**FACULTY PROFILE**

*(Provide the following data in the Faculty Profile form within the FACULTY tab of ACOTE Online (*[*https://acote.aota.org*](https://acote.aota.org)*) for the program director and all OT/OTA faculty involved in the program to document evidence of academic preparation, practice experience, related experience, or continuing education for specified teaching responsibilities. If program uses distance learning, evidence of experience or training in distance learning must also be documented.)*

**Salutation (e.g., Dr., Ms., Mr.)**

**First Name:**

**Last Name:**

**Position Title (e.g., Associate Professor):**

**Faculty Credentials (e.g., PhD, OTR/L):**

**Faculty Status\*:**

 **Full-time Core Faculty**

 **Part-time Core Faculty**

 **Adjunct Faculty**

*\*(Core Faculty: Faculty members employed in the occupational therapy educational program whose job responsibilities, at a minimum, include curriculum design, teaching, and student advisement, regardless of the position title. Adjunct Faculty: Persons who are responsible for teaching or instruction on a part-time basis. These faculty are considered non-salaried, non-tenure-track faculty members who are paid for each class they teach.)*

**Primary Campus\*:**

*\*(Where faculty member spends most of his/her teaching time.)*

**Additional Campus Info (optional):**

**E-mail:**

**Gender (response optional):**

 **Male**

 **Female**

**Ethnicity (response optional):**

 **Non-Hispanic/Non-Latino**

 **Hispanic/Latino**

**Race (response optional):**

 **American Indian or Alaska Native**

 **Asian**

 **Black or African American**

 **Native Hawaiian or Other Pacific Islander**

 **White**

 **Other**

**Highest Degree Earned:**

 **Associates**

 **Bachelors**

 **Masters**

 **Doctorate**

 **Other**

 **If Other, please specify:**

**If Doctorate, Degree Type** *(Select all that apply):*

 **PhD**

 **OTD**

 **DSc**

 **EdD**

 **Other**

 **If Other, please specify:**

**Month, year highest degree was earned:**

**Institution where highest degree was earned:**

**Accrediting body of institution where highest degree was earned (select from the following):**

**a. Regional**

 Higher Learning Commission of the North Central Association of Colleges and Schools (HLC)

  Middle States Association of Colleges and Schools, Commission on Higher Education (MSCHE)

  New England Commission of Higher Education (NECHE)

  Northwest Commission on Colleges and Universities (NWCCU)

 Southern Association of Colleges and Schools, Commission on Colleges (SACS)

  Western Association of Schools and Colleges, Accrediting Commission for Community and Junior Colleges (WASC/ACCJC)

  Western Association of Schools and Colleges, Accrediting Commission for Senior Colleges and Universities (WASC/ACSCU)

**b. National**

 Accrediting Bureau of Health Education Schools (ABHES)

  Accrediting Commission of Career Schools and Colleges (ACCSC)

  Accrediting Council for Continuing Education and Training (ACCET)

  Accrediting Council for Independent Colleges and Schools (ACICS)

 Council on Occupational Education (COE)

 Distance Education Accrediting Commission (DEAC)

  New York State Board of Regents

**c. Other:**

**Professional Education and Other (list most recent first):**

**a. OT/OTA:**

**b. Other:**

**c. MAJOR non-degree postgraduate/short-term courses related to assigned responsibilities:**

**Experience:**

**a. Number of years primarily employed in practice:**

**b. Number of years primarily employed in academia:**

**c. Starting Date of Present Employment:**

**d. Date (month, year) of Initial Certification (OTR/COTA)**

**Job Responsibilities:**

**a. Teaching (list course number and name):**

**b. Non-Teaching (e.g., counseling admissions, administration, committee, community, etc.):**

**c. Work experience relevant to teaching assignments and responsibilities.***(Please include information about relevant positions, job responsibilities, and approximate time in each position):*

**d. Summary of most recent scholarly activities:**

**e. Other activities that enhance effectiveness in present position:**

**OT/OTA License(s) Held:**

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| --- | --- | --- | --- |
| **State** | **Number** | **Degree Type (OT/OTA/Other)** | **Expiration Date** |
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