

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](#) 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](#): _____ 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. Scientific Publications:
<i>(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)</i> | Yes | No |
| 3. Scientific Presentations:
<i>(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)</i> | Yes | No |
| 4. Recipient of Grants/Contracts:
<i>(Indicate if the person was the Principal Investigator or Co-Principal Investigator on research grants or contract)</i> | 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:* ____ / ____ / ____
(mm) (dd) (yyyy)

3. Left Date: ____ / ____ / ____
(mm) (dd) (yyyy)

*(These dates reflect when the person
began/ended affiliation with the
accredited **program** not
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

¹Currently, "Other Contributors" are entered into the ARO at program discretion. However, they are required for the self-study and this information will automatically populate online self-study tables. Providing a number of "Other Contributors" requires a full profile for each individual to be completed into the ARO/CoA portal.