2025 Data Preparation Sheet – **Internship: Intern (Trainee)**

Intern Profile*(This section is completed the year the intern enters the program, i.e. 2024-2025 cohort.)*

Demographics\*

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. Skip to Annual Updates if student is not new and only needs an update to an existing profile.*

2. Gender *(please select one)*:

|  |  |
| --- | --- |
| \_\_\_\_Female | \_\_\_\_Other Gender Identity |
| \_\_\_\_Male |  |
| \_\_\_\_Transgender Female |  |
| \_\_\_\_Transgender Male |  |

3. Race-Ethnicity (*please select all that apply*):

|  |  |
| --- | --- |
| \_\_\_\_American Indian or Alaska Native | \_\_\_\_Native Hawaiian or Other Pacific Islander |
| \_\_\_\_Asian | \_\_\_\_White |
| \_\_\_\_Black or African American | \_\_\_\_Not Reported |
| \_\_\_\_Hispanic-Latino |  |

*Please consult the* [*U.S. Dept. of Education’s website*](http://www2.ed.gov/policy/rschstat/guid/raceethnicity/questions.html) *for descriptions of each category.*

4. Reported disability as defined by the Americans with Disabilities Act (ADA):

\_\_\_\_Yes \_\_\_\_No

5. Foreign National:

\_\_\_\_Yes \_\_\_\_No

Education\*

1. Doctoral program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. APA/CPA-accredited Doctoral Program:

 \_\_\_\_Yes \_\_\_\_No

3. Doctoral program substantive area:

\_\_\_\_Clinical Psychology
\_\_\_\_Counseling Psychology
\_\_\_\_School Psychology
\_\_\_\_Combined, Clinical-Counseling
\_\_\_\_Combined, Clinical-School
\_\_\_\_Combined, Counseling-School
\_\_\_\_Combined, Clinical-Counseling-School
\_\_\_\_Other

If Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Degree program type:

\_\_\_\_Ph.D.
\_\_\_\_Psy.D.
\_\_\_\_Ed.D.
\_\_\_\_Other

Annual Updates\* ***(For events that occurred in the 2024-2025 academic year ONLY)***

Professional Activities

|  |  |
| --- | --- |
| 1. Member of a professional or research society: | \_\_\_\_Yes \_\_\_\_No |
| 2. Scientific Publications: *(Number of books, book chapters, or articles in peer-reviewed professional/scientific journals of which the individual was an author or co-author. Publications "in press," "under review," or "submitted” should not be counted here.)* |  \_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. Scientific Presentations: *(Number of workshops, oral presentations and/or poster presentations at professional meetings of which the individual was an author or co-author)* | \_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. Involved in leadership roles or activities in professional organizations: *(e.g., Roles in local, state/provincial, regional or national organizations*) |   \_\_\_\_Yes \_\_\_\_No |

Enrollment Information

1. Date started program *(applies to new interns in 2024-2025 cohort only):\**

\_\_\_\_\_ / \_\_\_\_\_ /\_\_\_\_\_

 (mm) (dd) (yyyy)

2. Date left program *(if applicable)*:

\_\_\_\_\_ / \_\_\_\_\_ /\_\_\_\_\_

 (mm) (dd) (yyyy)

*If intern left during the training year, please answer question 2a. If not, skip to question 3.*

2a. Reason for leaving *(please select the most applicable)*:

|  |
| --- |
|  \_\_\_\_Successful completion of program |
|  \_\_\_\_Academic reasons |
|  \_\_\_\_Awarded terminal master’s degree |
|  \_\_\_\_Change in psychology area specialization  |
|  \_\_\_\_Change in career / Employed elsewhere |
|  \_\_\_\_Death of student  |
|  \_\_\_\_Did not return from absence |
|  \_\_\_\_Dismissed – failed program requirements  |
|  \_\_\_\_Family or relationship matters |
|  \_\_\_\_Financial |
|  \_\_\_\_Health / Medical  |
|  \_\_\_\_New interest outside psychology |
|  \_\_\_\_No reason provided to program  |
|  \_\_\_\_Personal reasons |
|  \_\_\_\_Student relocated |
|  \_\_\_\_Transferred to a different university |
|  \_\_\_\_Transferred to follow academic advisor |
|  \_\_\_\_Voluntary withdrawal – academic difficulties  |
|  \_\_\_\_Other Reasons |

3. Full- or part-time status:\*

\_\_\_\_Full-Time \_\_\_\_Part-Time

4. In U.S. dollars, specify the amount of stipend provided to this trainee (*Enter digits only, without commas. Also, enter the actual stipend paid, not full-time equivalent.)*:\*

*\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_