



# ADPHS.ORG

Association of Doctoral Programs in Health Sciences

Ensuring the quality of health sciences education

[www.adphs.org](http://www.adphs.org)

Join our LinkedIn Group: <https://bit.ly/3CDAbP2>

## 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

2025 – 2026 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.

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**

**128 Fernwood Road**

**Trumbull, CT 06611**



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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>