

OREGON BOARD OF PSYCHOLOGY

University Accreditation Form

For Non-APA/CPA Approved Programs Only (i.e. Regionally Accredited / Provincially or Territorially Chartered)

Name of Applicant: _____

has applied to the Oregon Board of Psychology for licensure. The Board is dedicated to ensuring high standards for the psychology profession, and requests you respond to the following questions.

I hereby attest that the applicant named above, graduated from:

Name of institution: _____

This institution is regionally accredited at the: Doctoral level Master's level

Full name of regional accrediting body: _____

Date (MM/DD/YY) program was initially accredited: _____ Is accreditation current? Yes No

Name of degree-granting program: _____

Applicant's degree major: _____

(As it appears on transcript)

Date (MM/DD/YY) Applicant enrolled in the degree-granting program: _____

This program offered a full-time curriculum to graduate students, taught by institutional faculty, including a core of _____ full-time instructors.

In-Residence: Is this a distance learning, online degree or "low residency" program?

*Yes (you must attest to the requirement below) No

The degree-granting program must include **one continuous year in-residence**, which means two consecutive semesters or three consecutive quarters of physical presence, in person, at the educational institution or training facility in a manner that facilitates acculturation into the profession, the full participation and integration of the individual in the educational and training experience, and includes faculty and student interaction. Training models that rely on physical presence, including face-to-face contact for durations of less than one year (e.g. multiple long weekends and/or summer intensive sessions) or that use video conferencing or other electronic means as a substitute for physical presence at the institution do not meet the in-residence requirement. Does the program meet this in-residence requirement? Yes No

I attest that I have answered all the questions without reservation, and that all of the information provided by me herein is true and correct.

Signature of Department Head

Date

Name: _____

Title: _____

Phone: _____

Email: _____

Please return this form directly to: OBOP | 3218 Pringle Rd. SE, Ste. 130 | Salem, OR 97302-6309