**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***](mailto:Psychology@KennedyKrieger.org) ***or fax to 443-923-7455.***