**ALUMNI UPDATE FORM TODAY’S DATE:** Click here to enter a date.

**CURRENT INFORMATION**

**Name:** Click here to enter text.Maiden Name: If different during training

**Email:** Click here to enter text.

**Current Address:** Click here to enter text.

**Phone:** Click here to enter text. **Date of Birth:** Click here to enter a date.

**Current Employing Organization:** Click here to enter text.

**Position/Title & Department:** Click here to enter text.

**Location (City, State):** Click here to enter text.

**[ ]  Full time** **[ ]  Part time** **[ ]  Retired**

**TRAINING AT Kennedy Krieger Institute**

**❒ predoctoral Internship Academic Year:** Click here to enter text.

**Clinic(s) & Supervisor(s):** Click here to enter text.

**Rotation(s):** Click here to enter text.

❒**Postdoctoral Fellowship Academic Year(s):** Click here to enter text.

**Clinic(s) & Supervisor(s):** Click here to enter text.

**APA DATA (APA asks us to collect the following information)**

**Gender:** Choose an item. **Ethnicity:** Choose an item.

**Are you subject to the Americans with Disabilities Act?** **[ ]  yes** **[ ]  no**

**Are you a Foreign National?** **[ ]  no** **[ ]  yes, Country of origin** Click here to enter text.

***Please supply the following information based on your current, full-time, non-temporary position (including a postdoctoral fellowship outside of Kennedy Krieger Institute).***

**Primary Setting:** Choose an item. **Primary Population:** Choose an item.

**Secondary Setting:** Choose an item. **Secondary Population:** Choose an item.

 **What percentage of your time do you devote to each of the following activities (the total should equal 100%):**

 **% Administration % Assessment % Consultation % Psychotherapy**

 **% Research % Supervision % Teaching % Other:** Click here to enter text.

***Please continue to next page***

**CAREER AND ACCOMPLISHMENTS**

***Please complete this information or include a CV so that we may track our trainees’ career progression and professional accomplishments.***

**Masters (if applicable):** Choose an item. **Year:** Click here to enter a date.

**Doctorate:** Choose an item. **Year:** Click here to enter a date.

**Other:** Degree  **Year:** Click here to enter a date.

 **Degree Granting Institution:** Click here to enter text.

 **College/University:** Click here to enter text.

 **Program:** Click here to enter text.

 **City & State:** Click here to enter text.

 **Accredited Doctoral Program** **[ ]  APA** **[ ]  CPA** **[ ]  Other** **[ ]  None**

 **Are you a/an:**

 **Licensed Psychologist:** **[ ]  yes** **[ ]  no State:** Click here to enter text.

 **Nationally Certified School Psychologist:** **[ ]  yes** **[ ]  no**

 **Board Certified Behavior Analyst:** **[ ]  yes** **[ ]  no**

 **ABPP Diplomate:** **[ ]  yes** **[ ]  no Speciality:** Click here to enter text.

***Please complete the following information starting with your first position after your Kennedy Krieger Institute training year(s) (including postdocs completed outside of Kennedy Krieger Institute).***

 **Employing Organization:** Click here to enter text.

 **Position/Title & Department:** Click here to enter text.

 **Location (City, State):** Click here to enter text.

**[ ]  Full time** **[ ]  Part time**

**Employing Organization:** Click here to enter text.

 **Position/Title & Department:** Click here to enter text.

 **Location (City, State):** Click here to enter text.

 **[ ]  Full time [ ]  Part time**

**Employing Organization:** Click here to enter text.

 **Position/Title & Department:** Click here to enter text.

 **Location (City, State):** Click here to enter text.

 **[ ]  Full time [ ]  Part time**

***Thank you for completing this survey!***

 ***Return to*** ***Psychology@KennedyKrieger.org*** ***or fax to 443-923-7455.***