CoA Commission on Accreditation

Annual Report Online

2026 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 2025-2026 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
   ____Consortium
   ____Health Maintenance Organization
   ____Independent Practice
   ____School District or System
   ____Other
   ____Community Mental Health Center
   ____Correctional Facility
   ____Hospital/Medical Center
   ____Psychiatric Facility
   ____University Counseling Center

   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: _____

*Item(s) required for data entry.