2016 Data Preparation Sheet – **Internship: Supervisor**

Supervisor Profile*(This section is completed the first year the supervisor appears in the ARO. Aside from first and last name, skip to Annual Updates if updating a profile that already exists.)*

Demographics**\***

**NICPP Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

 (First) (Middle) (Last)

*First and last names are an ARO requirement. All information on individuals or their identities provided to the CoA for accreditation purposes will be confidential and for the sole purpose of accreditation.*

2. Gender (*please select one)*:

\_\_\_\_Female \_\_\_\_Male \_\_\_\_Transgender \_\_\_\_Other

3. Race-Ethnicity (*please select all that apply*):

|  |  |
| --- | --- |
| \_\_\_\_American Indian or Alaska Native | \_\_\_\_Native Hawaiian or Other Pacific Islander |
| \_\_\_\_Asian | \_\_\_\_White |
| \_\_\_\_Black or African American | \_\_\_\_Not Reported |
| \_\_\_\_Hispanic-Latino | \_\_\_\_N/A, Canadian Institution |

*Please consult the* [*U.S. Dept. of Education’s website*](http://www2.ed.gov/policy/rschstat/guid/raceethnicity/questions.html) *for descriptions of each category.*

4. Subject to the Americans with Disabilities Act (ADA):

\_\_\_\_Yes \_\_\_\_No

5. Foreign National:

 \_\_\_\_Yes \_\_\_\_No

Qualifications\*

1. Trained in an Accredited Graduate Program:

Indicate if the supervisor received a degree from an accredited program in his/her field of expertise *(specialized accreditation, not regional)*

\_\_\_\_Yes \_\_\_\_No \_\_\_\_N/A

2. Graduate Program Substantive Area:

 \_\_\_\_Clinical Psychology

 \_\_\_\_Counseling Psychology

 \_\_\_\_School Psychology

 \_\_\_\_Combined, Clinical-Counseling

 \_\_\_\_Combined, Clinical-School

 \_\_\_\_Combined, Counseling-School

 \_\_\_\_Combined, Clinical-Counseling-School

 \_\_\_\_Other

If Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Licensed in field:

 Indicate if supervisor is licensed in his/her field of expertise \_\_\_Yes \_\_\_No \_\_\_N/A

4. ABPP Diplomate: \_\_\_\_Yes \_\_\_\_No \_\_\_\_N/A

4a.ABPP Diplomate Specialty Area *(please select all that apply)*:

 \_\_\_\_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. APA Fellow: \_\_\_\_Yes \_\_\_\_No \_\_\_\_N/A

6. Nationally certified as a school psychologist: \_\_\_Yes \_\_\_No \_\_\_N/A

Annual Updates\**(For events that occurred in the 2015-2016 academic year ONLY*)

|  |  |
| --- | --- |
| 1. Member of a professional or research society: | \_\_\_\_Yes \_\_\_\_No |
| 2. Scientific Publications: (*Indicate if the person 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. Scientific Presentations:  *(Indicate if the person was the author or co-author of workshops, oral presentations,*  *or poster presentations at professional meetings. This only includes work presented*  *during the current reporting period)* | \_\_\_\_Yes \_\_\_\_No |
| 4. Recipient of Grants/Contracts: *(Indicate if the person was the Principal Investigator or Co-Principal Investigator on*  *research grants or contracts)* | \_\_\_\_Yes \_\_\_\_No |
| 5. Engaged in the delivery of professional services:  *(Involves any direct services for a client)*  | \_\_\_\_Yes \_\_\_\_No |
| 6. Involved in leadership roles/activities in professional organizations: (*e.g., Roles in local, state/provincial, regional, or national organizations*) | \_\_\_\_Yes \_\_\_\_No |

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*

 *Trainees)*

 \_\_\_\_Other Agency/Institution Supervisors

*(Staff who are not involved in planning/implementation of the internship but who have direct contact with trainees)*

 \_\_\_\_Other Contributors1

 *(Staff who are not involved in planning/implementation of the internship and who do not have direct*

 *contact with trainees, but who provide training opportunities)*

2. Start Date:\* \_\_\_\_\_ / \_\_\_\_\_ /\_\_\_\_\_ *(These dates reflect when the person*

 (mm) (dd) (yyyy) *began/ended affiliation with the*

3. Left Date: \_\_\_\_\_ / \_\_\_\_\_ /\_\_\_\_\_ *accredited* ***program*** *not*

 (mm) (dd) (yyyy) *institution/department.)*

 *If supervisor’s left 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 |  |