

2024 Data Preparation Sheet – **Internship: Graduate***(To be completed 1 year after intern 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 2023-2024 academic year only*

**Formal Postdoctoral Training Program**

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

*(The same position should not be entered for both formal postdoctoral training and professional employment)*

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

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

- 1a. Select the emphasis of the 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** *(Not postdoctoral)*

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                      \_\_\_\_ Community Mental Health Center  
\_\_\_\_ Consortium                      \_\_\_\_ Correctional Facility  
\_\_\_\_ Health Maintenance Organization                      \_\_\_\_ Hospital/Medical Center  
\_\_\_\_ Independent Practice                      \_\_\_\_ Psychiatric Facility  
\_\_\_\_ School District or System                      \_\_\_\_ University Counseling Center  
\_\_\_\_ 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: \_\_\_\_\_