

CANADIAN
PSYCHOLOGICAL
ASSOCIATION



SOCIÉTÉ
CANADIENNE
DE PSYCHOLOGIE

ACCREDITATION PANEL FOR DOCTORAL PROGRAMS AND INTERNSHIPS IN PROFESSIONAL PSYCHOLOGY

Doctoral Program Contact Information

Date:

Name of Program:

Name of University:

Contact Information for University President:

Name with Title (i.e., Dr., Mr., Mrs.):

Postal Address:

City / Province / Postal Code:

Email Address:

Signature:

Contact Information for Dean of Faculty / School:

Name with Title (i.e. Dr., Mr., Mrs.):

Postal Address:

Email Address:

City / Province / Postal Code:

Email Address:

Signature:

Contact Information for Department Chair:

Name with Title (i.e., Dr., Mr., Mrs.):

Postal Address:

City / Province / Postal Code:

Email Address:

Signature:

Contact Information for Director of Training:

Name with Title (i.e., Dr., Mr., Mrs.):

Postal Address:

City / Province / Postal Code:

Email Address:

Telephone:

Signature:

Additional Information:

Please note below any other relevant program personnel and their full contact information, as well as any upcoming changes to the above personnel and/or contact information. Please also include the name of the primary contact for your program.