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COMMISSION ON ACCREDITATION  
OFFICE OF PROGRAM CONSULTATION AND ACCREDITATION  
AMERICAN PSYCHOLOGICAL ASSOCIATION

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**DOCTORAL FACULTY PREPARATORY FACT SHEET**

**Faculty Profile** *(This section is completed the first year the faculty member appears in the ARO.)*

**Demographics\***

1. Name: \_\_\_\_\_  
(First) (Middle) (Last)

*First and last names are now 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. Faculty member Gender *(please select one)*:

Female  Male  Transgender  Other

3. Faculty member 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  N/A, Canadian Institution

*Please consult the [U.S. Dept. of Education's website](#) for descriptions of each category.*

4. Faculty member subject to the Americans with Disabilities Act:

Yes  No

5. Faculty member a Foreign National:

Yes  No

**Qualifications\***

1. Indicate if the faculty member received a degree from an accredited program in his/her field of expertise:  Yes  No

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. Indicate if the faculty member is licensed in his/her field of expertise:

Yes  No

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4. Indicate if the faculty member is an ABPP Diplomate:  Yes  No

4a. Indicate Diplomate Specialty Area:

- Clinical Child & Adolescent Psychology
- Clinical Health Psychology
- Clinical Neuropsychology
- Clinical Psychology
- Cognitive & Behavioral Psychology
- Counseling Psychology
- Couple & Family Psychology
- Forensic Psychology
- Group Psychology
- Organizational & Business Consulting Psychology
- Psychoanalysis in Psychology
- Rehabilitation Psychology
- School Psychology

5. Indicate if the faculty member is an APA Fellow:  Yes  No

6. Indicate if the faculty member is nationally certified as a school psychologist:  Yes  No

**Annual Updates\* (For the 2011-2012 academic year ONLY)**

1. Indicate if the faculty member was a member of a professional or research society:  Yes  No

2. Indicate if the faculty member 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. Indicate if the faculty member was the author or co-author of workshops, oral presentations or poster presentations at professional meetings:  Yes  No

4. Indicate if the faculty member was the Principal Investigator or Co-Principal Investigator of research grants or contracts:  Yes  No

5. Indicate if faculty member presented psychological topic to lay or community audience:  Yes  No

6. Indicate if faculty member was involved in leadership roles/activities in professional organizations (*e.g., Roles in local, state/provincial, regional, or national organizations*):  Yes  No

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7. Indicate if the faculty member was involved in Undergraduate Teaching: \_\_\_\_\_ Yes \_\_\_\_\_ No
8. Indicate if the faculty member was involved in Master's Teaching: \_\_\_\_\_ Yes \_\_\_\_\_ No
9. Indicate if the faculty member was involved in Doctoral Teaching (Within the accredited program only): \_\_\_\_\_ Yes \_\_\_\_\_ No
10. Number of hours per week the faculty member was in delivery of professional services (Involves any direct services for a client): \_\_\_\_\_
11. Number of doctoral students the faculty member provided primary research supervision for (Within the accredited program only): \_\_\_\_\_
12. Number of doctoral students the faculty member provided primary professional service supervision for (Within the accredited program only): \_\_\_\_\_

**Employment Information**

1. Faculty member Classification (Please select the most applicable):\*

\_\_\_\_\_ **Core Program Faculty**

*Core faculty members are, by definition in [IR C-18](#), those who spend at least 50% of their professional time in program activities of the doctoral program under review for accreditation; only administrative activities directly related to the program under review may count as part of the 50% time commitment for core faculty.*

*Participation on committees that are time-limited and necessary for the program to continue (e.g., committees to hire new faculty for the program; faculty retention, promotion, and tenure committees) can be counted as part of the activities related to the program; however it is the program's responsibility to provide sufficient justification that these activities do indeed directly contribute to the program under review.*

\_\_\_\_\_ **Associated Program Faculty**

*Faculty members other than those identified as the program's core faculty, but have responsibilities within the program for teaching, advising, etc. This would include other faculty within the department and university that teach program courses.*

\_\_\_\_\_ **Other Contributor**

*Individuals that have a role in the program but to a more limited extent. This would include people who present seminars, provide practicum supervision, and teach as adjunct faculty.*

2. Program start date:\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ } (These dates reflect when the person began/ended affiliation with the
3. Program end 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.*

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3a. Reason for leaving:

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|---|---|
| <input type="checkbox"/> Change in career/ Employed elsewhere | <input type="checkbox"/> Death of faculty               |
| <input type="checkbox"/> Did not receive tenure               | <input type="checkbox"/> Did not return from sabbatical |
| <input type="checkbox"/> Employment terminated                | <input type="checkbox"/> Faculty relocated              |
| <input type="checkbox"/> Family or relationship matters       | <input type="checkbox"/> Financial                      |
| <input type="checkbox"/> Health / Medical                     | <input type="checkbox"/> No reason provided             |
| <input type="checkbox"/> Personal reasons                     | <input type="checkbox"/> Retired from program           |
| <input type="checkbox"/> Other reasons                        |   |

If Other: \_\_\_\_\_