



# NATIONAL COUNCIL OF SCHOOLS AND PROGRAMS OF PROFESSIONAL PSYCHOLOGY

## Application for Membership or Observer Status

Status for which you are applying: \_\_\_\_\_  
(Member, Associate Member, or Observer)

Date of application: \_\_\_\_\_

### Section 1 - General Information

Name of Academic Program: \_\_\_\_\_

Parent Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Web Site Address (URL): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Administrative Organization: \_\_\_\_\_  
(e.g., free-standing, university based)

Not-for-profit: \_\_\_\_\_ Degrees offered (e.g., Ph.D., Psy.D.): \_\_\_\_\_

Specializations offered (e.g., clinical, I/O): \_\_\_\_\_

Incorporated, Date, and State: \_\_\_\_\_

Regional Accreditation Status: \_\_\_\_\_

Accrediting Organization: \_\_\_\_\_

Authorized to award degrees (Date and State)?: \_\_\_\_\_

First Students Admitted (Year)?: \_\_\_\_\_ First Students Graduated (Year)?: \_\_\_\_\_

Chief Academic Officer (Name and Title): \_\_\_\_\_

Chief Administrative Officer (Name and Title): \_\_\_\_\_

Proposed Institutional Representatives:

Name: \_\_\_\_\_  
 (Name, degree, position)

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
 (Name, degree, position)

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
 (Name, degree, position)

E-mail: \_\_\_\_\_

**Section 2 - Questions Related To Membership Criteria**

1. Is the program accredited by the American Psychological Association? \_\_\_\_\_
2. Is the training in *professional psychology doctoral training offered in a regionally accredited institution of higher education*? \_\_\_\_\_
3. Is the program clearly identified and labeled as a psychology program? \_\_\_\_\_
4. Does the psychology program stand as a recognizable, coherent organizational entity within the institution? \_\_\_\_\_
5. Is there clear authority and primary responsibility for the core and specialty areas? \_\_\_\_\_
6. Is the program an integrated, organized sequence of study? \_\_\_\_\_
7. Is there an identifiable psychology faculty and is a psychologist responsible for the program?  
 \_\_\_\_\_
8. Does the program have an identifiable body of students who are matriculated in that program for a degree? \_\_\_\_\_
9. Does the program include supervised practicum, internship, field or laboratory training appropriate to the practice of psychology? \_\_\_\_\_
10. Does the curriculum encompass a minimum of three academic years of full time graduate study?  
 \_\_\_\_\_
11. Does the curriculum include instruction in scientific and professional ethics and standards, research design and methodology, statistics and psychometrics, and require the demonstration of competence in biological, cognitive-affective, and social bases of behavior as well as in individual differences? \_\_\_\_\_
12. Is there formal course work related to professional skills and specialty areas? \_\_\_\_\_

Name, Title, and signature of individual completing application:

Signature: \_\_\_\_\_

Name (print or type): \_\_\_\_\_

Title: \_\_\_\_\_

**Send completed application to:**

Jeannie Beeaff Membership

919 W. Marshall Ave.

Phoenix, AZ 85013

***Please include a current catalog and other descriptive material as well as the membership application fee of \$50.00.***