

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