



Demographics*

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.

☐ Female
 ☐ Other Gender Identity
☐ Male
☐ Transgender Female
☐ Transgender Male

☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander
☐ Asian ☐ White
☐ Black or African American ☐ Not Reported
☐ Hispanic-Latino

_____MS
 _____MA
 _____MEd
 _____EdS
 _____PhD
 _____PsyD
 _____EdD

Master's Faculty Data Prep Sheet 2025

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/A4. ABPP Diplomate: ☐ Yes ☐ No ☐ N/A4a. 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/A6. Nationally certified as a school psychologist: ☐ Yes ☐ No ☐ N/AAnnual Updates* (*For events that occurred in the 2024-2025 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:

(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

Number of hours per week in delivery of professional services:

(Involves any direct services for a client)

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. Involved in Doctoral Teaching:

Yes No

Employment Information

1. Faculty member Classification (Definitions are located in [Standard IV.B](#)) (Please select the most applicable):*

Core Program Faculty

Associated Program Faculty

Other Contributor¹

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