



CAPIC
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CAPIC Doctoral Academic Program Member Application Review

University: _____

Regionally accredited: Yes: _____ (which one): _____ No: _____

Program Title:

Program Chair/Director & contact information:

Name:

Title:

Phone/Fax:

Email:

APA Accredited: Yes _____ No _____

Internship prerequisites:

1. 48SH/72QU of coursework: Yes _____ No _____
2. Completion of at least 500 hours of program approved practica hours: Yes _____ No _____
3. Completion of internship required as part of doctoral program: Yes: _____ No _____
4. Doctoral level training in the following areas:
 - a. Professional ethics and state laws: Yes _____ No _____
 - b. Developmental psychology: Yes _____ No _____
 - c. Theories of psychopathology and diagnosis: Yes _____ No _____
 - d. Clinical theories and interventions: Yes _____ No _____
 - e. Cultural competency: Yes _____ No _____
 - f. Psychodiagnostic assessment: Yes _____ No _____

Membership decision: Approve _____ Do not approve: _____

Board approval: Approve _____: Do not approve _____ Date: _____

Rationale:

Date:

Signed: _____

Valerie Jordan, Ph.D., Membership Chair