

Accreditation Site Visitor Information

In order to be included among the pool of accreditation site visitors, it is essential that you complete and return this form at your earliest convenience.

It is the responsibility of each site visitor to inform the Office of Program Consultation and Accreditation as soon as possible of any changes to this information, in particular changes that may impact upon eligibility to serve as a site visitor. Please note that the Accreditation database is separate from all other databases at APA.

The information provided below will be shared with program training directors.

(Please print or type)

General Information

First Name _____ M.I. _____ Last Name _____

Address Line 1: _____

Address Line 2: _____

City _____ State/Province _____ Zip/Postal Code _____

(Please indicate whether this is a _____ home or _____ office address)

Telephone _____ Fax _____

Email _____ Gender: _____ Male _____ Female

Ethnic Origin (check those that apply):

_____ African-American _____ Native American/Alaskan Native _____ Caucasian/White
_____ Asian/Pacific Islander _____ Latino/Hispanic _____ Multicultural
_____ Other (specify) _____

Educational Background

Please provide the following information based upon your *doctoral-level* training in psychology. If you received a doctorate in psychology as a result of respecialization training, provide that information as well and enclose in parentheses.

Institution Awarding Degree _____

Degree _____

Year of Degree _____ Program Area(s) (*see code page*): _____

(please answer only if your area is in clinical, counseling, and/or school)

Did you attend an accredited APA or CPA doctoral program? _____ yes _____ no

Did you attend an APA or CPA accredited internship program? _____ yes _____ no

Employment Background

Please provide the following information on your current primary and secondary employment. If you are currently in independent practice or are retired, please provide information on the basis of your **most recent** institutional affiliation(s).

Primary Institutional Affiliation _____

APA Accredited: ___ Yes ___ No

Primary Job Title _____

Primary Affiliation Setting Type (See code page) _____

(Answer the following if this is a Doctoral Program)

Program Area(s) (See code page) _____

Secondary Institutional Affiliation (if applicable) _____

APA Accredited: ___ Yes ___ No

Secondary Job Title _____

Secondary Affiliation Setting Type (See code page) _____

(Answer the following if this is a Doctoral Program)

Program Area(s) (See code page) _____

Past Affiliation with an Accredited Program

(Only complete this section if the program(s) listed above is (are) not APA accredited.)

Institutional Affiliation _____

Primary Job Title _____

Affiliation Setting Type (See code page) _____

(Answer the following if this is a Doctoral Program)

Program Area(s) (See code page) _____

What year did you leave the program? _____

I am currently: _____ In private practice _____ Retired

Skills/Professional Accomplishments

Primary interest/experience areas (*see code page*): Interest 1: _____ Interest 2: _____

Primary theoretical orientation (*see code page*): _____

Doctoral Level Licensure (*states/provinces*) _____

ABPP diploma (*Check all that apply*)

_____ Clinical _____ Counseling _____ School _____ Behavioral
_____ Neuropsych. _____ Family _____ Forensic _____ Health
_____ I/O _____ Rehabilitation _____ Psychoanalysis _____ Group
_____ Other (please specify) _____

Foreign language proficiencies

_____ Speaking _____ Reading _____ Writing
_____ Speaking _____ Reading _____ Writing

Other relevant proficiencies (*e.g., sign language*):

Site Visitor Service Information

Training

Location of Most Recent Site Visitor Workshop _____ Date _____

Location of Chair Workshop (*if applicable*) _____ Date _____

Availability

Please check your availability for serving on a site visit team. If you will be unavailable for any part of a cycle, do not check that cycle.

Doctoral Visitors

___ Winter/Spring (*January-May*)

___ Fall (*September-December*)

Internship Visitors

___ Winter (*January-March*)

___ Spring (*April-August*)

___ Fall (*September-December*)

Do you have any physical conditions for which you will require special accommodation on site visits?

Have you served as an accreditation consultant in the past year? _____ yes _____ no

Implementing Regulation 3-1(a)
Policy on Credentials of Participants in Accreditation
(Committee on Accreditation, January 2001)

The CoA is committed to having the highest of standards of conduct for all participants in the accreditation process. In instances where those standards have been compromised (e.g., a participant's license to practice has been surrendered, suspended or revoked by a state or provincial licensing authority; he/she has been dropped from membership in a national or state membership association due to actions by an Ethics Committee; he/she has been found guilty in state or federal court of an action association with his/her professional role as a teacher or administrator that caused harm to a student or other person associated with a training program) the Committee will review the individual's appropriateness for service on a case-by-case basis.

I affirm that I have upheld these standards in the past year.

Signature _____ Date _____

Please return completed form to:
Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, N.E.
Washington, DC 20002-4242

Code Page

Codes for Program Area(s)

01-Clinical	07-Clinical/Counseling	13-Experimental
02-Counseling	08-Clinical/School	14-Industrial-Organizational
03-School	09-Counseling/School	15-Other (<i>specify</i>)
04-Clinical Psy.D	10-Clinical/Counseling/School	
05-Counseling Psy.D.	11-Developmental	
06-School Psy.D	12-Social	

Codes for Affiliation Setting Type

Doctoral Training Programs

01-University (non-medical college)
02-Free-standing professional school
03-University-affiliated professional school
04-Medical school/center
05-Consortium

Internship Programs

06-Community mental health center
07-University counseling center
08-Psychiatric center
09-Veterans medical center
10-University medical center
11-Correctional institution
12-Employee assistance program
13-Hospital (general)
14-Hospital (children's)
15-Child guidance center
16-Consortium
88-Other (*specify*)

Post Doc Programs

17-University (non-medical college)
18-Free-standing prof. school
19-Univ.-affiliated professional school
20-Univ. medical school/center
21-Community mental health center
22-University counseling center
23-Psychiatric center
24-Veterans medical center
25-Correctional institution
26-Employee assistance program
27-Hospital (general)
28-Hospital (children's)
29-Child guidance center
99-Other (*specify*)

Codes for Primary Interest/Experience Areas

01-Adult	09-Gerontology
02-Child/adolescent	10-Health psychology
03-Cognitive psychology	11-Neuropsychology
04-Community psychology	12-Occupational
05-Cross-cultural	13-Psychopharmacology
06-Educational	14-Rehabilitation psychology
07-Family	15-Sports psychology
08-Forensic	99-Other (<i>specify</i>)

Codes for Primary Theoretical Orientation

01-Psychodynamic	06-Community/empowerment
02-Cognitive-behavioral	07-Social learning
03-Applied behavioral	08-Eclectic
04-Family/systems	99-Other (<i>specify</i>)
05-General systems	