

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

Postdoctoral Resident 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

A recipient of federal grants or private foundation awards: Yes No

Involved in leadership roles or activities in professional organizations Yes No

ONLY for residents who are entering the program the 2008-2009 year:

Graduate Degree Institution: _____

From an **accredited doctoral program:** Yes No

(see code sheet) **Doctoral program substantive area:** _____

If other: _____

Predocutorial Internship Program: _____

From an **accredited internship program:** Yes No

Program Events

Postdoctoral Program:

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

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

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

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

Post-Residency Job Title: _____

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

If other: _____

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

If other: _____

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Postdoctoral Resident Code Sheet

Code	Doctoral Program Substantive Area
Clinical	Clinical
Counseling	Counseling
School	School
Comb1	Clinical-Counseling
Comb2	Clinical-School
Comb3	Counseling-School
Comb4	Clinical-Counseling-School

Code	Reason for Leaving
C0	Successful Completion of Program
C1	Personal Reasons
C1a	Financial
C1b	Health/ Medical
C1c	Death of Intern
C1d	Family or Relationship Matters
C1e	Intern Relocated
C1f	Did not return from absence
C2	Academic Reasons
C2a	Voluntary Withdrawal
C2b	Dismissed
C2c	Transferred
C4	No reason provided

Code	Post-Internship Setting:
01	Community Mental Health Center
02	Health Maintenance Organization
03	Medical Center
04	Military Medical Center
05	Private General Hospital
06	General Hospital
07	VA Medical Center
08	Private Psychiatric Hospital
09	State or County Hospital
10	Correctional Facility
11	School District or System
12	University Counseling Center
13	Academic Teaching Position
14	Independent Practice
15	Academic Non-Teaching Position
16	Medical School
44	Student
Fu	Multiple Settings
99	Not Currently Employed

Code	Post-Internship Activities
01	Administration
02	Assessment
03	Consultation
04	Psychotherapy
05	Research
06	Supervision
07	Teaching