

2025 Data Preparation Sheet – Master's: 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

Male

____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

6. Highest degree attained:

MS
MA
MEd
EdS
PhD
PsyD
EdD

If other (Specify):_____

Other Gender Identity

Not Reported



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/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
- <u>Cognitive & Behavioral Psychology</u>
- ____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

<u>Annual Updates</u>* (For events that occurred in the 2024-2025 academic year ONLY)

1. Member Professional/Research Society:

Yes No

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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)		No
7. Involved in Undergraduate Teaching:	Yes	No
8. Involved in Master's 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 master's students provided primary research supervision: (Within the accredited program only)		
<u>Number</u> of master's students provided primary professional service supervision: (<i>Within the accredited program only</i>)		
9. Involved in Doctoral Teaching:	Yes	No

Employment Information

1. Faculty member Classification (*Definitions are located in <u>Standard IV.B</u>*) (*Please select the most applicable*):*

Core Program Faculty

Associated Program Faculty

Other Contributor¹

2. Start Date:*	//	(These dates reflect when the person
	(mm) (dd) (yyyy)	began/ended affiliation with the
3. Left Date:	//	accredited program not
	(mm) (dd) (yyyy)	<i>institution/department.</i>)

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.



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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