ADPHS.ORG

Association of Doctoral Programs in Health Sciences

Ensuring the quality of health sciences education
www.adphs.org
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ASSOCIATION OF DOCTORAL PROGRAMS IN HEALTH SCIENCES (ADPHS)
PROGRAM MEMBERSHIP APPLICATION
Name of Institution (University and School):
Name of Institution's Representative (Program Director/Chair):
Is interdisciplinary health sciences part of your program mission? ☐ No ☐ Yes
Please note which category best describes your program degree: ☐ Applied Health Sciences PhD program ☐ Doctor of Health Science(s) (DHSc) ☐ EdD in Health Sciences ☐ PhD in Health Sciences ☐ Other _____

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MEMBERSHIP REQUEST AND MEMEBERSHIP DUES

Membership Request

☐ Full Member: program currently admitting students for doctoral study.

-pay full membership dues and have full voting rights.

-eligible to engage in peer review and serve on committees.

Or

☐ Associate Member: program that is being developed but not yet admitting students.

-pay reduced membership fee.

-no voting rights until their programs have started.

-not eligible for peer review, could engage consultation services by the association.

-eligible to serve on committees.

Membership Dues

2026-2027 Annual dues for Members: **$750.00 (full members)**

Associate members: **$500.00**

2025-2027 Two-year dues for Members: **$1,250.00 (full members)**

Associate members: **$750.00**

*Associate members are programs in development and have not started to admit students yet.

Please note that the annual dues cycle is July 1 to June 30. Contact Bronwyn Cross-Denny at cross-dennyb@sacredheart.edu for pro-rated membership options.

Dues must be paid within the first 60 days of the new annual dues cycle.

Dues can be paid via check made out to: **Association of Doctoral Programs in Health Sciences (ADPHS). Mail checks to:**

c/o Dr. Bronwyn Cross-Denny, ADPHS Secretary/Treasurer
Sacred Heart University
Dept of Health Sciences
5151 Park Ave
Fairfield, CT 06825

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PROGRAM DEMOGRAPHIC INFORMATION		
Street Address of Applying Institution:		
City:	State	
Mailing Address of Applying Institution (if different from street address):		
City:	State:	ZIP Code:
Name and Credentials of Applying Institution's **Program Director/Chair**:		
Applying Institution's Program Director/Chair Phone Number:		
Applying Institution's Program Director/Chair E-mail:		
Name and Credentials of Applying Institution's **Dean**:		
Applying Institution's Dean Phone Number:		
Applying Institution's Dean E-mail:		
Who prefers to receive membership communications at your institution? ☐ Program Director/Chair ☐ Dean		
Type of Educational Institution (check all that apply): ☐ Private ☐ Public ☐ Non-Profit ☐ For-Profit ☐ Other, please specify: _____		

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GENERAL EDUCATIONAL INSTITUTION INFORMATION		
Accreditation Status: ☐ Accredited ☐ Approved for Candidacy or Similar Status		
1. Indicate the agency by which the Educational Institution is accredited: Name of Accrediting Agency:		
Date of Last Review:	**Outcome:**	**Date of Next Review:**

GENERAL PROGRAM INFORMATION			
Program Name	**Date of first enrolled student**	**Current Enrollment**	**Number of Graduates**
What is the total number of full-time program faculty? _____ **What is the total number of part-time/adjunct faculty in your program? _____**			
Distance Education Modalities/Options Utilized			
Is the program offered totally on campus? ☐ No ☐ Yes			
Is the program offered totally online? ☐ No ☐ Yes, Which best describes the format used ☐ Synchronous, ☐ Asynchronous ☐ Hybrid/Blended			
Is the program offered in a hybrid/blended format? ☐ No ☐ Yes, Specify the Percentage of Courses Offered Online vs On Campus ____			

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MEMBERSHIP OPPORTUNITIES		
1. Are you interested in serving on any of the following committees?		
Governance Committee	☐ No	☐ Yes
Program Review Committee	☐ No	☐ Yes
Communications Committee	☐ No	☐ Yes
Education Committee	☐ No	☐ Yes
2. Are you interested in serving on an advisory board for other ADPHS member programs?	☐ No	☐ Yes
If yes, please list areas of expertise and interest in serving on below:		
3. Are you interested in serving on dissertation committees of other ADPHS members? ☐ No	☐ Yes	
If yes, please list areas of expertise and interest in serving on below:		
4. Would you like your information to be listed on our database which available on our website to members?	☐ No	☐ Yes
Please provide your name and email as you would like it to appear: **Name:** **Email:**		

Program Director/Chair's Signature:	**Date:**
Program Director/Chair's Email:	**Phone:**