

2025 Data Preparation Sheet – Internship: Intern (Trainee)

Intern Profile (This section is completed the year the intern enters the program, i.e. 2024-2025 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	Not Reported
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>U.S. Dept. of Education's website</u> 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



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Combined, Clinical-Counseling-School		
Other If Other:		
4. Degree program type: Ph.D. Psy.D. Ed.D. Other		
Annual Updates* (For events that occurred in the 2024-2025 academic year ONL	LY)	
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: (<i>e.g., Roles in local, state/provincial, regional or national organizations</i>)	Yes	_No
Enrollment Information		
1. Date started program (applies to new interns in 2024-2025 cohort only):* (mm) / (dd) / (yyyy)		
2. Date left program (<i>if applicable</i>): $\frac{1}{(mm)} \frac{1}{(dd)} \frac{1}{(www)}$		

(mm) (dd) (yyyy) If intern left during the training year, please answer question 2a. If not, skip to question 3.



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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.*):*