# Annual Report Online

## 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

   ____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. [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 2024-2025 academic year ONLY)*

| | Yes | No |
|---|---|---|
| 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: <br> *(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: | Yes | No |
| 9. Involved in Doctoral Teaching: <br> *(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:
*(Within the accredited program only)*                                          _____

<u>Number</u> of doctoral students provided primary professional service
supervision for: *(Within the accredited program only)*                          _____

## <u>Employment Information</u>

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 Contributor[1]

*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)        *(These dates reflect when the person began/ended affiliation with the*

3. Left Date: _____ / _____ / _____
       (mm)    (dd)    (yyyy)       *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.*

[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 | |