
**COMMISSION ON ACCREDITATION
OFFICE OF PROGRAM CONSULTATION AND ACCREDITATION
AMERICAN PSYCHOLOGICAL ASSOCIATION**

4. Indicate if the supervisor is an ABPP Diplomate: Yes No

4a. Indicate Diplomate Specialty Area:

- Clinical Child & Adolescent Psychology
- Clinical Health Psychology
- Clinical Neuropsychology
- Clinical Psychology
- Cognitive & Behavioral Psychology
- Counseling Psychology
- Couple & Family Psychology
- Forensic Psychology
- Group Psychology
- Organizational & Business Consulting Psychology
- Psychoanalysis in Psychology
- Rehabilitation Psychology
- School Psychology

5. Indicate if supervisor is an APA Fellow: Yes No

6. Indicate if supervisor is nationally certified as a school psychologist: Yes No

Annual Updates* (For the 2011-2012 training year **ONLY)**

1. Indicate if the supervisor was a member of a professional or research society: Yes No

2. Indicate if the supervisor was the author or co-author of books, book chapters, or in peer-reviewed professional or scientific journals (*Publications "in press," "under review," or "submitted" should not be counted here*): Yes No

3. Indicate if the supervisor was the author or co-author of workshops, oral presentations or poster presentations at professional meetings: Yes No

4. Indicate if the supervisor was the Principal Investigator or Co-Principal Investigator of research grants or contracts: Yes No

5. Indicate if the supervisor was engaged in the delivery of professional services (*Involves any direct services for a client*): Yes No

6. Indicate if the supervisor was involved in leadership roles/activities in professional organizations (*e.g., Roles in local, state/provincial, regional, or national organizations*): Yes No

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Employment

1. Supervisor Classification (*Please select the most applicable*):*

___ **Training Supervisor**

Staff who are involved with planning/implementation of the internship and who have direct contact with interns.

___ **Other Agency/Institution Supervisors**

Staff who are not involved in planning/implementation of the internship but who have direct contact with interns.

___ **Other Contributors**

Staff who are not involved in planning/implementation of the internship and who do not have direct contact with interns, but who provide training opportunities (e.g., didactic seminars).

2. Program start date:* / / } (*These dates reflect when the person*
 (mm) (dd) (yyyy) } *began/ended affiliation with the*
3. Program end date: / / } *accredited **program** not*
 (mm) (dd) (yyyy) } *institution/department.)*

If supervisor's end date is entered, please answer question 3a. If supervisor is still active in the program, please skip.

3a. Reason for leaving:

___ Change in career/ Employed elsewhere

___ Death of faculty

___ Did not receive tenure

___ Did not return from sabbatical

___ Employment terminated

___ Faculty relocated

___ Family or relationship matters

___ Financial

___ Health / Medical

___ No reason provided

___ Personal reasons

___ Retired from program

___ Other reasons

If Other: _____