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

INTERNSHIP INTERN PREPARATORY FACT SHEET

Demographics

1. Intern Name / ID #: _____
(This is for program use only. Any text entered in this area will not be collected for statistics or use of APA, the Office of Accreditation or the Commission on Accreditation)
2. Intern Gender *(required)*:
3. Intern Ethnic Origin: *(required, please select all that apply)*

American Indian or Alaska Native	Native Hawaiian - Other Pacific Islander
Asian	White
Black or African American	Not Reported
Hispanic-Latino	I attend a Canadian Institution
4. Intern subject to the Americans with Disabilities Act:
5. Intern a Foreign National:

Activities For the 2010-2011 training year ONLY

1. Number workshops, oral presentations and/or poster presentations at professional meetings intern has been an author or co-author of:
2. Number books, book chapters or articles in peer-reviewed professional/scientific journals intern has been an author or co-author of:
3. Intern a member of a professional or research society:
4. Intern involved in grant-supported research *(Includes RA's)*:
5. Intern involved in teaching *(Includes TA's)*:
6. Intern involved in leadership roles or activities in professional organizations *(includes roles in State/Provincial, Regional or National organizations)*:

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Education *(for interns who entered the program for the 2010-2011 year)*

1. Current doctoral program: _____
2. Is doctoral program APA/CPA accredited:
3. Doctoral program substantive area:
 If other: _____
4. Degree program type:
5. Summary of Doctoral Practicum Hours *(as of November 1, 2009, as listed in the AAPI)*:
 Total Assessment Hours:
 Total Intervention Hours:
 Total Supervision Hours:
6. Intern a nationally certified school psychologist:

Program Data

1. Date started internship: _____ *(mm/dd/yyyy)* ____ / ____ / ____
2. Date completed internship *(if applicable)*: _____ *(mm/dd/yyyy)* ____ / ____ / ____
 Reason for leaving: _____

Archived Interns: Program Data *(To be completed 1 year after intern completes program)*

Post-Internship Activities

1. Postdoctoral Setting: _____
 If other: _____
2. Postdoctoral Activity *(select all that apply)*:

Administration	Assessment	Consultation	Psychotherapy
Research	Supervision	Teaching	Unknown
3. Post-Internship Job Title: _____
4. Employment Setting: _____
 If other: _____
5. Employment Activity *(select all that apply)*:

Administration	Assessment	Consultation	Psychotherapy
Research	Supervision	Teaching	Unknown