

CCPPP Member Application Form—Academic

Program name:	
Address:	
Director of Training:	(name, credentials)

Telephone Number:	FAX Number:
Email:	Website:
Accreditation Status: CPA: yes/no APA: yes/no	
Term/length of training: ___years (min)	Beginning date: month/day/year
Number of Positions:	Number of Supervisors:

Application deadline: (date)

Benefits: (e.g., financial awards; teaching opportunities; extended student health benefits; dental/extended health; \$___ travel/ed funds)?

Minimum application requirements: (e.g., psychology honours degree; GPA; GRE scores)

Brief summary of training program: (e.g., required classes & practicum experiences; orientations of supervisors)