**Application for Membership**

**COUNCIL OF UNIVERSITY DIRECTORS OF CLINICAL PSYCHOLOGY (CUDCP)**

Name of Program: Click here to enter text.

University: Click here to enter text.

Accrediting Body for University: Click here to enter text.

Name and Mailing Address for DCT: Click here to enter text.

E-mail address: Click here to enter text.

Phone number: Click here to enter text.

URL for Program: Click here to enter text.

**Members of CUDCP are clinical psychology doctoral programs at regionally accredited, comprehensive universities that adhere to a scientist-practitioner model.**

Does your program offer a doctoral degree in clinical psychology? Yes No

When did the first doctoral-level clinical psychologist graduate from your program (year)? Click here to enter text.

How many doctoral-level clinical psychologists have graduated from your program in the last calendar year? Click here to enter text.

Does your program adhere to a scientist-practitioner model? Yes No

If you answered No, please state the model for your program: Click here to enter text.

If you answered No, you should include a letter that explains of how the training model of your program fits within the parameters of CUDCP member programs (see Article I of the CUDCP By-Laws <http://www.cudcp.us/files/CUDCPBylaws05.pdf>).

Does your program exist at a regionally-accredited, comprehensive university? Yes No

If you answered No, please include a letter that explains why you believe that your program fits the guidelines expected for CUDCP member programs (see Article I and Section 1 of Article III of the CUDCP By-Laws <http://www.cudcp.us/files/CUDCPBylaws05.pdf>).

How many full-time faculty are in your clinical program? Click here to enter text.

How many full-time faculty are tenured? Click here to enter text.

How many graduate students are in residence at your program? Click here to enter text.

How many doctoral degrees have been awarded by your program in the last 5 years? Click here to enter text.

Is your program accredited by the American Psychological Association? Yes No

If No, please describe your current status in regard to accreditation (applying, provisional, probation, etc.): Click here to enter text.

**There are four additional pieces of information that we would like you to submit along with this application form:**

* Attach a letter from the chairperson/head of your department that attests to the fact that the clinical program is an integral part of the Department and that the Department will support membership in CUDCP by sending the DCT to meetings and by paying annual dues.
* Attach a list of the titles of doctoral dissertations completed by students in your program in the last year (copies of abstracts would also be welcome).
* Include a copy of the vita of the DCT for the clinical program, and a vita for each core clinical faculty member.
* Provide brochures or similar materials (e.g., website information) that describe your training program to potential graduate students, site visitors, and so on. The attached materials should minimally contain a list of faculty and statements/data that clearly show your program’s adherence to the “scientist-practitioner” model of education and training.

Please return this completed application and with items 1-4 above to:

Becky Ready, Ph.D.

CUDCP Secretary/Treasurer

49 Owen Drive

Amherst, MA 01002

Phone: (413) 545-1359

Fax: (413) 545-0996

e-mail: cudcp.treasurer@gmail.com

Electronic copies (.pdf, .html, or .doc files) are preferred, but paper copies will be accepted.