2025 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\*

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 | \_\_\_\_Other Gender Identity |
| \_\_\_\_Male |  |
| \_\_\_\_Transgender Female |  |
| \_\_\_\_Transgender Male |  |

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 |  |

*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. Reported disability as defined by 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

\_\_\_\_Geropsychology

\_\_\_\_Group Psychology and Group Psychotherapy

\_\_\_\_Organizational & Business Consulting Psychology

\_\_\_\_Psychoanalytic/Psychodynamic Psychology

\_\_\_\_Police & Public Safety Psychology

\_\_\_\_Rehabilitation Psychology

\_\_\_\_School Psychology

\_\_\_\_Serious Mental Illness Psychology

5. [APA Fellow](http://www.apa.org/membership/fellows/): \_\_\_\_Yes \_\_\_\_No \_\_\_\_N/A

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

Annual Updates\* **(***For events that occurred in the 2024-2025 academic year ONLY)*

|  |  |
| --- | --- |
| 1. Member Professional/Research Society: | Yes No |
| 2. 2. Scientific Publications:  *(Indicate if the person was the author or co-author of books, book chapters or articles 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 contract)* | 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 Information

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 faculty member end date is entered, please answer question 3a. If faculty member is still active in the*

*program, please skip 3a.*

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 |  |