



Qualifications*1. Trained in an APA-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 or credentialed to practice in Health Service Psychology:

☐ Yes ☐ No ☐ N/A4. ABPP Diplomate: ☐ Yes ☐ No ☐ N/A4a. 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. [APA Fellow](#): ☐ Yes ☐ No ☐ N/A6. Nationally certified as a school psychologist: ☐ Yes ☐ No ☐ N/AAnnual 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 work presented during the current reporting period)

Yes No

4. Recipient of Grants/Contracts:

(Indicate if the person was the Principal Investigator or Co-Principal Investigator on research grants or contract)

Yes No

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:

Yes No

8. Involved in Master's Teaching:

(Within the accredited program only)

Yes No

Number of hours per week in delivery of professional services:

(Involves any direct services for a client)

Number of master's students provided primary research supervision:

(Within the accredited program only)

Number of master's students provided primary professional service supervision: (Within the accredited program only)

9. Involved in Doctoral Teaching:

Yes No

Employment Information

1. Faculty member Classification (Definitions are located in [Standard IV.B](#)) (Please select the most applicable):*

Core Program Faculty

Associated Program Faculty

Other Contributor¹

2. Start Date:* ____ / ____ / ____
(mm) (dd) (yyyy)

3. Left Date: ____ / ____ / ____
(mm) (dd) (yyyy)

(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.

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