2025 Data Preparation Sheet – **Master’s: Graduate**

*(To be completed for all students that graduated 1-3 years ago. Update Licensure info until licensed or for up to 10 years, whichever comes first)*

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.*

Professional Employment

*This section is required for all students that graduated one to three years ago.*

1. Indicate if graduate is employed professionally:\* \_\_\_\_Yes \_\_\_\_No

 *If yes, please answer questions 1a-1c. If no, skip to State Licensed section.*

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Licensure\*

*This question is required for all students that graduated between one and ten years ago or until the graduate is licensed.*

1. Indicate if the graduate became a licensed health service psychology provider

*(If graduate does not plan to pursue licensure, please select “No”)*

\_\_\_\_Yes \_\_\_\_No \_\_\_\_Not yet eligible for licensing

2. Indicate if the graduate received other health service psychology credentials

*(If graduate does not plan to pursue credential, please select “No”)*

 \_\_\_\_Yes \_\_\_\_No \_\_\_\_Not yet eligible