

Annual Report Online

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 White ____Black or African American ___Not Reported ____Hispanic-Latino Please consult the <u>U.S. Dept. of Education's website</u> 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



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Combined, Clinical-Counseling-School	
Other If Other:	
4. Degree program type:Ph.DPsy.D.	
Annual Updates* (For events that occurred in the 2024-2025 academic year ONL	LY)
<u>Professional Activities</u>	
Member of a professional or research society:	YesNo
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.)	
Scientific Presentations:	
(Number of workshops, oral presentations and/or poster presentations at professional meetings of which the individual was an author or co-author)	
Involved in leadership roles or activities in professional organizations: (e.g., Roles in local, state/provincial, regional or national organizations)	YesNo
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 t	o question 3.



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za. Reason for leav	ing (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	a ctatue:*
Full-Time	
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4 In U.S. dollars s	specify the amount of stipend provided to this trainee (Enter digits only, withou
	e actual stipend paid, not full-time equivalent.):*
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