



Ensuring the quality of health sciences education
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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

2023 – 2024 Annual dues for Members: **\$750.00 (full members)**

Associate members: **\$500.00**

2024-2025 Annual 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 due cycle is July 1 to June 30.

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 Christina Gunther, ADPHS Secretary/Treasurer

Department of Health Sciences

Sacred Heart University

5151 Park Avenue

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:

So that we can build a community of learners we ask that you complete the following survey:

<https://www.surveymonkey.com/r/P3XZJYY>