

2025 Data Preparation Sheet – Internship: Graduate*(To be completed 1 year after intern completes program)*

1. Name: _____
(First) (Middle) (Last)

First and last names are required. All information on individuals or their identities provided to the CoA for accreditation purposes will be confidential and for the sole purpose of accreditation.

Note: the following items pertain to occurrences in the 2024-2025 academic year only

Formal Postdoctoral Training Program

1. Indicate if former trainee is in a formal postdoctoral training program:*

(The same position should not be entered for both formal postdoctoral training and professional employment)

____ Yes ____ No

If yes, please answer questions 1a-1b. If no, skip to Professional Employment section.

- 1a. Select the emphasis of the postdoctoral training program:

____ Primarily Clinical ____ Primarily Research
____ Equally Clinical and Research ____ Other

If other, please specify: _____

- 1b. Select all activities that apply to this position:

____ Administration ____ Assessment ____ Consultation
____ Psychotherapy ____ Research ____ Supervision
____ Teaching ____ Unknown ____ Other

Professional Employment *(Not postdoctoral)*

1. Indicate if former trainee is employed professionally (not formal postdoctoral training):*

____ Yes ____ No

If yes, please answer questions 1a-1c.

- 1a. Select all setting types that apply to this position:

____ Academic Teaching ____ Community Mental Health Center
____ Consortium ____ Correctional Facility
____ Health Maintenance Organization ____ Hospital/Medical Center
____ Independent Practice ____ Psychiatric Facility
____ School District or System ____ University Counseling Center
____ Other

- 1b. Select all activities that apply to this position:



____ Administration

____ Assessment

____ Consultation

____ Psychotherapy

____ Research

____ Supervision

____ Teaching

____ Unknown

____ Other

1c. Enter the job title of this position: _____