Faculty Annual Report Guide: Profile

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Profile Overview

The Profile Form is used to input personal data that tends to remain static over time, such as contact information, degrees, credentials, and work experience. Faculty members can update their profile at any time, except for locked fields that come from institutional databases (e.g., first name).

Faculty members can attach transcripts to their degrees in the Degrees section on the Profile Form. The transcripts can then be viewed and deleted as necessary. Administrators can also attach official transcripts to faculty degrees; however, the transcripts are only viewable in limited circumstances as determined by your institution, such as during the use of accreditation reports.
Personal Information (Optional)

Appearance

In this section you can update your Gender, Country of Origin, Languages, or your picture by using the green circle with a plus sign . Your Name comes from Human Resources records and cannot be changed directly through the system.

Editing

In this section you can update your Gender, Country of Origin, Languages, or your picture by using the green circle with a plus sign . Your Name comes from Human Resources records and cannot be changed directly through the system.
Current Position (Optional)

**Appearance**

This information comes from Human Resources and cannot be changed through the system. You might have multiple positions listed.
Interests (Optional)

**Appearance**

![Interests Table]

**Editing**

**Optional:** Teaching Interests and Research Interests, which are searchable by faculty who use the Find Colleagues tool in Interfolio.

![Editing Form]
Degrees (Optional)

### Appearance

<table>
<thead>
<tr>
<th>Degree</th>
<th>Discipline</th>
<th>Year</th>
<th>Institution</th>
<th>Highest Degree Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.A.</td>
<td>Industrial/Organizational Psychology</td>
<td>2008</td>
<td>College of New Jersey</td>
<td></td>
</tr>
<tr>
<td>MA</td>
<td>Higher &amp; Postsecondary Education</td>
<td>2011</td>
<td>Teachers College</td>
<td></td>
</tr>
<tr>
<td>Ph.D.</td>
<td>Higher Education</td>
<td>2020</td>
<td>Boston College</td>
<td></td>
</tr>
</tbody>
</table>

### Editing

**Optional:** Academic degrees.

![Input Form](image)
Professional Licensures & Certifications (Optional)

Appearance

<table>
<thead>
<tr>
<th>Title</th>
<th>Organization</th>
<th>Year</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member of the bar of the United States District Court, Eastern Division</td>
<td>United States District Court, Eastern Division</td>
<td>1977</td>
<td></td>
</tr>
<tr>
<td>Member of the bar of the United States District Court, Western Division</td>
<td>U.S. District Court, Western Division</td>
<td>1978</td>
<td></td>
</tr>
<tr>
<td>Member of the District of Columbia Bar</td>
<td>District of Columbia Court of Appeals</td>
<td>1980</td>
<td></td>
</tr>
<tr>
<td>Member of the Michigan Bar</td>
<td>Supreme Court of the State of Michigan</td>
<td>1977</td>
<td></td>
</tr>
</tbody>
</table>

Editing

Optional: Professional licensures and certifications.
Work Experience (Optional)

Appearance

<table>
<thead>
<tr>
<th>Title</th>
<th>Organization</th>
<th>Year</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Nurse Practitioner</td>
<td>American Association of Nurse Credentialing</td>
<td>1988</td>
<td></td>
</tr>
<tr>
<td>Advanced Life Support for Adults</td>
<td>American Heart Association</td>
<td>2015</td>
<td></td>
</tr>
<tr>
<td>Basic Life Support</td>
<td>American Heart Association</td>
<td>2016</td>
<td></td>
</tr>
<tr>
<td>Controlled Substances Registration</td>
<td>Commonwealth of Massachusetts Department of Public Health</td>
<td>2009</td>
<td></td>
</tr>
<tr>
<td>DEA Registration</td>
<td>United States Department of Justice Drug Enforcement Administration</td>
<td>2010</td>
<td></td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>Commonwealth of Massachusetts Department of Public Health Division of Health Professions Licensure</td>
<td>1983</td>
<td></td>
</tr>
<tr>
<td>Registered Nurse - Certified Nurse Practitioner</td>
<td>Massachusetts Department of Public Health Division of Health Professions Licensure</td>
<td>1988</td>
<td></td>
</tr>
</tbody>
</table>

Editing

Optional: Previous employment.
Membership (Optional)

**Appearance**

![Image of Membership Table]

**Editing**

Optional: Organizational memberships, whether they are ongoing or have ended.

![Image of Input Form and Attachments]

Add Another