

2025 Data Preparation Sheet – Postdoctoral: Graduate*(To be completed 1 year after resident 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

Employment

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: _____