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 | \_\_\_\_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*](http://www2.ed.gov/policy/rschstat/guid/raceethnicity/questions.html) *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](http://www.apa.org/membership/fellows/): \_\_\_\_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)*

|  |  |
| --- | --- |
| 1. Member Professional/Research Society: | Yes No |
| 2. 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 |
| 10. Number of hours per week in delivery of professional services:  *(Involves any direct services for a client)* | \_\_\_\_\_\_\_\_\_\_\_ |
| 11. 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 9. Involved in Doctoral Teaching: | Yes No |

Employment Information

1. Faculty member Classification *(Definitions are located in* [*Standard IV.B*](https://irp.cdn-website.com/a14f9462/files/uploaded/SoA-M.pdf)*)* (*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) *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.*

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 |  |