

## 2026 Data Preparation Sheet – **Doctoral: 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 2025-2026 academic year only.*

### Formal Postdoctoral Training Program

*The same position should not be entered for both formal postdoctoral training and professional employment. This section is required for all students that graduated one to three years ago.*

1. Indicate if graduate is in a formal postdoctoral training program:\*

*(Note: This does not have to be an accredited Postdoctoral program.)*

\_\_\_ Yes \_\_\_ No

*If yes, please answer questions 1a-1b. If no, skip to Professional Employment section.*

1a. Select the emphasis of the formal postdoctoral training program:

\_\_\_ Primarily Clinical                      \_\_\_ Primarily Research  
\_\_\_ Equally Clinical and Research       \_\_\_ Other

If other, please specify: \_\_\_\_\_

1b. Select all activities that apply to this position:

\_\_\_ Administration       \_\_\_ Assessment       \_\_\_ Consultation  
\_\_\_ Psychotherapy       \_\_\_ Research       \_\_\_ Supervision  
\_\_\_ Teaching               \_\_\_ Unknown       \_\_\_ Other

### Professional Employment

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

1. Indicate if graduate is employed professionally (not formal postdoctoral training):\*

\_\_\_ 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:

- |  |   |
|--|---|
| <input type="checkbox"/> Academic Teaching               | <input type="checkbox"/> Community Mental Health Center |
| <input type="checkbox"/> Consortium                      | <input type="checkbox"/> Correctional Facility          |
| <input type="checkbox"/> Health Maintenance Organization | <input type="checkbox"/> Hospital/Medical Center        |
| <input type="checkbox"/> Independent Practice            | <input type="checkbox"/> Psychiatric Facility           |
| <input type="checkbox"/> School District or System       | <input type="checkbox"/> University Counseling Center   |
| <input type="checkbox"/> Other                           |   |

1b. Select all activities that apply to this position:

- |   |                                     |                                       |
|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Assessment | <input type="checkbox"/> Consultation |
| <input type="checkbox"/> Psychotherapy  | <input type="checkbox"/> Research   | <input type="checkbox"/> Supervision  |
| <input type="checkbox"/> Teaching       | <input type="checkbox"/> Unknown    | <input type="checkbox"/> Other        |

1c. Enter the job title of this position: \_\_\_\_\_

### State Licensed Psychologist\*

*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 obtained a license as a psychologist:

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

Yes  No  Not yet eligible for licensing