

Annual Report Online

2025 Data Preparation Sheet – **Postdoctoral: Resident (Trainee)**

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

<u>Demographics</u>	*		
1. Name:	(First) (Middle)	(Last)
CoA	at and last names are required. All informa A for accreditation purposes will be confident and Updates if student is not new and only	tion on individential	luals or their identities provided to the the sole purpose of accreditation. Skip to
2. Gender (plea		•	
	Female		Other Gender Identity
	Male		
	Transgender Female		
	Transgender Male		
3. Race-Ethnic	city (please select all that apply):		
	American Indian or Alas	ka Native	Native Hawaiian or Other Pacific Islander
	Asian		White
	Black or African Americ	an	Not Reported
	Hispanic-Latino		
Please consult the	e <u>U.S. Dept. of Education's website</u> for des	ecriptions of ea	ach category.
4. Reported dis	sability as defined by the American	s with Disab	pilities Act (ADA):
	YesNo		
5. Foreign Nat	ional:		
	YesNo		
Education*			
1. Doctoral pro	ogram name:		
2. APA/CPA-a	accredited Doctoral Program:	_YesN	o
3. Doctoral pro	ogram substantive area:		
	Psychology ng Psychology		
School Ps			
	d, Clinical-Counseling		
	d, Clinical-School d. Counseling-School		



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Combined, Clinical-Counseling-School	
Other If Other:	
4. Degree program type:Ph.DPsy.DEd.DOther	
5. Internship program name:	
6. APA/CPA-Accredited Internship:YesNo	
Annual Updates* (For events that occurred in the 2024-2025 academic year ONLY)	
<u>Professional Activities</u>	
Member of a professional or research society: YesYes	No
Scientific Publications: (Number of books, book chapters, or articles in peer-reviewed professional/scientific journals of which the individual was an author or coauthor. 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 professionalYes organizations:Yes (e.g., Roles in local, state/provincial, regional or national organizations)	_No
Enrollment Information	
1. Date started program (applies to new interns in 2024-2025 cohort only):* /(mm) // (gyyy) 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.	



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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 sta	atue·*
5. Full-Or part-time sta	
1 un-1 inc1 a	ut-Time
4 In U.S. dollars spec	ify the amount of stipend provided to this trainee (Enter digits only, without
<u> </u>	tual stipend paid, not full-time equivalent.):*
communication, enter the wei	and superia pain, nor jun time equivalent).