

2024 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
____ 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](https://www.ed.gov/about/overview/initiatives/ada) 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. [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 2023-2024 academic year ONLY*)

- | | | |
|---|-----|----|
| 1. Member Professional/Research Society: | Yes | No |
| 2. Scientific Publications:
(<i>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</i>) | Yes | No |
| 3. Scientific Presentations:
(<i>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</i>) | Yes | No |
| 4. Recipient of Grants/Contracts:
(<i>Indicate if the person was the Principal Investigator or Co-Principal Investigator on research grants or contract</i>) | 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

9. Involved in Doctoral Teaching: Yes No
(Within the accredited program only)

Number of hours per week in delivery of professional services: _____
(Involves any direct services for a client)

Number of doctoral students provided primary research supervision: _____
(Within the accredited program only)

Number of doctoral students provided primary professional service supervision for: (Within the accredited program only) _____

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: ____ / ____ / ____
(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