2025 Data Preparation Sheet – **Master's: 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 2024-2025 academic year only.

Professional Employment

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

1. Indicate if graduate is employed professionally:*   ____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:

   ____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:

   ____Administration   ____Assessment   ____Consultation

   ____Psychotherapy   ____Research   ____ Supervision

   ____Teaching   ____Unknown   ____Other

 1c. Enter the job title of this position: _____

State Licensure*

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 became a licensed health service psychology provider

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

   ____Yes   ____No   ____Not yet eligible for licensing

2. Indicate if the graduate received other health service psychology credentials
   (If graduate does not plan to pursue credential, please select "No")

   ____Yes   ____No   ____Not yet eligible