of reference (these can be sent directly from your sources)



# Information about KIP's Fellowship Program

In addition to providing sliding-scale psychotherapy services to the community, KIP's mission is to give social workers and mental health counselors the experience and training necessary to become successful, independent practitioners of psychotherapy. While fellows are encouraged to develop a specialization during their time at KIP, all fellows are exposed to knowledge on major theoretical approaches, skills in engagement that demonstrate therapeutic effectiveness, and experience in working in a group practice setting.

During their tenure at KIP, fellows are required to maintain the minimum weekly caseload necessary to complete their licensure (approximately 14-15 client contact hours per week depending on their profession). Fellows' activities include providing psychotherapy to individuals, couples, and groups, participating in weekly supervision (group and individual) and case seminars, and receiving didactic training related to clinical theory and practice. The didactic component for all fellows involves knowledge and skill development in relational theory, diagnosis and assessment, use of self in practice, navigating common challenges in treatment (therapeutic impasses, boundaries, payment, resistant clients, disclosure, etc.), and professional development activities (i.e., provide education to the community through webinars, write blogs, help develop research projects). Each fellow will create a professional development plan that will also include skill and knowledge development in a particular area of practice (e.g., CBT) that will be pursued beyond the core fellowship training and experience that they receive in the first year.

KIP is committed to increasing access and providing culturally competent services to clients of diverse backgrounds. KIP is also dedicated to increasing diversity within the psychotherapy profession by supporting the professional development of emerging therapists from underrepresented groups. Candidates from such groups, such as people of color and LGBT people, who meet the minimum application requirements are strongly encouraged to apply.

# Minimum Requirements for Fellowship Applicants:

- Licensure and degree requirements:
  - o Completion of masters degree by June 1st
  - $\circ$  Social workers must have a specific plan to obtain their LMSW by September  $6^{th}$
  - $\circ$  Mental health counselors must be prepared to commence their limited permit on September  $6^{th}$



- Must be a recent graduate of a social work or mental health program. Any applicants who currently have a limited permit or have completed more than a year of their required licensure hours will not be considered.
- Ability to commit to a regular schedule of approximately 20 hours per week.
- Must be available on Wednesdays and/or Fridays before noon for required group supervision, case seminar, didactic training, and administrative meeting.
- Availability to complete the necessary client contact hours to meet licensure requirements within the required, or reasonable, time frame. Please familiarize yourself with the licensure requirements for your particular profession.
  - For MHC-LPs, you are **required** to complete a minimum of 1500 client contact hours within two years of the date that your permit commenced.
  - For LMSWs, you must complete your hours (2000 client contact hours) in three years. Though the state allows you six years to complete your hours, your fellowship at KIP will end at three years, and your supervisor will sign off on your hours to date at that point.

#### Preferred:

- Demonstrate basic skills, aptitude, and experience in providing individual, family, and/or group clinical services.
- Experience and/or interest in specializing in areas fitting with KIP's mission, including:
  - o LGBT issues
  - o Multicultural issues/racial and cultural identities
  - Gender and sexuality
  - CBT and mindfulness
  - o Clinical research and education
- Interest in pursuing a career as a psychotherapist and becoming a part of the KIP team after licensure.
- Those with flexibility in their schedule to meet with clients at different times of the day. At a minimum, fellows should be available two days a week (e.g., one early morning/afternoon, and one evening) for clinical hours.
- Those who have a clear, specific plan for financial stability during their fellowship.

## Sample Schedule



Following is an example of a weekly schedule for a KIP Fellow (specific number of clinical hours are dependent upon licensure requirements). Specific schedules will be coordinated through the Director prior to September 6<sup>th</sup>:

- Monday, 5pm-10pm: Clinical hours, note-taking (5 hours)
- Tuesday, 8am-12pm: Clinical hours, note-taking (4 hours)
- Individual supervision (1 hour) TBD
- Thursday, 6pm-9pm: Group work, note-taking (3 hours)
- **REQUIRED:** Wednesday or Friday, 9am-12pm 3 hours):
  - o 9am-10:30am: Case presentations
  - o 10:45am-11:00am: Administrative team meeting
  - o 11-12: Didactic/experiential training
- Professional development activities (2-3 hours) such as readings, networking, social media (e.g., blog writing), and webinars.

## Fees and Compensation:

Unlike psychotherapy training programs in New York City, there are no fees associated with KIP's fellowship program, nor are fellows required to pay for personal therapy or supervision. Fellows are paid on a part-time basis, \$300 per week. Fellows are only paid for weeks that are worked, and are not paid for vacation time. Fellows are required to make up any hours missed (due to a fellow's absence) during a week for which they are paid.

# Guidelines for your Personal Statement:

- No more than two, single-spaced pages.
- Explain why you are interested in the KIP Fellowship program.
- At KIP, much of our work focuses on the role of identity and self in our clients' lives, our personal and professional lives as clinicians, and how these dynamics interact in the clinical setting. Describe how your identity has played a role in your clinical work, and give any examples of how your use of self-awareness has played a role in your clinical work thus far.
- Describe your professional goals in the mental health field. What are your short-term learning goals? What knowledge or skills would you like to develop? Describe your ideal professional trajectory after you become licensed.
- Related to this, what areas are you interested in specializing in? Do you currently have any specific training and/or knowledge in a particular



- modality (e.g., psychodynamic, CBT) and/or populations (e.g., LGBT, substance abuse). If so, please give *specific* details about your experience and training.
- What additional skills can you bring to KIP that would help advance the organization's mission?
- Participation in the fellowship program requires a considerable time commitment and sufficient financial resources or other sources of income to make participation feasible. How will you manage the time and financial commitment to participate in the fellowship for 2-3 years?

## Professional references

- Please submit a minimum of **two** (and no more than three) professional references. At least one reference, and ideally both, should come from a supervisor of your professional work or someone who is familiar with your clinical work. Alternatively, a second reference would ideally come from an instructor or professor. Please do not submit references from personal acquaintances.
- References can be mailed or emailed directly from your sources. Emails can be sent to ryan@kiptherapy.com.
- Feel free to submit your application materials before your professional references are complete so that we can begin reviewing your application.