

COMMISSION ON ACCREDITATION
Office of Program Consultation and Accreditation
American Psychological Association

Doctoral Student Preparatory Fact Sheet

My **gender** is (required): Female Male

Ethnic Origin: (required)

- | | |
|---|---|
| <input type="checkbox"/> African American – Black | <input type="checkbox"/> Native American – Alaskan Native |
| <input type="checkbox"/> Asian – Pacific Islander | <input type="checkbox"/> Multicultural |
| <input type="checkbox"/> Caucasian – White | <input type="checkbox"/> I attend a Canadian Institution |
| <input type="checkbox"/> Latino – Hispanic | <input type="checkbox"/> Other |

If other, please specify: _____

I am subject to the **Americans with Disabilities Act:** Yes No

I am a **Foreign National:** Yes No

I am:

A member of a professional or research society: Yes No

An author or co-author of papers or workshops at professional meetings: Yes No

An author or co-author of articles in professional or scientific journals: Yes No

Involved in grant-supported research: Yes No

Involved in teaching: Yes No

Involved Part-time in Supervised Practicum Training on or off campus: Yes No

ONLY for students who are entering the program this reporting cycle:

Undergraduate Institution: _____
Year of Degree: _____ (4.0 scale) **GPA:** _____
(Verbal) **GRE:** _____ (Quantitative) **GRE:** _____
(Analytic) **GRE:** _____ (Analytic Writing) **GRE:** _____
(Advanced Psych Test) **GRE:** _____
Graduate semester-hour equivalent credits transferred: _____
Academic status: Part-time Full-time

I applied for internship for the 2009-2010 academic year? Yes No

ONLY for students who are going on internship 2009-2010

Summary of Doctoral Practicum Hours (as of November 1, 2008):

Total Intervention and Assessment Hours: _____

Total Support Hours: _____

Total Supervision Hours: _____

Program Events

Doctoral Program:

Date started current program (required): ____ / ____ / ____ (mm/dd/yyyy))

If applicable,

Date completed current program: ____ / ____ / ____ (mm/dd/yyyy)

(see code sheet) **Reason for leaving:** _____

If other: _____

Internship:

Date started internship: ____ / ____ / ____ (mm/dd/yyyy)

Date completed internship: ____ / ____ / ____ (mm/dd/yyyy)

(see code sheet) **Internship Setting:** _____

If other: _____

APA accredited internship: Yes No

Academic status: Part-time Full-time

Funding status: Funded Unfunded

Post-Graduation Activities (To be completed one year after student graduates from the program):

Choose **one** section to complete: Postdoctoral or Employment

(see code sheet) **Postdoctoral Setting:** _____

If other: _____

(see code sheet) **Postdoctoral Activity:** _____

If other: _____

(see code sheet) **Employment Setting:** _____

If other: _____

(see code sheet) **Employment Activity:** _____

If other: _____

Licensure (To be completed two years after student graduates from the program):

Did the individual apply for licensure? Yes No

If Yes, when? ____ / ____ / ____ (mm/dd/yyyy)

Did they receive their license? Yes No

In which state did they receive their license in? ____ (2 letter State abbreviation)

COMMISSION ON ACCREDITATION
Office of Program Consultation and Accreditation
American Psychological Association

Doctoral Student Code Sheet

Code Reason for Leaving	Code Postdoctoral & Employment Setting
C1 Personal reasons	01 Community Mental Health Center
C1a Financial	02 Health Maintenance Organization
C1b Health/ Medical	03 Medical Center
C1c Death of student	04 Military Medical Center
C1d Family matters	05 Private General Hospital
C1e Student relocated	06 General Hospital
C1f Did not return from absence	07 VA Medical Center
C2 Academic reasons	08 Private Psychiatric Hospital
C2a Voluntary withdrawal	09 State or County Hospital
C2b Dismissed	10 Correctional Facility
C2c Transferred	11 School District of System
C2d Followed academic advisor	12 University Counseling Center
C2e Change area specialization	13 Academic Teaching Position
C2f Interest outside psychology	13a Doctoral Program
C2g Terminal masters degree	13b Masters Program
C3 Additional reasons	13c 4-year College
C3a Employed elsewhere	13d Community College
C4 No reason	13e Adjunct Professor
	14 Independent Practice
	15 Academic Non-Teaching Position
	16 Medical Schools
	17 Student
	18 Multiple Settings
	19 Not Currently Employed
Code Internship Setting	Code Postdoctoral & Employment Activity
01 Community Mental Health Center	01 Administration
02 Health Maintenance Organization	02 Assessment
03 Medical Center	03 Consultation
04 Military Medical Center	04 Psychotherapy
05 Private General Hospital	05 Research
06 General Hospital	06 Supervision
07 VA Medical Center	07 Teaching
08 Private Psychiatric Hospital	
09 State or County Hospital	
10 Correctional Facility	
11 School District or System	
12 University Counseling Center	
13 Medical School	
14 Consortium	
15 Multiple Internship Setting	