
COMMISSION ON ACCREDITATION
OFFICE OF PROGRAM CONSULTATION AND ACCREDITATION
AMERICAN PSYCHOLOGICAL ASSOCIATION

POSTDOCTORAL: PROGRAM AND ADMISSIONS PREPARATORY FACT SHEET

Program Information

1. Training year start date:* _____ / _____ / _____
(mm) (dd) (yyyy)

This should be the actual start date for the training year. The system will automatically calculate and display the training year end date by adding 364 days.

2. Has your program experienced any significant changes in financial support during the current training year? * ____ Yes ____ No

If yes, please describe the changes: _____

3. URL for Program's website (if applicable): _____

Residents*

1. Number who applied to program: _____

2. Number who were offered admission to the program: _____

3. Number of new residents who were full-time: _____

4. Number of new residents who were part-time: _____

5. Number of new residents who were funded fully: _____

6. Number new residents who were unfunded or not fully funded: _____

7. Number of hours per week required for full-time resident: _____

8. Minimum stipend for full-time resident (Enter U.S. dollar amount, digits only): _____

9. Number hours per week required for part-time resident: _____

10. Minimum stipend for part-time residents (Enter U.S. dollar amount, digits only): _____

11. Number of hours required to complete program: _____

Supervisors* *Classification definitions are located on the Supervisor Data Entry Prep Sheets.*

1. Number of Training Supervisors: _____

2. Number of Agency/Institution Supervisors: _____

3. Number of Other Contributors: _____