

COMMISSION ON ACCREDITATION
Office of Program Consultation and Accreditation
American Psychological Association

Doctoral Faculty Preparatory Fact Sheet

My **gender** is (required): Female Male

Faculty Classification (required):

- Core Program Faculty
 Other Program Faculty
 Other Contributors

Ethnic Origin: (required)

- African American – Black Native American – Alaskan Native
 Asian – Pacific Islander Multicultural
 Caucasian – White I work at a Canadian Institution
 Latino – Hispanic Other

If other, please specify: _____

I am subject to the **Americans with Disabilities Act:** Yes No

I am a **Foreign National:** Yes No

I am:

A member of a professional or research society: Yes No

An author or co-author of papers or workshops at professional meetings: Yes No

An author or co-author of articles in professional or scientific journals: Yes No

A recipient of grants or contracts: Yes No

Involved in undergraduate teaching: Yes No

Involved in masters teaching: Yes No

Involved in doctoral teaching: Yes No

Involved in research supervision: Yes No
Involved professional service supervision: Yes No
Engaged in the delivery of professional services: Yes No

Program Events

Date hired into current program (required): ____ / ____ / ____ (mm/dd/yyyy)

If applicable,

Date left current program: ____ / ____ / ____ (mm/dd/yyyy)

(see code sheet) **Reason for leaving:** _____

If other: _____

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Doctoral Faculty Code Sheet

Code	Reason for Leaving
C0	Retired from Program
C1	Personal Reasons
C1a	Financial
C1b	Health/ Medical
C1c	Death of Faculty
C1d	Family or Relationship Matters
C1e	Faculty Relocated
C1f	not return from sabbatical
C2	Employment Terminated
C2a	Did not receive tenure
C3	Additional Reasons
C3a	Employed Elsewhere
C4	No Reason Provided