

Name _____

**PSYCHOLOGICAL ASSOCIATE APPLICANT
SUMMARY FORM**

(This form must be completed by the applicant; type or print all information)

1. List psychology faculty associated with your master's/specialist degree program.

2. Indicate the psychologist(s) responsible for planning your master's/specialist degree program.

3. State the **site(s)** and **date(s)** of internship, externship, practicum, or other field experience appropriate to your area of specialty and the practice of psychology.

4. a. Total master's/specialist degree program hours _____ *(indicate semester, quarter, or trimester hours)*

b. Hours from transcript for master's/specialist degree program credited for thesis/dissertation _____

c. Hours from transcript for master's/specialist degree program credited for internship/practicum _____

5. List the course(s) which cover the following areas. Include the course number and name; and the **academic** term, including the year, (e.g., Fall 2002) in which the course was taken.

(A) academic psychology (e.g., social, experimental, physiological, developmental, history and systems)		
Course Number	Course Name	Term/Year
(B) statistics and research design		
Course Number	Course Name	Term/Year
(C) scientific and professional ethics and standards		
Course Number	Course Name	Term/Year
(D) specialty area: _____ <i>(state specialty area as reflected on graduate transcript, e.g., clinical, school, counseling)</i>		
Course Number	Course Name	Term/Year

REMEMBER: Submit applicable graduate catalogue pages which include course descriptions, the program’s course of study, and a list of instructors (see #4 on PA DOC #1 form) for the period of your enrollment in the program.