Outcome Data for Doctoral Programs
(Commission on Accreditation, July 2011, revised XXX)

This Implementing Regulation clarifies the type of data the CoA needs to make an accreditation decision on doctoral programs.

The CoA requires all accredited programs to provide outcome data on the extent to which the program is effective in achieving its aim(s) and demonstrating student attainment of required discipline-specific knowledge, profession-wide competences, and program-specific competencies (if any).

As stated in the *Standards of Accreditation* (SoA) for doctoral programs, discipline-specific knowledge serves as a cornerstone for the establishment of identity in and orientation to health services psychology. Programs are required to demonstrate discipline-specific knowledge of its students (Standard II.B.1.a D).

1. *Discipline-specific knowledge serves as a cornerstone for the establishment of identity in and orientation to health services psychology. Thus, all students in accredited programs should acquire a general knowledge base in the field of psychology, broadly construed, to serve as a foundation for further training in the practice of health service psychology.*

   a. *Discipline-specific knowledge represents the requisite core knowledge of psychology an individual must have to attain the profession-wide competencies. Programs may elect to demonstrate discipline-specific knowledge of students by:*

      i. *Using student selection criteria that involve standardized assessments of a foundational knowledge base (e.g., GRE subject tests). In this case, the program must describe how the curriculum builds upon this foundational knowledge to enable students to demonstrate graduate level discipline-specific knowledge.*

      ii. *Providing students with broad exposure to discipline-specific knowledge. In this case, the program is not required to demonstrate that students have specific foundational knowledge at entry but must describe how the program's curriculum enables students to demonstrate graduate-level discipline-specific knowledge.*

In addition to demonstrating that students obtain discipline-specific knowledge, programs must evaluate profession-wide and program-specific competencies. As stated in the SoA for doctoral programs relevant to student profession-wide and program-specific competencies (II.D.1):

   1. *Evaluation of students' competencies*
      a. *The program must evaluate students' competencies in both profession-defined and program-defined areas. By the time of degree completion, each student must demonstrate achievement of both the profession-wide competencies and those required by the program. Thus, for each competency, the program must:*
         i. *Specify how it evaluates student performance and the minimum level of achievement or performance required of the student to demonstrate competency. Programs must demonstrate how their evaluation methods and minimum levels of achievement are appropriate for the measurement of each competency. The level*

> *of achievement expected should reflect the current standards for the profession.*
>
> ii. *Provide outcome data that clearly demonstrate that by the time of degree completion, all students have reached the appropriate level of achievement in each profession-wide competency and in each program-defined competency. While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with best practices in student competency evaluation.*
>
> iii. *Present formative and summative evaluations linked to exit criteria and data demonstrating achievement of competencies for each student in the program.*
>
> b. *For program graduates, the program must provide distal evidence of students' competencies and program effectiveness and must evaluate graduates' career paths in health service psychology after they have left the program.*
>
> i. *Two years after graduation, the program must provide data on how well the program prepared students in each profession-wide and program-specific competency. The program must also provide data on students' job placement and licensure rates.*
>
> ii. *At 5 years postgraduation, the program must provide data on graduates, including data on graduates' licensure (as appropriate for their current job duties) and their scholarly/research contributions (as consistent with the program's aims).*

Also, the United States Department of Education (USDE) requires recognized accrediting bodies (such as the CoA) to collect and monitor data-driven outcomes, especially as they relate to student achievement. In making an accreditation decision on a program, CoA must demonstrate that it reviews student achievement through review of the program's outcome data.

All accredited programs are required to demonstrate an educational/training curriculum that is consistent with program aim(s) and is designed to foster student development of required profession-wide competencies and program-specific competencies (if any). Expected minimal levels of achievements must be specified for all profession-wide competencies and program-specific competencies (if any). It is each program's responsibility to collect, present, and utilize aggregated proximal and distal outcome data that are directly tied to profession-wide competencies and program-specific competencies (if any).

Definitions:

Proximal data are defined as outcomes on students as they progress through and complete the program, which are tied to the required profession-wide competencies and program-specific competencies (if any).

- Proximal data at a minimum must include evaluations of students' performance by others who are responsible for their training (e.g., by course instructors, thesis/dissertation committees, supervisors) .
- Completion of an unevaluated activity (attendance at a class or seminar, completion of a manuscript, completion of practicum hours) is not considered sufficient proximal outcome data. Rather, the program must provide evaluative data (e.g., course outcomes/grades, supervisor evaluation of practicum performance, dissertation defense

outcome, acceptance of a peer-reviewed presentation or publication) that demonstrate the program's success in promoting mastery of profession-wide competencies and program-specific competencies (if any).

- While student *self-ratings, ratings of satisfaction with training, or ratings by others (e.g., peers)* may be a part of proximal assessment, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting attainment of profession-wide competencies and program-specific competencies (if any).

Distal data are defined as outcomes on students after they have completed the program, which are tied to the profession-wide competencies and program-specific competencies (if any).

- Distal data typically include information obtained from alumni surveys addressing former students' perceived assessments of the degree to which the program promoted mastery of profession-wide competencies and program-specific competencies (if any).
- Distal data reflecting completion of professional activities and accomplishments (e.g., licensure, employment, memberships, and affiliations), such as those found in the self-study tables, are important examples of distal outcomes but alone are not sufficient because they do not fully reflect achievement of all expected competencies.
- Although alumni surveys assessing former students' overall *satisfaction* with the training program (including the degree to which the education and training is relevant) may be an important component of a program's ongoing self-study process, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting expected competencies.
- Although CoA does not specify the interval at which distal data should be collected, the interval should be appropriate to allow the program to evaluate its success in promoting expected competencies to determine if changes need to be made, consistent with Standard II.

Level of Specificity

Discipline-Specific Knowledge
According to the Standards of Accreditation (Standard II.B.1.a D), accredited programs are required to demonstrate that their students attain requisite core knowledge of psychology. Based on IR C-7 D, discipline-specific knowledge involves multiple areas of psychology, some of which may be attained at either the undergraduate or graduate level and some of which must be attained at the graduate level.

Accredited programs are required to identify minimum levels of achievement that are acceptable to demonstrate students' discipline-specific knowledge, to assess all required areas of discipline-specific knowledge for each student (e.g. history and systems of psychology; affective aspects of behavior; biological aspects of behavior; cognitive aspects of behavior; developmental aspects of behavior; social aspects of behavior; advanced integrative knowledge of basic discipline-specific content areas; research methods; quantitative methods; psychometrics), and then to provide data to CoA that document that by the time of graduation, all students have attained the required minimum levels of achievement for each required area of discipline-specific knowledge. In other words, because discipline-specific knowledge serves as the foundation to further training in health service psychology, data regarding discipline-specific knowledge need only be presented at the proximal level; distal data are not required for discipline-specific knowledge.

Profession-Wide Competencies

According to the Standards of Accreditation (Standard II.B.1.b D), accredited programs are required to provide a training/educational curriculum that fosters the development of nine profession-wide competencies. Based on IR C-8 D, each competency has multiple elements that are required to be assessed by programs so as to demonstrate that students have demonstrated competence in that area.

Accredited programs are required to operationalize competencies in terms of multiple elements, assess student performance at the level of the elements, give feedback to students at the level of elements, but then report to CoA at the level of the superordinate competency.

Program-Specific Competencies
Accredited programs may choose to include program-specific competencies as part of their educational curriculum. These should be consistent with the program's aim(s) and professional standards and practices of health service psychology. Further, programs must demonstrate education/training to facilitate development of these competencies, appropriate mechanisms to assess student performance on these competencies (including expected minimal levels of achievement for successful completion of the program), and its success in ensuring that students reach expected levels of performance.

Similar to the expectations for profession-wide competencies, programs that choose to have program-specific competencies are expected have multiple elements for each of those competencies, assess student performance at the level of the elements, and give feedback to students at the level of elements, but then report to CoA at the level of the superordinate competency.

Aggregation of Data

Discipline-Specific Knowledge
Aggregated data are compilations of proximal data across students, which may be broken down by cohort, program year, or academic year. Aggregate data demonstrate the effectiveness of the program as a whole, rather than the accomplishment of an individual student over time.
- To the extent possible, data should be presented in table form using basic descriptive statistics (e.g., sample sizes, means, percentages). The program should choose statistics that allow for evaluation of whether all students are attaining discipline-specific knowledge in relation to the program's defined minimal levels of achievement. For example, presenting percentages of students demonstrating an area of discipline-specific knowledge is clearer than simply presenting numbers of students attaining the knowledge area (i.e., without a denominator). Similarly, some data are useful for understanding general student performance (e.g., means), but do not clearly indicate that all students are reaching minimal levels of achievement for all areas of discipline-specific knowledge. The program should provide meaningful data in such a way that the CoA can determine that by the time of program completion, all students are reaching these minimal levels of achievement.
- If data are aggregated over a number of years (i.e., not broken down by cohort or year), the program needs to demonstrate how aggregating the data in this way facilitates the program's self-improvement.

Profession-Wide Competencies
Aggregated data are compilations of proximal data and compilations of distal data across students, which may be broken down by cohort, program year, or academic year. Aggregate data

demonstrate the effectiveness of the program as a whole, rather than the accomplishment of an individual intern over time.

- To the extent possible, data should be presented in table form using basic descriptive statistics (e.g., sample sizes, means, percentages). The program should choose statistics that allow for evaluation of whether all students are acquiring competencies in relation to its defined minimal levels of achievement for required profession wide competencies and program-specific competencies (if any). For example, presenting percentages of students achieving a competency is clearer than simply presenting numbers of students achieving a competency (i.e., without a denominator). Similarly, some data are useful for understanding general student performance (e.g., means), but do not clearly indicate that all students are reaching minimal levels of achievement for all competencies. The program should provide meaningful data in such a way that the CoA can determine that by the time of program completion, all students are reaching these minimal levels of achievement.
- If data are aggregated over a number of years (i.e., not broken down by cohort or years), the program needs to demonstrate how aggregating the data in this way facilitates the program's self-improvement.

Program-Specific Competencies

Aggregated data must be presented in a manner that demonstrates the success of the program as a whole while allowing for an assessment of how well students are performing in relation to defined minimal levels of achievement.

Outcome Data for Internship Programs
(Commission on Accreditation, July 2011)

This Implementing Regulation clarifies the type of data the CoA needs to make an accreditation decision on internship programs.

The CoA requires all accredited programs to provide outcome data on the extent to which the program is effective in achieving its aim(s), required profession wide competences and program-specifc competencies (if any). As stated in the *Standards of Accreditation* (SoA) for internships (II.D.1):

> 1. *Evaluation of Interns' Competencies*
>   a. *Current Interns. As part of its ongoing commitment to ensuring the quality of its graduates, the program must evaluate interns in both profession-defined and program-defined competencies. By the end of the internship, each intern must demonstrate achievement of both the profession-wide competencies and any additional competencies required by the program. For each competency, the program must:*
>   i. *specify how it evaluates intern performance;*
>   ii. *identify the minimum level of achievement or performance required of the intern to demonstrate competency;*
>   iii. *provide outcome data that clearly demonstrate all interns successfully completing the program have attained the minimal level of achievement of both the profession-wide and any program-specific competencies;*
>   iv. *base each intern evaluation in part on direct observation (either live or electronic) of the intern;*
>   v. *While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with professionally accepted practices in intern competencies evaluation.*
>   b. *Internship Program Alumni. The program must evaluate the functioning of alumni in terms of their career paths in health service psychology. Each program must provide data on how well the program prepared interns in each of the profession-wide and any program-specific competencies. The program must also provide data on interns' job placement and licensure status.*

Also, the United States Department of Education (USDE) requires recognized accrediting bodies (such as the CoA) to collect and monitor data-driven outcomes, especially as they relate to student achievement. In making an accreditation decision on a program, CoA must demonstrate that it reviews intern achievement through review of the program's outcome data.

All accredited programs are required to demonstrate an educational/training curriculum that is consistent with program aim(s) and is designed to foster intern development of required profession-wide competencies and program specific competencies (if any). Expected minimal levels of achievements must be specified for all profession-wide competencies and program specific competencies (if any). It is each program's responsibility to collect, present, and utilize aggregated proximal and distal outcome data that are directly tied to profession wide competencies and program-specific competencies (if any).

<u>**Definitions:**</u>

Proximal data are defined as outcomes on interns <u>as they progress through and complete the program,</u> which are tied to the required profession-wide competencies and program-specific competencies (if any).

- Proximal data at a minimum must include the evaluations of interns by others responsible for their training (e.g., by supervisors/trainers), including mid-point and end-of-year evaluations. This is most easily accomplished when the evaluation mechanisms parallel the profession wide competencies and program-specific competencies (if any). It is expected that these data would at least include the semi-annual feedback provided to interns as required by Standard III.B of the SoA.
- While intern *self-ratings, ratings of satisfaction with training, or ratings by others (e.g., peers)* may be a part of proximal assessment, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting attainment of profession wide competencies and program-specific competencies (if any).

Distal data are defined as outcomes on interns <u>after they have completed the program</u>, which are tied to the profession-wide competencies and program specific competencies (if any).

- Distal data typically include information obtained from alumni surveys addressing former interns' perceived assessments of the degree to which the program promoted mastery of profession wide competencies and program specific competencies (if any).
- Distal data reflecting completion of professional activities and accomplishments (e.g., licensure, employment, memberships, and affiliations), such as those found in the self-study tables, are important examples of distal outcomes but alone are not sufficient because they do not fully reflect achievement of all expected competencies.
- Although alumni surveys assessing former interns' overall *satisfaction* with the training program (including the degree to which the education and training is relevant) may be an important component of a program's ongoing self-study process, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting expected competencies.
- Although CoA does not specify the interval at which distal data should be collected, the interval should be appropriate to allow the program to evaluate its success in promoting expected competencies to determine if changes need to be made, consistent with Standard II.

<u>**Profession Wide Competencies--Level of Specificity:**</u>

According to the Standards of Accreditation (Standard II.A), accredited programs are required to provide a training/educational curriculum that fosters the development of nine profession-wide competencies. Based on the Profession Wide Competencies IR, each competency is to have multiple elements that are required to be assessed by programs so as to demonstrate that interns have demonstrated competence in that area.

Accredited programs are required to operationalize competencies in terms of multiple elements, assess intern performance at the level of the elements, give feedback to interns at the level of elements, but then report to CoA at the level of the superordinate competency.

Aggregated data are compilations of proximal data and compilations of distal data across interns, which may be broken down by cohort or years. Aggregate data demonstrate the

effectiveness of the program as a whole, rather than the accomplishment of an individual intern over time.

- To the extent possible, data should be presented in table form using basic descriptive statistics (e.g., sample sizes, means, percentages). The program should choose statistics that allow for evaluation of whether all trainees are acquiring competencies in relation to its defined minimal levels of achievement for required profession wide competencies and program-specific competencies (if any).
- If data are aggregated over a number of years (i.e., not broken down by cohort or year), the program needs to demonstrate how aggregating the data in this way facilitates the program's self-improvement.

Program Specific Competencies—Level of Specificity:

Accredited programs may choose to include program-specific competencies as part of their educational curriculum. These should be consistent with the program's aim(s) and professional standards and practices of Health Service Psychology. Further, programs must demonstrate education/training to facilitate development of these competencies, appropriate mechanisms to assess intern performance on these competencies (including expected minimal levels of achievement for successful completion of the program), and its success in ensuring that interns reach expected levels of performance.

Similar to the expectations for Profession Wide Competencies, programs that choose to have program-specific competencies are expected have multiple elements for each of those competencies, assess intern performance at the level of the elements, give feedback to interns at the level of elements, but then report to CoA at the level of the superordinate competency.

Aggregated data must be presented in a manner that demonstrates the success of the program as a whole while allowing for an assessment of how well interns are performing in relation to defined minimal levels of achievement.

Outcome Data for Postdoctoral Residency Programs
(Commission on Accreditation, July 2011)

This Implementing Regulation clarifies the type of data the CoA needs to make an accreditation decision on postdoctoral residency programs.

The CoA requires all accredited programs to provide outcome data on the extent to which the program is effective in achieving its aim(s), required profession wide competences; program-specific competencies (if any); and specialty area competencies (as appropriate). As stated in the *Standards of Accreditation* (SoA) for postdoctoral residency programs (II.D.1):

> *a) An evaluation is made of the resident's progress toward satisfactory attainment of the program's expected competencies, as reflected in the completion of the program's stated minimum levels of achievement and other program requirements.*
>
> *b) Data on residents' competencies must include competency-based assessments of residents as they progress through, and at completion of, the program (proximal data), as well as information regarding their attainment of competencies after they complete the program (distal data).*
>
> > *i. Proximal data will, at the least include evaluations of residency by knowledgeable others (i.e., supervisors or trainers). The evaluation process and assessment forms must parallel the program's expected competencies. These evaluations include the feedback provided to residents as required in Standard I.C.1(d).*
> >
> > *ii. At each evaluation interval, the evaluation must be based in part on direct observation of the competencies evaluated.*
> >
> > *iii. Distal data reflect the program's effectiveness in achieving its aims, as reflected by resident attainment of program-defined competencies.*
> >
> > *iv. Distal data typically include information obtained from alumni surveys assessing former residents' perceptions of the degree to which the program achieved its aims by preparing them in the competencies identified as important by the program. The data may also include graduates' professional activities and accomplishments (e.g., licensure, employment, memberships, and affiliations).*

Also, the United States Department of Education (USDE) requires recognized accrediting bodies (such as the CoA) to collect and monitor data-driven outcomes, especially as they relate to student achievement. In making an accreditation decision on a program, CoA must demonstrate that it reviews resident achievement through review of the program's outcome data.

All accredited programs are required to demonstrate an educational/training curriculum that is consistent with program aim(s) and is designed to foster resident development of required profession-wide competencies; program specific competencies (if any); and specialty area competencies (as appropriate). Expected minimal levels of achievements must be specified for all profession-wide competencies; program specific competencies (if any); and specialty area competencies (as appropriate). It is each program's responsibility to collect, present, and utilize aggregated proximal and distal outcome data that are directly tied to profession wide

competencies; program specific competencies (if any); and specialty area competencies (as appropriate).

<u>**Definitions:**</u>

Proximal data are defined as outcomes on residents <u>as they progress through and complete the program,</u> which are tied to the required profession-wide competencies; program specific competencies (if any); and specialty area competencies (as appropriate).

- Proximal data at a minimum must include the evaluations of residents by others responsible for their training (e.g., by supervisors/trainers), including mid-point and end-of-year evaluations. This is most easily accomplished when the evaluation mechanisms parallel the profession wide competencies; program specific competencies (if any); and specialty area competencies (as appropriate). It is expected that these data would at least include the semi-annual feedback provided to residents as required by Standard I.C.2 of the SoA.
- While resident *self-ratings, ratings of satisfaction with training, or ratings by others (e.g., peers)* may be a part of proximal assessment, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting attainment of profession wide competencies ; program specific competencies (if any); and specialty area competencies (as appropriate).

Distal data are defined as outcomes on residents <u>after they have completed the program</u>, which are tied to the profession-wide competencies; program specific competencies (if any); and specialty area competencies (as appropriate).

- Distal data typically include information obtained from alumni surveys addressing former residents' perceived assessments of the degree to which the program promoted mastery of profession wide competencies and program specific competencies (if any).
- Distal data reflecting completion of professional activities and accomplishments (e.g., licensure, employment, memberships, and affiliations), such as those found in the self-study tables, are important examples of distal outcomes but alone are not sufficient because they do not fully reflect achievement of all expected competencies.
- Although alumni surveys assessing former residents' overall *satisfaction* with the training program (including the degree to which the education and training is relevant) may be an important component of a program's ongoing self-study process, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting expected competencies.
- Although CoA does not specify the interval at which distal data should be collected, the interval should be appropriate to allow the program to evaluate its success in promoting expected competencies to determine if changes need to be made, consistent with Standard II.

<u>**Level of Specificity:**</u>

Profession-Wide Competencies
According to the Standards of Accreditation (cite appropriate section), accredited programs are required to provide a training/educational curriculum that fosters the development of three advanced competencies, two of which are profession-wide competencies. Based on IR C-XX (PWC), each competency has multiple elements that are required to be assessed by programs so as to demonstrate that residents have demonstrated competence in that area.

Accredited programs are required to operationalize competencies in terms of multiple elements, assess resident performance at the level of the elements, give feedback to residents at the level of elements, but then report to CoA at the level of the superordinate competency.

Aggregated data are compilations of proximal data and compilations of distal data across residents, which may be broken down by cohort or years. Aggregate data demonstrate the effectiveness of the program as a whole, rather than the accomplishment of an individual resident over time.

- To the extent possible, data should be presented in table form using basic descriptive statistics (e.g., sample sizes, means, percentages). The program should choose statistics that allow for evaluation of whether all trainees are acquiring competencies in relation to its defined minimal levels of achievement for required profession wide competencies; program specific competencies (if any); and specialty area competencies (as appropriate).
- If data are aggregated over a number of years (i.e., not broken down by cohort or years), the program needs to demonstrate how aggregating the data in this way facilitates the program's self-improvement.

Program Specific Competencies

Accredited programs may choose to include program-specific competencies as part of their educational curriculum. These should be consistent with the program's aim(s) and professional standards and practices of Health Service Psychology. Further, programs must demonstrate education/training to facilitate development of these competencies, appropriate mechanisms to assess resident performance on these competencies (including expected minimal levels of achievement for successful completion of the program), and its success in ensuring that residents reach expected levels of performance.

Similar to the expectations for profession wide competencies, programs that choose to have program-specific competencies are expected have multiple elements for each of those competencies, assess resident performance at the level of the elements, give feedback to residents at the level of elements, but then report to CoA at the level of the superordinate competency.

Aggregated data must be presented in a manner that demonstrates the success of the program as a whole while allowing for an assessment of how well residents are performing in relation to defined minimal levels of achievement.

Specialty Competencies

Programs accredited in a recognized specialty practice area must include competencies specific to the specialty area as part of their educational curriculum. These should be consistent with the program's aim(s) and professional standards and practices of Health Service Psychology. Further, programs must demonstrate education/training to facilitate development of these competencies, appropriate mechanisms to assess resident performance on these competencies (including expected minimal levels of achievement for successful completion of the program), and its success in ensuring that residents reach expected levels of performance.

Similar to the expectations for profession wide competencies and program-specific competencies, programs that have specialty competencies are expected have multiple elements for each of those competencies, assess resident performance at the level of the elements, give feedback to residents at the level of elements, but then report to CoA at the level of the superordinate competency.

Aggregated data must be presented in a manner that demonstrates the success of the program as a whole while allowing for an assessment of how well residents are performing in relation to defined minimal levels of achievement.

TRAINEE ADMISSIONS, SUPPORT, AND OUTCOME DATA

Standard V.A. of the Standards of Accreditation for Internship Programs requires that programs provide potential and current trainees and the public with accurate information on the program and on program expectations. This information is meant to describe the program accurately and completely, using the most up-to-date data about important admissions, support, and outcome variables, and must be presented in a manner that allows applicants to make informed decisions about entering the program.

The CoA requires each accredited program to provide information in its public materials regarding program admissions expectations, program support provided to interns, and initial post-training placement in a standardized way. This information is required to be posted in the program's public material(s) (e.g., website, brochure), and should be updated annually. This information will be reviewed by the CoA as part of periodic program review.
_____

Presentation of Required Information

To ensure that the required information for each program is available to the public in a consistent fashion, the following provisions are effective XXXX

- The information must all be located in a single place and be titled "Internship Admissions, Support, and Initial Placement Data";
- If the program has a website, the information must be located no more than one click away from the main/home program landing page (e.g., within the program's online brochure);
- If the program has more than one source of public materials (e.g., website and brochure), the information must be included in the primary recruiting document used to educate potential applicants about the program For instance, if a brief brochure is provided and then applicants are directed to a website, then the information would be located on the website. Alternatively, if a program has a website "introductory page" and then applicants are instructed to download an extensive brochure, the information can be contained in the brochure;
- Table cells must not be left blank; instead, please enter "NA" if not applicable;
- The data must be presented in tables consistent with those listed at the end of this regulation. Programs may choose to provide other data to supplement the requirements of this regulation, but these tables must be provided. If the program chooses to provide supplemental information, it should be provided below the corresponding required tables.

INTERNSHIP PROGRAM TABLES

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:			
Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:			
Total Direct Contact Intervention Hours	N	Y	Amount
Total Direct Contact Assessment Hours	N	Y	Amount
Describe any other required minimum criteria used to screen applicants:			

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns		
Annual Stipend/Salary for Half-time Interns		
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)		
Hours of Annual Paid Sick Leave		
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	No
Other Benefits (please describe)		

* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Initial Post-Internship Positions
(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2012-2015	
Total # of interns who were in the 3 cohorts		
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree		
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

TRAINEE ADMISSIONS, SUPPORT, AND OUTCOME DATA

Standard V.A. of the Standards of Accreditation for Postdoctoral Programs requires that programs provide potential and current trainees and the public with accurate information on the program and on program expectations. This information is meant to describe the program accurately and completely, using the most up-to-date data about important admissions, support, and outcome variables, and must be presented in a manner that allows applicants to make informed decisions about entering the program.

The CoA requires each accredited program to provide information in its public materials regarding program admissions expectations, program support provided to residents, and initial post-training placement in a standardized way. This information is required to be posted in the program's public material(s) (e.g., website, brochure), and should be updated annually. This information will be reviewed by the CoA as part of periodic program review. _____

Presentation of Required Information

To ensure that the required information for each program is available to the public in a consistent fashion, the following provisions are effective XXXX

- The information must all be located in a single place and be titled "Postdoctoral Residency Admissions, Support, and Initial Placement Data";
- If the program has a website, the information must be located no more than one click away from the main/home program landing page (e.g., within the program's online brochure);
- If the program has more than one source of public materials (e.g., website and brochure), the information must be included in the primary recruiting document used to educate potential applicants about the program For instance, if a brief brochure is provided and then applicants are directed to a website, then the information would be located on the website. Alternatively, if a program has a website "introductory page" and then applicants are instructed to download an extensive brochure, the information can be contained in the brochure;
- Table cells must not be left blank; instead, please enter "NA" if not applicable;
- The data must be presented in tables consistent with those listed at the end of this regulation. Programs may choose to provide other data to supplement the requirements of this regulation, but these tables must be provided. If the program chooses to provide supplemental information, it should be provided below the corresponding required tables.

POST-DOCTORAL RESIDENCY PROGRAM TABLES

Postdoctoral Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on resident selection and practicum and academic preparation requirements:
Describe any other required minimum criteria used to screen applicants:

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	

Annual Stipend/Salary for Half-time Residents		
Program provides access to medical insurance for resident?	Yes	No
If access to medical insurance is provided		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)		
Hours of Annual Paid Sick Leave		
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	No
Other Benefits (please describe)		

* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Initial Post-Residency Positions
(Provide An Aggregated Tally for the Preceding 3 cohorts)

	2012-15	
Total # of residents who were in the 3 cohorts		
Total # of residents who remain in training in the residency program		
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		

Note. "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.