

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)

<u>Demogra</u>	phics*		
1. Name:	(First) First and last names are an ARO require provided to the CoA for accreditation pu accreditation.		
2. Gender	(please select one):		
	Female Male Transgender Female Transgender Male	·	Other Gender Identity
3. Race-E	Ethnicity (please select all that apply):		
	American Indian or A Asian Black or African Ame Hispanic-Latino		Native Hawaiian or Other Pacific Islander White Not Reported
Please con	sult the <u>U.S. Dept. of Education's website</u> f	or descriptions of each	ch category
4. Report	ed disability as defined by the Amer	ricans with Disabil	lities Act (ADA):
Yes	No		
5. Foreig	gn National:		
Yes	No		
6. Highes	t degree attained: MS MA MEd EdS		
	PhD		
	PsyD		
	EdD		
If other (S	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 ____Yes _ No N/A 4. ABPP Diplomate: 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

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

1. Member Professional/Research Society:

Yes No



2. Scientific Publications:

Yes	No
Yes	No
	Yes Yes Yes Yes

Employment Information

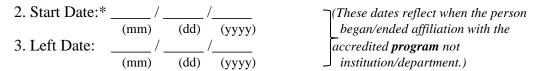
9. Involved in Doctoral Teaching:

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



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.

Yes

No



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