

2025 Data Preparation Sheet – **Doctoral: Faculty**

Faculty Profile (This section is completed for the first year the faculty member appears in the ARO. Aside from first and last name, skip to Annual Updates if updating a profile that already exists)

Demographics*

1. Name:

(First) (Middle) (Last) First and last names are an ARO requirement. All information on individuals or their identities provided to the CoA for accreditation purposes will be confidential and for the sole purpose of accreditation.

- 2. Gender (*please select one*):
 - ____Female ____Other Gender Identity ____Male ____Not Reported ____Transgender Female ____Transgender Male
- 3. Race-Ethnicity (please select all that apply):

American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander
Asian	White
Black or African American	Not Reported
Hispanic-Latino	

Please consult the U.S. Dept. of Education's website for descriptions of each category

4. Reported disability as defined by the Americans with Disabilities Act (ADA):

____Yes ____No

5. Foreign National:

____Yes ____No

Qualifications*

1. Trained in an Accredited Graduate Program (specialized accreditation, not regional):

____Yes ____No ____N/A

2. Graduate program substantive area:

- ____Clinical Psychology
- ____Counseling Psychology
- ____School Psychology
- ____Combined, Clinical-Counseling
- ____Combined, Clinical-School
- ____Combined, Counseling-School
- ____Combined, Clinical-Counseling-School
- ____Other



If Other: 3. Licensed in Field: ____Yes ___No ___N/A 4. ABPP Diplomate: Yes No N/A 4a. ABPP Diplomate Specialty Area (*please select all that apply*): Clinical Child & Adolescent Psychology ____Clinical Health Psychology Clinical Neuropsychology Clinical Psychology Cognitive & Behavioral Psychology ____Counseling Psychology Couple & Family Psychology ____Forensic Psychology Geropsychology ____Group Psychology and Group Psychotherapy Organizational & Business Consulting Psychology ____Psychoanalytic/Psychodynamic Psychology ____Police & Public Safety Psychology _____Rehabilitation Psychology _School Psychology Serious Mental Illness Psychology 5. <u>APA Fellow</u>: ___Yes ___No ___N/A 6. Nationally certified as a school psychologist: ____Yes ____No ____N/A Annual Updates* (For events that occurred in the 2024-2025 academic year ONLY) 1. Member Professional/Research Society: Yes No 2. Scientific Publications: (Indicate if the person was the author or co-author of books, book chapters or articles in peer-reviewed professional or scientific journals. Publications "in press, "under review," or "submitted" should not be counted here) Yes No 3. Scientific Presentations: (Indicate if the person was the author or co-author of workshops, oral presentations, or poster presentations at professional meetings. This only includes Yes No *work presented during the current reporting period)* 4. Recipient of Grants/Contracts: (Indicate if the person was the Principal Investigator or Co-Principal Investigator Yes No on research grants or contract) 5. Presented psychological topic to lay or community audience: Yes No



6. Involved in leadership roles/activities in professional organizations: (e.g., Roles in local, state/provincial, regional, or national organizations)	Yes	No
7. Involved in Undergraduate Teaching:		No
8. Involved in Master's Teaching:		No
9. Involved in Doctoral Teaching: (Within the accredited program only)	Yes	No
<u>Number</u> of hours per week in delivery of professional services: (Involves any direct services for a client)		
<u>Number</u> of doctoral students provided primary research supervision: (<i>Within the accredited program only</i>)	<u> </u>	
<u>Number</u> of doctoral students provided primary professional service supervision for: (<i>Within the accredited program only</i>)		

Employment Information

1. Faculty member Classification (Please select the most applicable):*

Core Program Faculty

Core faculty members are those who devote at least 50% of their professional time to program-related activities. This time does not include other department-related activities, such as undergraduate teaching or broader department administration, but only includes time devoted to the program under review.

Associated Program Faculty

Faculty who do not meet the criteria for core faculty but make a substantial contribution to the program.

Other Contributor¹

Individuals who have a role in the program, but to a much more limited extent than core or associated faculty and have minimal contact with students. This would include individuals who present seminars, regularly supervise practicum, or teach as adjunct faculty.

 2. Start Date:*
 / ____ / ___ / ___ / ____

 (mm)
 (dd)
 (yyyy)

 3. Left Date:
 / ____ / ____ / _____
 [These dates reflect when the person began/ended affiliation with the accredited program not institution/department.)

If faculty member end date is entered, please answer question 3a. If faculty member is still active in the program, please skip 3a.

¹Currently, "Other Contributors" are entered into the ARO at program discretion. However, they are required for the self-study and this information will automatically populate online self-study tables. Providing a number of "Other Contributors" requires a full profile for each individual to be completed into the ARO/CoA portal.

*Item(s) required for data entry.



3a. Reason for leaving:

Change in career/ Employed elsewhere Did not receive tenure Employment terminated Family or relationship matters Health / Medical Personal reasons Other reasons Death of faculty Did not return from sabbatical Faculty relocated Financial No reason provided Retired from program