

**2024 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 2023-2024 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	____ 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: \_\_\_\_\_