**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 |
| **Beginning date (month/day/year)**:  |
| **Number of Positions**: | **Number of Supervisors**: |

Application deadline (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have CPA-accreditation? YES/NO

**If YES, PLEASE ONLY FILL PAGE 1 OF THIS APPLICATION.**

Benefits (e.g., financial awards; teaching opportunities; extended student health benefits;

dental/extended health; travel/educational funds):

|  |
| --- |
|  |

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

|  |
| --- |
|  |

Criteria 1: Is the program regionally-accredited in that it is provided through a Canadian degree-granting institution that is chartered by a province or territory: YES/NO

Name of institution:

Criteria 2: Is the program identified as a psychology program that leads to a doctoral-level professional psychology degree: YES/NO

IF YES, is this public disclosure reflected in the program brochure and website: YES/NO

Criteria 3, 6, 7 & 8: Please provide a brief summary of the training program (please include mission, values and goals; required classes & practicum experiences and order of plan of study):

|  |
| --- |
|  |

Criteria 4: Is there a core group of doctoral-level licensed, certified, or registered (for supervised or autonomous practice) professional psychology faculty members who are responsible for the development and governance of all aspects of the program: YES/NO

Is there one psychologist who has primary responsibility for the programme? YES/NO

IF YES please provide the name of that psychologist:

Criteria 5: How many years does the program require at minimum for full-time (or equivalent) graduate study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Criteria 9: Is there a clear and explicit protocol for addressing academic, practice, and/or interpersonally-related difficulties in students (such as a remediation plan): YES/NO

IF YES please provide a link to webpage or include/submit relevant documentation if no web resource available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Criteria 10: Is there a clear and explicit protocol for students to lodge a complaint against the program: YES/NO

IF YES please provide a link to webpage or include/submit relevant documentation if no web resource available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Criteria 11: Are there facilities and resources available to support the program’s goals? YES/NO

IF YES, please clarify here:

|  |
| --- |
|  |