Self-Study Report

IAIP Program Certification (IAIP-PC)

Founding Cohort 2026

Program Information	
Institution	[INSTITUTION NAME]
Program Name	[PROGRAM NAME]
Program Type	[Type A: Academic / Type B: Professional Training]
Submission Date	[DATE]
Primary Contact	[NAME, EMAIL]

Application Fees Waived for Founding Cohort

Section 1: Institutional Eligibility

Provide evidence that your institution meets IAIP eligibility requirements.

1.1 Legal Status & Governance

Requirement	Evidence / Response
Legal Registration	[Registration number, jurisdiction, date]
Governance Structure	[Board composition, oversight mechanisms]
Mission Statement	[Institution's mission aligned with Islamic Psychology]
Financial Stability	[Evidence of sustainable operations]

1.2 Accreditation & Recognition

Accrediting Body	Status	Valid Until
[Body 1]	[Status]	[Date]
[Body 2]	[Status]	[Date]

Section 2: Curriculum & Learning Outcomes

Demonstrate how your curriculum addresses IAIP competency domains.

2.1 Program Structure

Component	Details
Total Contact Hours	[NUMBER] hours
Program Duration	[Duration and format]
Delivery Method	[In-person / Online / Hybrid with breakdown]
Entry Requirements	[Prerequisites, qualifications required]

2.2 IAIP Competency Domain Mapping

Describe how your program addresses each of the five IAIP competency domains.

Domain	Program Coverage
Islamic Foundations	[Describe how program addresses Quranic concepts, Islamic anthropology, spiritual development]
Psychological Science	[Describe integration of evidence-based psychological theories and methods]
Clinical Practice	[Describe practical skills training, therapeutic techniques, assessment methods]
Ethics & Boundaries	[Describe ethical training, professional boundaries, cultural considerations]
Professional Development	[Describe supervision, ongoing learning, professional identity formation]

Section 3: Faculty Qualifications

List all faculty members involved in program delivery.

Name	Credentials	Role	Expertise
[Faculty Name 1]	[Degrees, Licenses]	[Program Director]	[Areas]
[Faculty Name 2]	[Degrees, Licenses]	[Instructor]	[Areas]
[Add rows as needed]			

Note: Attach CV/resume for each faculty member as supporting documentation.

Section 4: Clinical Training (Type B Programs)

Complete this section if applying as a Type B Professional Training program. Type A programs may skip this section.

4.1 Practicum Requirements

Component	Details
Total Practicum Hours	[NUMBER] hours required
Direct Client Contact	[NUMBER] hours minimum
Minimum Cases	[NUMBER] cases required
Setting Requirements	[Types of approved practice settings]

4.2 Supervision Structure

Component	Details
Supervision Hours	[NUMBER] hours required
Supervision Format	[Individual / Group / Both - with ratio]
Supervisor Qualifications	[Required credentials for supervisors]
Evaluation Methods	[How supervisees are assessed]

Section 5: Assessment & Evaluation

Describe how student learning and program outcomes are assessed.

Assessment Type	Description	Weight/Criteria
Written Examinations	[Types of exams]	[Percentage/criteria]
Practical Assessments	[Skills demonstrations]	[Percentage/criteria]
Projects/Portfolios	[Capstone, case studies]	[Percentage/criteria]
Competency Evaluation	[How competencies verified]	[Pass/fail criteria]

Section 6: Supporting Documentation Checklist

Indicate which documents are attached to this Self-Study Report.

Document	Attached	N/A
Certificate of Registration/Incorporation	☐	☐
Current Accreditation Certificate(s)	☐	☐
Program Curriculum/Syllabus	☐	☐
Faculty CVs/Resumes	☐	☐
Sample Assessment Materials	☐	☐
Student Handbook/Policies	☐	☐
Practicum/Supervision Guidelines (Type B)	☐	☐
Evidence of Student Outcomes/Completion Rates	☐	☐

Section 7: Declaration & Authorization

I hereby certify that the information contained in this Self-Study Report is accurate and complete to the best of my knowledge. I understand that providing false or misleading information may result in denial or revocation of certification. I authorize IAIP to contact references and verify information as needed.

Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

Institution: _____

Submit completed Self-Study Report with all supporting documents to:

certification@islamicpsychology.org

www.islamicpsychology.org