

**2024 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 2023-2024 academic year ONLY)

- |  |     |    |
|--|-----|----|
| 1. Member Professional/Research Society:   | Yes | No |
| 2. Scientific Publications:<br>(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:<br>(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:<br>(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 Contributors<sup>1</sup>

*(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

<sup>1</sup>Currently, "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.