



# NPTC

NATIONAL PSYCHOLOGY TRAINING CONSORTIUM  
*Training Tomorrow's Psychologists*

## CV Form

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What NPTC region are you in?

- Cascades Region
- Central Region
- Great Lakes Region
- Cy-Hawk Region
- Pacific Region
- Oklahoma Region
- No Region / Contract Supervisor

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### Demographic Information

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First Name

Middle Name

Last Name (Current)

Alternate First Name

Alternate Last Name

Preferred First Name

Sex

- Male
- Female
- Intersex

*Refers to sex assigned at birth, usually on the basis of external anatomy.*

Gender Identity

- Cisgender man
- Cisgender woman
- Transgender man
- Transgender woman
- Genderqueer
- Gender non-conforming
- Non-binary
- Additional category/identity not listed

*A person's experience of their own gender. A person's gender can be congruent with their sex assigned at birth (meaning that the person is cisgender if their sex assigned at birth aligns with their gender identity - for*

Pronouns

- He/Him/His
- She/Her/Hers
- They/Them/Theirs
- Pronoun not listed (Please specify)

<https://pronouns.org/>

*example, a person assigned female at birth and identifies as a woman would be a cisgender woman) or incongruent (meaning that they could be transgender, gender non-binary, etc).*

Race/Ethnicity

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern
- Native Hawaiian or Other Pacific Islander
- White
- Other (Please specify)

*Select all that apply*

Are you a Foreign National?

- Yes
- No

Are you subject to the Americans with Disabilities Act?

- Yes
- No
- I do not wish to specify

Dietary Needs/Restrictions/Accommodations

Type your answer here

*Please list any food restrictions/allergies/references you have so we can be prepared for any in-person events.*

## Days of Significance

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The DEI Committee would like to make an effort to celebrate and/or acknowledge days that are significant to our interns and supervisors if you're willing to share the information with us.

What holidays, days of significance, or dates/times of the year are important to you?

Type your answer here

How do you acknowledge, recognize, or honor this day/these days?

Type your answer here

What ways, if any, are you typically impacted or do you anticipate being impacted by these days of significance during the year?

Type your answer here

If you are comfortable with NPTC and/or your site acknowledging these days with you, how can we recognize and celebrate with you?

Type your answer here

**Additional comments**

Type your answer here

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### Employment Information

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Employment Agency (If different than site)

Type your answer here

Year Started

Type your answer here

Position Title

Type your answer here

### Contact Information (Phone and Email)

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Work Phone

000 000 0000

Cell Phone

000 000 0000

Preferred Phone Type

- Work Phone  
 Cell Phone

Work Email

johndoe@sample.com

Alternate Email

johndoe@sample.com

Preferred Email

- Work Email  
 Alternate Email

### Primary Office Address

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Primary: Street

Primary: Street 2

Primary: City

Primary: State

Primary: ZIP

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### Education Information

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Educational Institution / Program Name

Type your answer here

Highest Degree Earned

- Ph.D.
- Psy.D.
- Ed.D.
- M.D.
- Other (please specify)

Date of Degree

Type your answer here

Area of Degree

Type your answer here

*For psychologists: clinical, school, counseling. For non-psychologists, indicate your degree/field.*

APA/CPA Accredited

- Yes
- No
- N/A

*Was your school/program APA/CPA Accredited?*

School Accredited for Specific Degree



- Yes
- No
- N/A

*For non-Psychologists, was your school accredited for your specific degree?*

**Internship Completed**

- No
- Yes, in Psychology
- Yes, in another field
- N/A

**Residency Completed**

- No
- Yes, in Psychology
- Yes, in another field
- N/A

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### Internship Information

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Internship Name

Type your answer here

Internship Completion Year

YYYY

Internship Setting

Select Option

Internship APA Accredited?

- Yes
- No
- N/A

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### Post-doctoral Residency

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Residency Name

Type your answer here

Residency Completion Year

YYYY

Residency Setting

Select Option

Residency APA Accredited?

- Yes
- No
- N/A

Area of Emphasis:

Type your answer here

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### Professional Activities

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#### Supervisor Bio

Type your answer here

*Please put your biographical information here for the website/manuals (3-5 sentences). Please include any pertinent information such as specialties, unique training experiences, or certifications you have.*

#### Board Certified by ABPP

- No  
 Yes (please specify specialty)

#### APA Fellow

- No  
 Yes

#### Currently Listed in National Register and/or Canadian Register?

- No  
 Yes

#### Clinical/Services Delivery Position or Responsibility with NPTC

- Group Supervision       Assessment Supervision       Individual Supervision (regular)

Individual Supervision (as needed)  Staffing/Meeting Oversight  Didactic Presenter

Regional Training Director  Training Director  Director of DEI

DEI Regional Consultant  Board Member  Other (Please specify)

*Select all that apply*

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### In the past year, have you...

---

Been a Member of a Professional Society

- Yes (Please list below)  
 No

Professional Honors & Recognition

Type your answer here

*Member/Fellow of Professional or Scientific Society, etc. List "None" if not applicable.*

Been an(a) Author/Co-Author of Papers at Professional Meetings

- Yes (Please list below)  
 No

*e.g. presentations*

List references chronologically using APA format.

Type your answer here

*List references for the past year only. List "None" if not applicable.*

**Been an(a) Author/Co-Author of Articles in Professional/Scientific Journals**

- Yes (Please list below)  
 No

List references chronologically using APA format.

Type your answer here

*List references for the past year only. List "None" if not applicable.*

**Been a Recipient of Grants or Contracts**

- Yes (Please list below)  
 No

List the funding source, duration of funding, and total direct costs.

Type your answer here

*List "None" if not applicable.*

Been Engaged in Delivery of Direct Professional Services

- Yes
- No

*e.g. Direct client contact*

Been Involved in Leadership Roles in Professional Organizations

- Yes (Please list below)
- No

List roles and organizations.

Type your answer here

List "None" if not applicable.

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### Professional Licensure

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Licensed Psychologist

- Yes
- No
- Provisional
- N/A

Psychology License State (Primary)

Type your answer here

Are you licensed in any other state?

- No
- Yes, please specify state

Psychology License Number (Primary)

Type your answer here

Psychology License Issue Date (Primary)

Select Date

MM/DD/YYYY

Psychology License Expiration Date (Primary)

Select Date

MM/DD/YYYY

Psychology License Number (Secondary)

Type your answer here

Psychology License Issue Date (Secondary)

Select Date

MM/DD/YYYY

Psychology License Expiration Date (Secondary)

Select Date

MM/DD/YYYY

Other Professional Licensure

- No
- Yes (please specify license type)

State Licensed (Primary)

Type your answer here

License Number (Primary)

License Issue Date (Primary)

License Expiration Date (Primary)

Type your answer here

Select Date

Select Date

*MM/DD/YYYY*

*MM/DD/YYYY*

Do you have another license?

- No
- Yes

License Type (Secondary)

Type your answer here

State Licensed (Secondary)

Type your answer here

License Number (Secondary)

Type your answer here

License Issue Date (Secondary)

Select Date

License Expiration Date (Secondary)

Select Date

*MM/DD/YYYY*

*MM/DD/YYYY*

This is the end of the form. Please verify that everything is accurate and click the "Submit" button. Please wait for the confirmation page before you close your browser window.

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