

Application for Membership

COUNCIL OF UNIVERSITY DIRECTORS OF CLINICAL PSYCHOLOGY
(CUDCP)

Name of Program: _____

University: _____

Accrediting Body for University: _____

Name and Mailing Address for DCT:

E-mail address: _____

Phone number: _____

WEB address for Program: _____

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)? _____

How many doctoral-level clinical psychologists have graduated from your program in the last calendar year? _____

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

If you answered No, please state the model for your program:

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).

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

If you answered No, please include an explanation of 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).

How many full-time faculty are in your clinical program? _____

How many full-time faculty are tenured? _____

How many graduate students are in residence at your program? _____

How many doctoral degrees have been awarded by your program in the last 5 years? _____

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

1) 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.

2) 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).

3) Include a copy of the vita of the DCT for the clinical program.

4) 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:

Russell M. Bauer, Ph.D., ABPP
CUDCP Secretary/Treasurer
PO Box 100165 HSC
Gainesville, FL 32610-0165

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e-mail: rbauer@php.ufl.edu.

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