**TRANSMITTAL PAGES**

**Master’s Programs: Self-Study Report for 2026**

*Please include all required signatures.*

**Date submitted:** Click or tap here to enter text.

**Institution Name:** Click or tap here to enter text.

**Program Name:** Click or tap here to enter text

**Department Name:** Click or tap here to enter text.

**Identify the health service psychology substantive area:**

 ☐ Clinical ☐ Counseling ☐ School ☐ Combined (list areas):

**If applicable, identify the focus area within the HSP:** Click or tap here to enter text.

**Degree Offered:** Click or tap here to enter text.

**Total number of students in program this year:** Click or tap here to enter text.

**Is the program part of a consortium?** ☐ No ☐ Yes

(*If Yes,* list all consortium affiliates, including addresses and a contact person for each site):

Click or tap here to enter text.

**Name of Institution’s Regional Accrediting Body:** Click or tap here to enter text.

**Current Institution Regional Accreditation Status: Click**  or tap here to enter text.

**PROGRAM CONTACT INFORMATION:** The *following information will be used to update our internal Office database. The individuals listed will receive copies of important program written correspondence (e.g., site visit reports, decision letters) as required by the Department of Education. Please add the relevant contact information for any other individuals who the program would like to receive such correspondence (e.g., co-directors, accreditation coordinator, Provost, etc.). Signatures indicate that the self-study has been approved for submission and serve as an invitation to conduct a site visit to the program.*

**Program Director:** Click or tap here to enter text.

Full Title: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Signature:



**Department Chair:**

Full Title: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Signature:



**College/School Name (if applicable):** Click or tap here to enter text.

**Dean of College/School (if applicable):** Click or tap here to enter text.

Full Title: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Signature:



**President/CEO:**

Full Title: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Signature:



*\*If signed by designee, please also provide the full name of that individual in addition to the full name of the person for whom they signed.*