

2024 Data Preparation Sheet – Postdoctoral: Resident (Trainee)

Resident Profile (This section is completed the year the resident enters the program, i.e. 2023-2024 cohort.)

Demographics*

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.S. Dept. of Education's website](https://www.ed.gov/about/overview/initiatives/ada) for descriptions of each category.

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

____Yes ____No

5. Foreign National:

____Yes ____No

Education*

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

5. Internship program name: _____

6. APA/CPA-Accredited Internship: ___ Yes ___ No

Annual Updates* (*For events that occurred in the 2023-2024 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 organizations:

___ Yes ___ No

(e.g., Roles in local, state/provincial, regional or national organizations)

Enrollment Information

1. Date started program (*applies to new interns in 2023-2024 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.)*:*
