2026 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)*

<u>Demographics</u>*

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

   ____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>U.S Census Bureau website</u> 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):_____

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
____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/A

6. Nationally certified as a school psychologist: ____Yes   ____No ____N/A

Annual Updates* (*For events that occurred in the 2025-2026 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: Yes   No

(e.g., Roles in local, state/provincial, regional, or national organizations)

7. Involved in Undergraduate Teaching: Yes   No

8. Involved in Master's Teaching: Yes   No
(Within the accredited program only)

<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: *(Within the accredited program only)*   _____

9. Involved in Doctoral Teaching: Yes   No

<u>Employment Information</u>

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 Contributor[1]

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)   ⌟*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.

[1]Currently, "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	Death of faculty
Did not receive tenure	Did not return from sabbatical
Employment terminated	Faculty relocated
Family or relationship matters	Financial
Health / Medical	No reason provided
Personal reasons	Retired from program
Other reasons	