2026 Data Preparation Sheet – **Internship: Intern (Trainee)**

Intern Profile *(This section is completed the year the intern enters the program, i.e. 2025-2026 cohort.)*

<u>Demographics</u>*

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. Skip to Annual Updates if student is not new and only needs an update to an existing profile.

2. Gender *(please select one)*:

____Female   ____Other Gender Identity

____Male

____Transgender Female

____Transgender Male

3. Race-Ethnicity (*please select all that apply*):

____American Indian or Alaska Native   ____Native Hawaiian or Other Pacific Islander

____Asian   ____White

____Black or African American   ____Not Reported

____Hispanic-Latino

Please consult the <u>U.S. Census Bureau website</u> for descriptions of each category.

4. Reported disability as defined by the Americans with Disabilities Act (ADA):

____Yes ____No

5. Foreign National:

____Yes ____No

<u>Education</u>*

1. Doctoral program name: _____

2. APA/CPA-accredited Doctoral Program:

____Yes ____No

3. Doctoral program substantive area:

____Clinical Psychology
____Counseling Psychology
____School Psychology
____Combined, Clinical-Counseling
____Combined, Clinical-School
____Combined, Counseling-School

____Combined, Clinical-Counseling-School
____Other
If Other: _____

4. Degree program type:
____Ph.D.
____Psy.D.
____Ed.D.
____Other

Annual Updates* *(For events that occurred in the 2025-2026 academic year ONLY)*

Professional Activities

Member of a professional or research society: ____Yes ____No

Scientific Publications: _____
*(Number of books, book chapters, or articles in peer-reviewed
professional/scientific journals of which the individual was an author or co-
author. 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 professional   ____Yes ____No
organizations:
(e.g., Roles in local, state/provincial, regional or national organizations)

Enrollment Information

1. Date started program *(applies to new interns in 2025-2026 cohort only):* *
_____ / _____ / _____
 (mm)   (dd)   (yyyy)
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.

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 status:*
_____Full-Time _____Part-Time

4. In U.S. dollars, specify the amount of stipend provided to this trainee *(Enter digits only, without commas. Also, enter the actual stipend paid, not full-time equivalent.)*:*

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