

COMMISSION ON
ACCREDITATION

POLICY STATEMENTS
&
IMPLEMENTING REGULATIONS

NOVEMBER 2008

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Introduction

Throughout its history, accreditation has served as the nongovernmental process of educational quality assessment and enhancement, through educational institutions and programs, governed by the principle of voluntary commitment to self-evaluation and peer review, in a manner that engenders confidence and trust among the publics it serves. It fulfills that purpose by:

- *Requiring clear statements of objectives and thorough and candid self-evaluation reports of institutions and programs;*
- *Providing due process in program reviews and appeals, wide dissemination of information concerning the purposes, practices and decisions of accreditation, competent personnel on accrediting bodies and site visit teams, and public representatives on accrediting bodies;*
- *Making the accreditation process as open as possible consistent with accomplishing the purposes of accreditation; and*
- *Establishing conditions of functional independence in which accrediting (bodies) may perform their duties.*

The process of accrediting programs in psychology has been in place since 1947, the early history of which is reported in the *American Psychologist* issues of June 1947, December 1947, August 1948, August 1949, November 1950, and June 1952. The Commission on Accreditation (CoA), American Psychological Association is recognized as the national accrediting authority for professional education and training in psychology by the U.S. Secretary of Education as well as by nongovernmental recognition bodies. Accordingly, the CoA's accreditation policies, procedures, and guidelines are intended to be consistent with nationally recognized purposes and values of accreditation, as articulated by governmental and nongovernmental groups with an interest in accreditation.

Section II.D of the *Guidelines and Principles for Accreditation of Programs in Professional Psychology* (G&P) states that "the CoA, in representing a broad array of constituencies, has the authority to adopt implementing regulations which elucidate, interpret, and operationally define its guidelines and principles, procedures, domains, and standards." To that end, this document contains statements and policies that (1) set forth the CoA's philosophy and (2) amplify language in the G&P and the *Accreditation Operating Procedures*. It is designed as a companion piece to the G&P/Operating Procedures and provides references as appropriate to sections of those documents. This document also contains the basic policies governing the CoA's accrediting activities, as adopted by the APA Council of Representatives and the Board of Directors.

As of January 1, 2008, the Committee on Accreditation became the Commission on Accreditation, and all policies in this document were modified accordingly. Implementing Regulations written prior to that date were created under the name "Committee on Accreditation."

SECTION A

APA POLICIES GOVERNING ACCREDITATION

A.1 Policies for Accreditation Governance
Effective January 1, 2008

Adopted by the APA Council of Representatives on 18 August 1991
Amended by the Council of Representatives 18 February 1996
Amended by the Council of Representatives 9 August 2006

Section 1: Name and Reporting Line of the Accrediting Body

The governance body responsible for the accreditation of doctoral and internship training programs in professional psychology shall be called the “Commission on Accreditation.” In a manner consistent with the Bylaws of the American Psychological Association, it shall be appointed by and report to the Board of Educational Affairs.

Section 2: Functions of the Commission on Accreditation

The Commission on Accreditation shall be responsible for the accreditation of education and training programs in professional psychology consistent with its recognized scope of accreditation practice, and its published policies, procedures, and criteria.¹ In carrying out that responsibility, consistent with recognition provisions of the Secretary of the U.S. Department of Education and the Council for Higher Education Accreditation (CHEA), the Commission on Accreditation shall:

1. Formulate and promulgate accreditation policy that is informed by input from review panels, the annual Accreditation Assembly, and the field in general.
2. Make final program accreditation decisions, taking into account the recommendations received from review panels.
3. Manage, staff, and participate in the panel review process.
4. Organize and convene the annual Accreditation Assembly.
5. Maintain and assure quality of the site visitor function and panel review process.
6. Develop and maintain inter-organizational relationships across the full spectrum of psychology education and training entities.
7. Engage in timely and relevant self-studies and self-evaluations for the purpose of enhancing the quality and credibility of the accreditation review process.
8. Hear and adjudicate complaints from individuals and organizations.
9. Participate as prescribed in the accreditation decision appeal process.
10. Assure openness and periodic review of policies and procedures to ensure that innovation is supported.

¹ In practice, the scope of accreditation to date has been limited to doctoral-level education and training in professional psychology, in the areas of clinical, counseling, and school psychology (and appropriate combinations thereof). In principle, however, it is not limited to these areas.

11. Provide appropriate consultative guidance and general information about the accreditation process and its purposes through the Office of Accreditation.
12. Conduct evaluative and developmental research appropriate to accreditation.
13. Appoint program review panels, consultants, and task forces as needed, within policy and fiscal constraints.
14. Maintain the CoA's status as a recognized professional specialty accrediting body with the U.S. Department of Education and the Council for Higher Education Accreditation.

Section 3: Structure of the Commission on Accreditation

Inasmuch as postsecondary accreditation pertains to educational institutions and programs, it is essential that graduate educators have a major voice in formulating policies and implementing the process of accreditation for professional education and training. At the same time, there must be appropriate balance of representation from practitioners of the profession, as well as representation of the general public's interest by persons outside the professional discipline who have an informed, broad-gauged community perspective about matters of higher education. These are fundamental principles pertaining to the composition of accrediting bodies in the professions, and it is upon these that the structure of the Commission on Accreditation is based. One additional principle is that appointments to the Commission shall reflect the individual and cultural diversity within our society among psychologists, and the breadth of psychology as a discipline.

There shall be no fewer than 32 persons appointed to the Commission on Accreditation. To achieve appropriate balance between academic institutions and programs, practitioners of the profession, and the publics served by accreditation, appointments to the Commission on Accreditation shall represent in addition the following domains of perspective and responsibility with regard to professional education and training in psychology, each of which is essential to the balance of viewpoints expected in accrediting bodies and their activities:

Domain I – Breadth of the Scientific Discipline of Psychology (N=5)

- I.A. Academic leadership for graduate education in the discipline of psychology at the departmental level of administration or higher
 - Four seats nominated by the executive board of the Council of Graduate Departments of Psychology (COGDOP)
- I.B. Representative of the core scientific activities of the discipline of psychology
 - One seat nominated jointly by the Association for Psychological Science and the Board of Scientific Affairs of the American Psychological Association (APS/BSA).

Domain II – Professional Education and Training in Psychology (N=16)

- II.A. Training program leadership (N=5)
 - One seat nominated by the board of the Association of Psychology Postdoctoral and Internship Centers (APPIC)
 - One seat nominated by the board of the Council of Counseling Psychology Training Programs (CCPTP)
 - One seat nominated by the board of the Council of Directors of School Psychology Programs (CDSPP)
 - One seat nominated by the board of the Council of University Directors of Clinical Psychology (CUDCP)

- One seat nominated by the board of the National Council of Schools and Programs of Professional Psychology (NCSPP)

II.B. Leadership in professional education (N=1)

- One seat nominated jointly by the Board of Educational Affairs of the American Psychological Association and the National Council of Schools and Programs of Professional Psychology (BEA/NCSPP)

II.C. Professional peers nominated from program review panels (N=10)

- One seat nominated by the appropriate nominating authority from each group of program review panels for the varied areas and levels of training in professional psychology that are accredited.
 - Doctoral Panels (5)
 - One seat nominated by the Academy of Psychological Clinical Science (APCS)
 - One seat nominated by NCSPP
 - One seat nominated by CCPTP
 - One seat nominated by CDSPP
 - One seat nominated by CUDCP
 - Internship Panels (4)
 - Two seats nominated by APPIC
 - Two seats nominated by other organizations involved directly in internship training
 - Post-Doctoral Panel (1)
 - One seat to be determined through an open solicitation for nominations from organizations involved directly in postdoctoral training (e.g., CoS, APPIC)

Domain III - Practitioners of the Profession Representing Independent, Institutional, and Specialized Practice – (N=5)

III.A. Independent and institutional practice (4)

- Two seats representing institutional practice and two seats representing independent practice will be nominated jointly by APA's Board of Professional Affairs and Committee for the Advancement of Professional Practice (BPA/CAPP).

III.B. Specialized practice (1)

- One seat nominated by the Council of Specialties (CoS).

Domain IV - Representatives of the Public Interest (N=3)

IV.A. General Public (N=2)

- Nominations for both seats to be solicited at large by the CoA from a broad range of education and public interest groups with nominees to be persons with breadth of community perspective and leadership experience who are not psychologists.

IV.B. Public Interest: Individual and Cultural Diversity (N=1)

- One seat to be determined from an open solicitation of nominations, including from BAPPI, for a psychologist who brings scholarly expertise on issues of individual and cultural diversity in the context of advancing the science and practice of psychology in public service for appointment to a three-year, non-renewable term.

Domain V – Graduate Student Consumers of Education and Training (N=1)

- One seat nominated by the board of the American Psychological Association of Graduate Students (APAGS) for appointment to a one-year term.

Open Seats (N=2)

Without regard to the Domains identified above, the CoA will solicit nominations from groups, organizations, and individuals to identify psychologist nominees for two open seats. Appointments will be made from the range of nominees for three-year, non-renewable terms to allow for greater flexibility and responsiveness to the development and evolution of the field and to provide opportunities to be informed by the annual Accreditation Assembly. Initially, on a three-year cycle, one nominee for an Open Seat will be appointed in each of the first two years, followed by an appointment of a nominee from Domain IV.B, Public Interest.

Section 4: Guidelines for the Nomination and Appointment Process

a. Nominations shall be solicited by the Board of Educational Affairs from the appropriate organizations annually for all vacancies to be filled, as specified in Section 3 of this document, in accordance with procedures and timelines for APA governance nominations.

b. Three names shall be submitted for each vacancy, with supporting information pertaining to each candidate. Should a call for nominations result in no response, following due notice the Board of Educational Affairs shall appoint an individual or individuals of its own choosing appropriate to the domain at issue.

c. There shall be a three-year term for each member appointed, with eligibility for a maximum of two consecutive terms of service. Terms shall be staggered within each domain such that all seats in that domain shall not be vacant at the same time.²

d. The student member shall be a graduate student in good standing admitted to doctoral candidacy from a program accredited by the APA. Appointment of the student member shall be for one year and shall be eligible to be reappointed for two additional years.

e. Appointments shall reflect individual and cultural diversity and the breadth of psychology as a discipline. In this regard, the Board of Educational Affairs shall review the balance of appointments across all domains and report annually to Council on the outcome of such review.

Section 5: Policy and Procedural Authority

a. The Council of Representatives, having full power and authority over the affairs and funds of the Association, has overall authority for accreditation policy. The Council exercises this authority directly when broad or major policies are concerned. On other matters, Council delegates authority to the Board of Directors for approval and implementation of practices consistent with Association policy.

b. The Board of Directors, serving as the administrative agent of the Council, exercises approval authority for accreditation policy and procedural changes, except as otherwise described herein. The Board of Directors, through the Chief Executive Officer, shall ensure that accreditation policies and practices do not violate other policies of the Association, do not exceed authorized budget, and do not expose the Association to undue legal risk.

² The student member is an exception to the three-year term as described in Section 4.d.

c. The Board of Educational Affairs shall be responsible to Council, through the Board of Directors, for maintaining consultation with and general oversight of the Commission on Accreditation on matters of accreditation policy and procedure. It shall appoint members to the Commission on Accreditation in a manner consistent with the Association Bylaws, as specified in this document, and shall serve as the appointing authority for ad hoc accreditation appeal panels. It shall appoint one of its members annually to serve as a non-voting member on the Commission on Accreditation for purposes of policy consultation between the Board of Educational Affairs and the Commission on Accreditation.

d. The Commission on Accreditation shall be responsible for formulating, promulgating, and implementing accreditation policies, procedures, and criteria following appropriate public notice, public hearings, and approval. Such public notice shall include the members of the Council of Representatives, the Board of Directors, and the Board of Educational Affairs, as well as those persons and programs potentially affected by any proposed changes in accreditation policies, procedures, or criteria. The Commission on Accreditation shall be solely responsible for making final accreditation decisions on professional education and training programs in psychology. In a manner consistent with policies and recognition provisions of the Council of Higher Education Accreditation, the Commission on Accreditation shall have authority for the administration of accreditation practices within the guidelines of its recognized scope of practice and its published policies, procedures, and criteria for accreditation. On an annual basis, the Commission shall elect its own chair.

A-2. Summary by the Board of Directors of the American Psychological Association of Key Provisions of the Policies for Accreditation Governance Defining APA Governance Interaction with the Commission on Accreditation

Prepared for the Department of Education (as approved June 12, 1999)

The Board of Directors confirms that the APA Council of Representatives has adopted policies to insulate the work of accreditation from other interests with which APA governance is concerned. Specifically, APA governance interacts with CoA in accordance with the Policies for Accreditation Governance, adopted by the Council of Representatives on August 18, 1991 as amended on February 18, 1996, in the following way:

1. The policies and procedures governing CoA's accrediting activities were developed by CoA and are set forth in the *Guidelines and Principles of Accreditation* and the *Accreditation Operating Procedures*. These policies and procedures were approved by the Board of Directors and the Council of Representatives.
2. CoA is responsible for formulating changes in accreditation policy or procedures but may not implement the change without approval by the Board of Directors or, in the case of broad or major change in policy, the Council of Representatives. If the Board (or Council in the case of a broad or major policy change) disapproves the change formulated by CoA, the item returns to CoA for further consideration, and if revised is resubmitted for approval by the Board of Directors and, when appropriate, the Council of Representatives. This process would be followed until resolution is found.
3. The BEA liaison to CoA attends CoA meetings, as a non-voting member of CoA.
4. CoA is solely responsible for making accreditation decisions on professional education and training programs in psychology. Neither the Board of Directors nor Council has a role in those decisions.
5. CoA has an appeals process described in the *Accreditation Operating Procedures* that provides for review of individual CoA program decisions to assure that in reaching an accreditation decision about a particular program the CoA adheres to its published procedures and reaches a decision regarding the program's conformance to the *Guidelines and Principles of Accreditation* that is consistent with the information available to it at the time of its decision. BEA appoints independent appeal panels of qualified individuals who hear these appeals. Neither the Board of Directors nor Council has a role in those decisions.

SECTION B

COMMISSION ON ACCREDITATION POLICY STATEMENTS: PHILOSOPHY, VALUES, AND RESPONSIBILITIES

B-1. The Purpose and Practice of Accreditation

*(Guidelines and Principles for Accreditation of Programs in Professional Psychology,
Section II.A)*

Accreditation is a voluntary, non-governmental process of self-study and external review intended to evaluate, enhance, and publicly recognize quality in institutions and in programs of higher education. As such, it serves:

1. General, liberal education;
2. Technical, vocational education and training; and
3. Education and training for the professions.

Accreditation is intended to protect the interests of students, benefit the public, and improve the quality of teaching, learning, research, and professional practice. Through its domains and standards, the accrediting body is expected to encourage institutional freedom, ongoing improvement of educational institutions and training programs, sound educational experimentation, and constructive innovation.

The accreditation process involves judging the degree to which a program has achieved the goals and objectives of its stated training model. That is, an accreditation body should not explicitly prescribe a program's educational goals or the processes by which they should be reached; rather, it should judge the degree to which a program achieves outcomes and goals that are consistent with its stated training model and with the guiding principles contained in this document. If a program's goals and model of training are clearly and accurately described, the different "publics" served by this program should be able to make intelligent and informed decisions about the quality of the program and the students it trains.

Thus, accreditation in psychology is intended to: "achieve general agreement on the goals of training...encourage experimentation on methods of achieving those goals and...suggest ways of establishing high standards in a setting of flexibility and reasonable freedom."³

³ The APA Committee on Training in Clinical Psychology (1947). First report of the new accreditation process in psychology. *American Psychologist*, 2, 539-558.

B.2 Scope of Accreditation

(Guidelines and Principles for Accreditation of Programs in Professional Psychology, Section I; pursuant to changes approved by the APA Council of Representatives in August 2006)

The accreditation process is intended to promote consistent quality and excellence in education and training in professional psychology. Training provides tangible benefits for prospective students, the local, national, and international publics that are consumers of psychological services, and the discipline of psychology itself.

For the purposes of this document, “professional psychology” is defined as that part of the discipline in which an individual, with appropriate education and training, provides psychological services to the general public. The Commission reviews programs for accreditation at doctoral, internship, and postdoctoral levels.

A. Scope of Accreditation for Doctoral Programs:

The Commission on Accreditation (CoA) reviews doctoral programs in psychology that provide **broad and general** training in scientific psychology and in the foundations of practice. Practice areas include clinical psychology, counseling psychology, school psychology, and other developed practice areas. The CoA also reviews programs that combine two or three of the above practice areas.

B. Scope of Accreditation for Internship Programs:

The CoA reviews applications from internship training programs in practice areas including clinical psychology, counseling psychology, school psychology, and other developed practice areas or in general professional psychology.

C. Scope of Accreditation for Postdoctoral Residency Programs:

The CoA reviews applications from postdoctoral residency programs providing education and training in preparation for professional practice at an advanced level of competency in one of the traditional areas of clinical, counseling or school psychology or in another recognized specialty practice area.

(See Implementing Regulation C-14 for definition of “developed practice areas” for doctoral and internship programs and the process by which areas may be identified as such)

B-3. Rights and Responsibilities of the Commission on Accreditation and Its Accredited Programs
(Excerpted from the *Accreditation Operating Procedures*, Section 4.1, and other sources)

As a self-regulatory process, accreditation includes certain rights and responsibilities for institutions, programs and accrediting bodies. The Commission on Accreditation (CoA) as well as the programs it accredits, in cooperation with each other, has the responsibility to:

1. Involve broad participation of affected constituencies in the development and acceptance of standards and policies.
2. Develop standards and policies which: (a) are consistent with the purposes of accreditation; (b) are sufficiently flexible to allow diversity and effective program development; c) allow and encourage institutional or programmatic freedom and autonomy; and, (d) allow the institution or program to exercise its rights within a reasonable set of parameters relevant to the quality of education and, in professional fields, to prepare individuals effectively for practice in the profession.
3. Conduct periodic review of the standards.

In all reviews, the Commission on Accreditation will be guided by the following general principles:

- a. Should a member of the CoA be in actual or potential conflict of interest with respect to a program scheduled for review, that member will be recused during discussion and decision making on that program;
- b. A high degree of professional judgment will be exercised by the CoA as to whether the program is fulfilling acceptable, publicly stated objectives, consistent with the *Guidelines and Principles for the Accreditation of Programs in Professional Psychology*.

Before making an accreditation decision, the CoA will review the program's most recent self-study report, the most recent site visit report, the program's response to that report, and any other records of relevance that the program has submitted. As required by the U.S. Department of Education, the CoA must provide opportunity for third-party comment concerning a program's qualifications for accreditation. The CoA will provide such public notice at least 6 months in advance of the review. The CoA will accept written comments on initial applicant or accredited programs from third parties, and will forward the comments to the program for comment before proceeding with the review.

B-4. Accredited Program's Relationship with Accrediting Body

(Adapted from *Guidelines and Principles for Accreditation of Programs in Professional Psychology*,
Domain H)

An accredited program demonstrates its commitment to the accreditation process by fulfilling the following responsibilities:

1. The program abides by the Commission on Accreditation's published policies and procedures, as they pertain to its recognition as an accredited program.
2. The program informs the Commission on Accreditation in a timely manner of changes in its environment, plans, resources, or operations that could alter the program's quality.
3. The program is in good standing with the Commission on Accreditation in terms of payment of fees associated with the maintenance of its accredited status.

**B-5. Recognition of the Commission on Accreditation's Policies and Practices
By External Groups**

(Commission on Accreditation, October 1998)

Through its guidelines and procedures, the Commission on Accreditation advocates continuous self-study by its accredited programs for the maintenance and enhancement of program quality. In similar fashion, the Commission acknowledges the need to conduct a program of self-study of its own accrediting practices as charged in the "Policies for Accreditation Governance," and to ensure that those practices are consistent with good practice within the accrediting community as well as within higher education. Therefore, the Commission will, as appropriate, seek recognition of its policies and practices by the governmental and nongovernmental groups established to review and recognize the activities of accrediting agencies. Such recognition is consistent with the Commission's belief in the value of self-evaluation and peer review and ultimately benefits the communities served by accreditation in psychology.

SECTION C

IMPLEMENTING REGULATIONS RELATED TO THE *GUIDELINES* *AND PRINCIPLES*

C-1. Systematic Evaluation of Supervision, Consultation, and Evaluation in Programs (Commission on Accreditation, July 1997; revised January 2007, October 2008)

In the context of these sections of the *Guidelines and Principles for Accreditation*, the term “evaluation” refers to such activities as program evaluation or evaluation of an intervention at the individual or group level. It does not refer to the psychological assessment of an individual person.

Doctoral Graduate Programs

B.3. In achieving its objectives, the program has and implements a clear and coherent curriculum plan that provides the means whereby all students can acquire and demonstrate substantial understanding of and competence in the following areas:

(c) Diagnosing or defining problems through psychological assessment and measurement and formulating and implementing intervention strategies (including training in empirically supported procedures). To achieve this end, the students shall be exposed to the current body of knowledge in at least the following areas: theories and methods of...consultation and supervision; and evaluating the efficacy of interventions;

At the doctoral level, students are expected to be exposed to the current body of knowledge in supervision, consultation, and evaluation.

Internship Training Programs

B.4. In achieving its objectives, the program requires that all interns demonstrate an intermediate to advanced level of professional psychological skills, abilities, proficiencies, competencies, and knowledge in the areas of:

(b) Theories and/or methods of consultation, evaluation, and supervision;

The G&P elaborate different levels of competency expected in supervision, evaluation, and consultation. Although direct experience in the practice of these activities will be the typical road to intermediate or advanced competence, actual practice is not required at the internship level.

Postdoctoral Residency Programs

B.3. Consistent with its philosophy or training model and the standards for the advanced substantive traditional or specialty area of professional psychology practice in which the program provides its training, the program specifies education and training objectives in terms of residents' competencies expected upon program completion. In achieving these objectives, the program requires that all residents demonstrate an advanced level of professional psychological competencies, skills, abilities, proficiencies, and knowledge in the following content areas:

(b) consultation, program evaluation, supervision and/or teaching;

At the post-doctoral level, an advanced level of professional psychological competency and knowledge gained through professional practice is required in one or more of these areas: supervision, consultation, program evaluation, and teaching.

C-2. Academic Residency for Doctoral Programs

(From the *Guidelines and Principles for Accreditation of Programs in Professional Psychology*, Section III.A., Domain A.4; Commission on Accreditation, July 2007)

The doctorate is the highest degree of educational accomplishment in professional psychology. The level of sophistication in thought and behavior required for the degree is attained in part through full-time study in residence at an institution of doctoral education. To this end, the *Guidelines and Principles* (Section A.4.) requires of each student “a minimum of 3 full-time academic years of graduate study—at least 2 of which must be at the institution from which the doctoral degree is granted and at least 1 year of which must be in full-time residence or the equivalent thereof.”

Residency has two primary purposes: student development and socialization, and student assessment. With regard to student development, residency allows students (1) to concentrate on course work, professional training and scholarship; (2) to work closely with professors, supervisors and other students; and (3) to acquire the habits, skills, and insights necessary for attaining a doctoral degree in psychology. Full-time residence provides students other opportunities, including obtaining fluency in the language and vocabulary of psychology as enhanced by frequent and close association with, apprenticing to, and role modeling by faculty members and other students; obtaining valuable experience by attending and participating in both formal and informal seminars; colloquia; discussions led by visiting specialists from other campuses, laboratories, or governmental research and/or practice organizations; and, obtaining support in thesis, dissertation, or doctoral project work through frequent consultations with advisors.

An equally important purpose of the residency requirement is to permit faculty, training staff, supervisors, and administrators to execute their professional, ethical, and potentially legal obligations to assess all elements of student competence. Executing these obligations is an essential aspect of assuring quality and protecting the public. These elements include not only student-trainees' knowledge and skills, but also their emotional stability and well being, interpersonal competence, professional development, and personal fitness for practice. Through such student assessment, accredited programs can ensure—insofar as possible—that their graduates are competent to manage relationships (e.g., client, collegial, professional, public, scholarly, supervisory, teaching) in an effective and appropriate manner. This capacity for managing relationships represents one of the competencies that define professional expertise.

Programs seeking to satisfy the requirement of one year of full-time residency based on "the equivalent thereof" must demonstrate how the proposed equivalence achieves all of the purposes of the residency requirement, as articulated above. In evaluating whether the residency requirement is satisfied, the Commission will consider processes and indicators related to the elements of student development and socialization and student assessment detailed in paragraphs 2 and 3 of this Implementing Regulation.

Note: *The above statement on the purpose of full-time residency is drawn substantially from the Policy Statement of the Council of Graduate Schools titled "The Doctor of Philosophy Degree" (Council of Graduate Schools, 2005), the statement of the Council of Chairs of Training Councils (December, 2003) titled "Comprehensive Evaluation of Student Competence" (<http://www.apa.org/ed/graduate/cctc.html>), and the APA Policy Statement on Evidence-Based Practice in Psychology (August, 2005).*

C-3. Record of Student Complaints in CoA Periodic Review
(Commission on Accreditation, October 1998)

Domain E.1 of the G&P addresses the need for accredited programs to recognize the rights of students/interns/residents to be treated with courtesy and respect, to inform them of the principles outlining ethical conduct of psychologists, and to ensure that they are aware of avenues of recourse should problems with regard to these principles arise. As part of its assessment of the consistency with which programs meet this guideline, the CoA will examine programs' records of student complaints as part of its periodic review of programs. The CoA expects that each program will routinely keep a record of complaints and grievances it has received or are available to it. Information on the record of complaints is requested in the self-study report that the program will submit as part of its periodic review.

C-4. Interns and the Use of the Title “Doctor”
(Commission on Accreditation, date unknown)

The use of the title “doctor” orally and/or in writing in the absence of an earned doctorate is a violation of the “Ethical Principles of Psychologists.” All training directors of accredited doctoral and internship programs should remind their faculties/staffs and their doctoral students/interns of the ethical principle involved in this issue, and that a violation of the same is inconsistent with the APA guidelines.

C-5. Awarding the Doctoral Degree Prior to Completion of the Internship
(Commission on Accreditation, original date unknown; revised January 2001)

All accredited program requirements, including the internship, should be satisfactorily completed prior to awarding the doctoral degree in the student's substantive area of professional psychology. In special instances in which students participate in graduate ceremonies prior to completing the internship, the program should ensure that university certification by transcript, diploma, or other means of the student's having completed the degree requirements for the accredited program in professional psychology does not precede the actual completion of all such program requirements.

It is the responsibility of the graduate program that prepares individuals for entry into a profession to assure their readiness. Successful completion of the internship is the standard which has been adopted for this purpose. Programs in professional psychology that certify the completion of all requirements of that program for the doctoral degree before completion of an internship violates accreditation guidelines. Whether or not a student completes a dissertation prior to an internship is a matter of individual and program discretion.

Internships are designed and funded as training experiences at the predoctoral level. The competency level of the training experience is consistent with that designation, and it would be inappropriate simply to rename the training as postdoctoral. If the trainee is a "respecialization" intern, the fact that the trainee has a doctoral degree in another field of the discipline does not change the predoctoral level of experience required in the trainee's field of professional respecialization.

C-6. Position Titles of Psychology Interns

(Commission on Accreditation, original date unknown; updated 1998)

According to Section B, Domain C.2(g) of the *Guidelines and Principles*, an internship program will have an “identifiable body of interns who have a training status at the site that is officially recognized in the form of a title or designation such as psychology ‘intern’ (consistent with the licensing laws of the jurisdiction in which the internship is located.” The CoA recognizes that this may encompass a number of titles to which interns at training sites are referred. However, consistent with Domain G of the *Guidelines and Principles*, all accredited internship programs should be clear and consistent in their public materials about the training they offer, regardless of their agency’s local terminology in reference to interns/trainees. The internship program’s public materials should make clear that the fact that it is an accredited internship training program.

C-6(a). Program Names, Labels, and other Public Descriptors
(Commission on Accreditation, January 2002; Revised January 2003)

What the internship or postdoctoral residency program is called:

Because accreditation is available to both doctoral internships and postdoctoral residencies, programs must portray themselves in a manner that does not misrepresent their level of training. Thus, in general, doctoral internship programs should not describe themselves as “residencies,” and postdoctoral residency programs should not describe themselves as “internships.” It is recognized, however, that agencies and institutions providing training at either or both of these levels may have local or state regulations about, or restrictions on, the terms used to portray programs that prepare individuals for practice. In the event that it is not possible to use the term “internship” for doctoral internship training programs, and “residency” for postdoctoral residency training programs, the program in question should include in all public documents (e.g., brochures, materials, web sites, certificates of completion) a statement about the program’s accredited status.

Preferred:

- “Internship in Clinical Psychology”
- “Internship in Professional Psychology”

Example with accurate accreditation status:

- “Residency in Clinical Psychology, accredited as a doctoral internship in professional psychology”

How the program describes itself:

It is recognized that programs have many possible reasons why they choose the self-descriptors or labels that they do. Some are bound by state law, others by institutional regulation, and others simply seek to assign a label to their program to describe their focus to the public. Given that these self-descriptors do not necessarily coincide with recognized areas of accreditation, any program whose label does not reflect the specific area in which it received accreditation must portray its accredited status in a manner consistent with the G&P.

Postdoctoral programs accredited in substantive or specialty areas may offer training in areas of emphasis. Areas of emphasis may be described in all public materials except the certificate of completion. Programs will state clearly that accreditation is specific to the substantive or specialty area only.

Preferred:

- “Doctoral program in clinical psychology”
- “Internship in clinical psychology”
- “Internship in professional psychology”

Examples with accurate accreditation status:

- “Doctoral program in medical psychology, accredited as a program in clinical psychology”
- “Internship in pediatric psychology, accredited as a doctoral internship in professional psychology”
- “Postdoctoral residency with an emphasis in geropsychology, accredited as a postdoctoral residency in clinical psychology”

What trainees are called:

For doctoral internships, trainees (per the G&P) have a training status at the site that is officially recognized in the form of a title or designation such as “psychology intern” (consistent with the licensing laws of the jurisdiction in which the internship is located).

For postdoctoral residencies, trainees (per the G&P) have a title commensurate with the title carried in that setting by other professionals in training who have comparable responsibility and comparable education and training, consistent with the laws of the jurisdiction in which the program is located.

In both cases, the title assigned to the trainee should not mislead the public about their level of training.

Certificate of completion of internships and residencies:

The certificate of completion for doctoral internships should reflect the program's substantive area of professional psychology, or indicate that the program is an internship in "professional psychology.”

Examples:

- “X has successfully completed a doctoral internship in clinical psychology”
- “Y has successfully completed a doctoral internship in professional psychology”

Certificates of completion for postdoctoral residencies reflect only the substantive traditional practice area (clinical, counseling, or school) or the recognized specialty practice areas in which the program has been accredited. Areas of emphasis may not be identified on the certificate.

Examples:

- “completed a postdoctoral residency in clinical psychology”
- “completed a postdoctoral residency in clinical health psychology”

C-7. Selection of Interns

(Commission on Accreditation, October 1983; updated 1998)

As stated in Internship Domain C.2 of the *Guidelines and Principles*:

The program has an identifiable body of interns who: are either in the process of completing a doctoral degree in professional psychology from a regionally accredited, degree-granting institution in the United States or have completed a doctoral degree in psychology in a field other than professional psychology and are certified by a director of graduate professional psychology training as having participated in an organized program in which the equivalent of pre-internship training has been acquired at a regionally accredited degree-granting institution in the United States. In the case of Canadian programs, the institution is publicly recognized as a member in good standing by the Association of Universities and Colleges of Canada...have completed adequate and appropriate supervised practicum training...have interests, aptitudes, and prior academic and practicum experience that are appropriate for the internship's goals and objectives...

Only those students admitted to an internship training program under the preceding conditions would be properly referred to as "interns." It is entirely possible, however, that an internship agency might afford instructional opportunity for a psychologist or graduate student in developmental psychology, social psychology, neuropsychology, or some other academic/science area of psychology, in the course of which they may be introduced, under proper supervision, to psychological assessment and intervention techniques. However, such experience would not properly be considered internship training, and certification of having completed an accredited internship would not be appropriate.

In instances in which the program accepts interns from programs other than those in professional psychology, the CoA may raise questions similar to the following of the accredited internship training agency:

- How many of such persons are involved in any way with the accredited internship training program?
- What requirement, if any, do they impose for the time of internship training staff or other resources of the internship training program?
- How are those persons referred to while participating with the program? Is it clear to everyone what their role is, and what their purpose is in association with the program?
- Is there any certification of their participation, and if so, what is its nature?

**C-8. Completion of an Accredited Internship Training Program:
Issue of Half-Time, Two-Year Internship Programs**
(Commission on Accreditation, 1987; updated 1998)

Accredited internship training sites may host interns on a full-time or a half-time basis. In either case, doctoral training programs in psychology need to ensure that the students' overall internship experience is appropriate in terms of breadth, depth and focus. Internship agencies that accept half-time students also need to ensure the same, whether or not the student plans to be at the same agency for both half years. Thus, if a student plans to divide the total internship experience among two or more agencies, it is important that the sponsoring doctoral program, the intern, and the participating internship agencies have a mutual understanding of the students' overall plan. Students engaged in half-time internship training will complete their programs within 24 months.

In an accredited setting that accepts interns for half-time placement, both years should be completed at that setting for the intern to claim completion of an accredited internship. Internship training agencies must also make clear to the public that practicum students and others who use the setting for training are not completing an accredited internship.

C-9. Unfunded Internships and Stipend Equity

(Commission on Accreditation, October 1981; revised March 1992; November 2001)

Unfunded Internships

(Commission on Accreditation, October 1981 and March 1992)

The spirit of this policy is clear—the Commission strongly discourages the use of unfunded internship positions. The Commission understands, however, the **rare** or **unusual** circumstance in which the award of an additional unfunded internship would serve to alleviate unavoidable hardship for the potential unfunded intern candidate (e.g., remaining geographically close to an ailing family member, etc.) Examples of less clearly defensible rationales would be elective geographic preference or the specific theoretical persuasion of a desired internship program or supervisor.

The Commission on Accreditation is in full support of internship positions being equitably funded; however, it will consider exceptional program and individual circumstances in which a program can offer quality training despite a lack of funding. In such cases, the “burden of evidence” lies with the program to demonstrate that the lack of funding does not adversely affect morale or quality of training.

In circumstances in which the case for an unfunded internship would seem to be compelling, the responsibility for documenting and the accountability for articulating the rationale for the placement rests with the doctoral and internship programs, jointly. The APA accreditation staff is always available for consultation, but the decision to accept unfunded interns rests with the program alone. The awarding of such positions should be documented fully in the doctoral and internship program’s annual reports to the Commission, and the program should anticipate that site visitors may make focused inquiry into the case circumstances resulting in the *ad hoc* creation of an unfunded internship position.

Under virtually all “exceptional” circumstances, it would be the Commission’s expectancy that single or individual cases would be the source of such unfunded internships, but events can occur (e.g., closure of a nearby internship) that might constitute the kind of extraordinary circumstance necessitating the creation of more than one unfunded position in a given training year. However, in the view of the Commission, the routine or regular granting of one or more unfunded internship positions would not adhere to the spirit of the present Commission policy.

Programs also are enjoined to avoid the explicit or implicit communication to applicants or potential applicants that unfunded internship placements might be negotiable during recruitment at any point during the recruitment cycle. Again, maneuvers by a program and student to create the appearance of a special need after the recruiting season has ended will not be seen as consonant with the spirit of the policy.

Internship training should be funded so as to (1) lend tangible value to the intern’s service contribution; (2) communicate a valid and dignified standing with professional/trainee community; and (3) provide appropriate and realistic monetary resources to permit interns and their families to subsist during the training year. While recognizing that internship stipends will not rise to the level of salaries for permanent staff psychologists, it should also be clear that compensation needs to be sufficient so as to avoid imposing an undue hardship upon the intern in terms of basic living needs. Wherever possible, basic support for health/medical insurance should be in place to protect the welfare of interns and their families.

Stipend Equity

(Commission on Accreditation, November 2001)

The Commission on Accreditation continues to encourage uniform stipends across positions within internship programs, including consortia or otherwise. Consistent with the *Guidelines and Principles* for Accreditation, the Commission recognizes that, unless there are exceptional circumstances, the resources of a consortium are expected to be pooled, including compensation for interns. In certain exceptional cases, the Commission recognizes that resource inequities might exist. In these cases, the Commission encourages the programs to identify how resources might be pooled across consortium participants in such a way that comparable intern compensation can be achieved.

C-10. Affiliated Internship Training Programs
(Commission on Accreditation, March 1998; revised October 2007)

An **exclusively affiliated** internship is an accredited internship that only admits interns who are students from a specific accredited doctoral program. A **partially affiliated** internship is an accredited internship in which a portion of the interns admitted are students from a specific accredited doctoral program.

The procedures for evaluating and designating the programs are as follows:

- 1) The internship and the program with which it is affiliated are site visited and accredited separately and in the same manner as other programs and internships. However, as part of their self-study reports, the programs would designate that they are either (a) an affiliated internship or (b) a program that places students at an affiliated internship.
- 2) The CoA understands that affiliated internships (formerly known as captive internships) involve close integration with the affiliated doctoral programs. However, affiliated internship programs are independently accredited and must be reviewed by the CoA as separate entities and meet all the accreditation requirements expected of a non-affiliated internship program. Affiliated internships must provide the CoA with information specific to the internship program during the course of review. As such, an internship self-study may not simply reference aspects of a doctoral program's self-study to fulfill the internship requirements of the *Accreditation Guidelines and Principles*. All relevant program materials must be submitted within the internship self-study, and all information (e.g. policies and procedures, outcome data, etc.) should be specific to the internship training program.
- 3) Any affiliated internship programs that make use of multiple independently administered entities as training sites will be reviewed as a consortium and will be required to meet all aspects of Domain C.4 of the *Accreditation Guidelines and Principles* for internship programs.
- 4) The internship clearly states its status as exclusively affiliated or partially affiliated in all descriptive material and representations to the public.

If approved, the affiliated internship will be listed in the *American Psychologist* listing for accredited internships. The listing for the internship agency will state that it is an exclusively affiliated or partially affiliated internship; the name of the accredited doctoral program also will be stated (e.g., X Internship [affiliated with Y University Training Program]).

C-11. Statement on Postdoctoral Residency Accreditation
(Commission on Accreditation, July 1999)

The Commission on Accreditation of the American Psychological Association encourages post-doctoral training programs in advanced professional psychology and in all specialty areas of professional psychology to submit applications for accreditation. Programs could be located within a single administrative entity or may take the form of a consortium and, at the post-doctoral level reflect advanced training which may be either broad and general or focused and in-depth. Under the *Guidelines and Principles*, programs have the right to be evaluated in light of their own education and training model and consequent goals, objectives, and outcomes. As such, the postdoctoral training program's model can be one cited in the professional literature, one defined through the Council of Specialties, or one defined by the program itself.

C-11(a). Accreditation Process for Postdoctoral Residencies

(Commission on Accreditation, January 2000; revised January 2003, October 2004)

Principles:

1. Postdoctoral residencies may be accredited as programs preparing individuals for practice at an advanced level in traditional practice areas and in specialty practice areas.
2. Accreditable specialty practice areas include only those recognized by broad professional endorsement as defined in C-11(b).
3. Review of postdoctoral residencies can be accomplished through existing CoA personnel and procedures.
4. All postdoctoral residency review processes will include a preliminary review according to the *Guidelines and Principles for Accreditation of Programs in Professional Psychology*.
5. Certificates of completion provided to residents that provide information about practice areas for which the program prepares residents must reflect the practice areas (traditional or specialty) in which it was reviewed for accreditation.
6. The cost of the site visit to a postdoctoral residency program is linked to the number of visitors to the program.
7. The cost of the application and annual fee for all postdoctoral residency programs is the same for all programs as outlined below under Formats 1, 2, and 3.
8. In its self-study, the postdoctoral residency program is asked to indicate the Format (1, 2 or 3) it will follow.

Format #1 - Traditional Practice Programs

Postdoctoral Residency Training Program in a Traditional Practice Area: Programs using this format are those in Clinical, Counseling, or School Psychology that provide greater depth of training than that which occurs during the internship training year. These programs articulate a general model of training and a related set of goals, objectives, and competencies that apply to all postdoctoral residents. In the program, residents may have a greater exposure to more specific and focused emphases within the traditional practice area. These emphases can occur through rotations. Examples of such areas include, but are not limited to, substance abuse, PTSD, geropsychology, etc. Training programs in traditional practice areas that receive approval for a site visit will be visited by two site visitors who represent the practice area. Certificates of completion from programs using this format describe only the traditional practice area of training.

Format #2 - Specialty Practice Programs

Postdoctoral Residency Training in Specialty Practice Areas: A program using this format has as a major goal, the training of specialists in a specialty practice area. Specialty practice areas are limited to those meeting the definition contained within CoA's Implementing Regulation C-11(b). Programs applying for accreditation as a specialty indicate how they adhere to the *Guidelines and Principles for Accreditation of Programs in Professional Psychology* and to the postdoctoral training guidelines of the designated specialty area. Goals,

objectives, and competencies within the training program are consistent with those of the designated specialty area. Training programs in specialty practice areas that receive approval for a site visit will be visited by two site visitors, one of whom has expertise in the specialty practice area. Certificates of completion for programs using this format describe only the specialty practice area.

Format #3 - Integrated Practice Programs

Integrated applications include combinations of two or more traditional practice and/or specialty practice programs that conform to the definition provided in C-11(b). Training agencies and institutions making integrated applications indicate how they adhere to the *Guidelines and Principles for Accreditation of Programs in Professional Psychology* and to the postdoctoral training guidelines of the designated specialty practice areas. For example, an integrated postdoctoral residency program that provides training in Clinical Psychology and in Clinical Neuropsychology, where the field follows a two-year training sequence, would need to honor the specialty area guidelines for the resident in that specialty. Integrated programs will prepare a single Self Study, but there will of necessity be separate sections relating to each specific postdoctoral residency program under certain of the accreditation domains (e.g., an integrated clinical and clinical neuropsychology application includes separate sections for each under Domains B, C, and F). The number of site visitors will be determined by the number of traditional practice and/or specialty practice residencies in the program. Certificates of completion for programs using this format indicate the traditional practice or specialty practice training sequence completed by each resident. Integrated postdoctoral programs under format #3 pay only a single application and annual fee in the same fashion as programs representing formats #1 or #2. When there is a discrepancy in the number of years for which a specific residency in an integrated postdoctoral program is accredited (e.g., a counseling residency is accredited for 7 years and a clinical health residency is accredited for 5 years) the integrated program may decide to request a single reaccreditation site visit in 5 years or request independent visits in 5 and again in 7 years. Interested postdoctoral residency programs are invited to consult with the Office of Program Consultation for the purpose of maximizing the clarity and comprehensiveness of the Self Study that is submitted to the Commission on Accreditation.

C-11(b). Postdoctoral Residency Substantive Specialty Practice Areas
(Commission on Accreditation, July 2001; revised February 2005)

The *Guidelines and Principles for Accreditation* include provisions for accreditation of postdoctoral residency training programs providing education and training in preparation for entering professional practice at an advanced level of competency in one of the substantive traditional practice areas of clinical, counseling and school psychology or in a substantive specialty practice area. In defining the meaning of “substantive specialty practice areas” for the purposes of the accreditation of **postdoctoral residency training programs only**, the Commission on Accreditation employs the criteria that follow.

The substantive specialty practice area is one that has been endorsed as follows:

- (1) The specialty has been recognized as a specialty by the Commission on the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) of the American Psychological Association **or** by the American Board of Professional Psychology, **and**
- (2) The specialty has been recognized by and holds membership on the Council of Specialties, **and**
- (3) The specialty has provided the CoA with specialty specific postdoctoral educational and training guidelines endorsed by the Council of Specialties.

Note: The CoA reviews and makes accreditation decisions about programs that have identified specialty practice areas based on the program’s compliance with the G&P.

C-12. Program Record-Keeping on Complaints/Grievances
(Commission on Accreditation, July 2000)

In accordance with Domain E (for doctoral, internship, and postdoctoral programs) of the *Guidelines and Principles*, a program is responsible for keeping information and records of all formal complaints and grievances, of which it is aware, filed against the program and/or against individuals associated with the program since its last accreditation site visit. These records will be reviewed by the Commission on Accreditation (CoA) as part of its periodic review of programs.

The CoA expects a program to keep all materials pertaining to each of the complaints/grievances filed against it during the aforementioned time period. In addition to these materials, a program may wish to maintain a separate log of complaints/grievances that does not identify either the complainant or the party against whom the complaint was filed. Entries in the log should include the date the complaint/grievance was filed; the issue(s) addressed; what, if any, action was taken; and the governance level (e.g., department, college, institution) at which the complaint/grievance has been or will be adjudicated. The program also may wish to include a copy of this log as an exhibit in its self-study document and to share this summary with the site visit team. The site visitors, however, reserve the right to view the full record of program materials on any or all of the filed complaints/grievances.

C-13. Statement on Number of Postdoctoral Residents
(Commission on Accreditation, October 2000)

Domain C, Section 4(a) of the *Guidelines and Principles* for Postdoctoral Residency Programs states that a program will have postdoctoral psychology residents who “are of sufficient number to ensure meaningful peer interaction, support, and socialization.” The Commission on Accreditation recognizes that the nature of the postdoctoral residency leads to a different socialization process and definition of “peers” than would be the case in an internship program. For this reason, the Commission believes that some postdoctoral residency programs may be able to achieve meaningful interaction, support, and socialization without having more than one resident. Regardless of the number of residents in any given program, however, it is incumbent upon each program to demonstrate how it adequately provides this level of interaction and socialization for its resident(s).

C-14. Definition of “Developed Practice Areas” for Doctoral and Internship Programs and the Process by which Areas May be Identified as Such

(Commission on Accreditation, October 2006; pursuant to changes in the scope of accreditation approved by the APA Council of Representatives in August 2006)

Scope of Accreditation for Doctoral Programs:

The Commission on Accreditation (CoA) reviews doctoral programs in psychology that provide **broad and general** training in scientific psychology and in the foundations of practice. Practice areas include clinical psychology, counseling psychology, school psychology, and *other developed practice areas*. The CoA also reviews programs that combine two or three of the above practice areas.

Scope of Accreditation for Internship Programs:

The CoA reviews applications from internship training programs in practice areas including clinical psychology, counseling psychology, school psychology, and *other developed practice areas* or in general professional psychology.

Definition: Developed practice areas of psychology have all of the following characteristics:

- National recognition of the practice area by a national organization(s) whose purpose includes recognizing or representing and developing the practice area, by relevant divisions of the APA, or by involvement in similar umbrella organizations;
- An accumulated body of knowledge in the professional literature that provides a scientific basis for the practice area including empirical support for the effectiveness of the services provided;
- Representation by or in a national training council that is recognized, functional, and broadly accepted;
- Development and wide dissemination by the training council of doctoral educational and training guidelines consistent with the Accreditation G&P;
- Existence of the practice area in current education and training programs;
- Geographically dispersed psychology practitioners who identify with the practice area and provide such services.

Process: Steps in the identification process are:

1. Application by the training council will be initially reviewed by the CoA based upon the criteria defined above to determine the eligibility of the area for public comment on its inclusion;
2. If in this initial review, the area meets the criteria for eligibility, the CoA will invite subsequent public comment as well as inviting letters of support or concern from relevant organizations;
3. Final decision by the CoA.
4. In the case of a decision to not include the area in the scope of accreditation, the training council may file an appeal using an appeal process parallel to the current procedures for the appeal of program-level decisions. Specific procedures for that appeal will be developed.

(See Implementing Regulation B-2 for changes in the scope of accreditation)

C-14(a). Review of Applications for the Recognition of Developed Practice Areas
(Commission on Accreditation, October 2007; revised October 2008)

A program cannot be reviewed for accreditation in a developed practice area until that area has been added to the scope of accreditation. An area applying for recognition must first demonstrate training in that area at the doctoral level before programs will be recognized in that area at the internship level.

Application

Areas seeking to become included in the scope of accreditation must provide all information requested in the application, which is available from the Office of Program Consultation and Accreditation. Applications not following the required format will be returned without review. Staff members of the Office of Program Consultation and Accreditation will confirm receipt of the application and ensure that all required information has been provided. Staff members may request the submission of any missing information, and the application will not be reviewed by the CoA until all required materials have been provided.

Areas may submit their applications at any time. However, in order to be reviewed during a specific CoA meeting, applications must be received at least 2 months prior to that meeting. A list of CoA meeting dates is available at <http://www.apa.org/ed/accreditation/acrddate.html>. Applications received after that deadline will be reviewed during the next available meeting.

Review

Upon receipt of the area's completed application materials, the Executive Committee of the CoA will be charged with the review of the application. The Executive Committee maintains the right to seek additional consultation and expertise in the area as necessary. Based upon its review of the record, the Executive Committee will develop a recommendation for action by the full CoA. If the full CoA believes the area meets the criteria outlined in Implementing Regulation C-14, then the CoA will invite public comment on inclusion of the area in the scope of accreditation as a Developed Practice Area.

After review of any public comments, the CoA will make its final decision on inclusion of the area as a Developed Practice Area. However, if the area wishes to be specified by name as part of the scope of accreditation, then the application and CoA recommendation will be forwarded to the APA Council of Representatives for review.

C-14(b). Appeal of Decisions for Areas Seeking to be added to the Scope of Accreditation as Developed Practice Areas

(Board of Educational Affairs, November 2007)

A decision by the CoA not to recommend an area for inclusion in the scope of accreditation as a Developed Practice Area may be appealed to the APA Board of Educational Affairs using the process outlined for appeals of program review decisions (see Implementing Regulations D5-1 and D5-2).

The Chief Executive Officer of the group or training council petitioning for recognition of the area, or the responsible administrative officer of the group may challenge a CoA decision not to recognize a proposed Developed Practice Area. Such an appeal must be received within 30 days of receipt of written notice of the CoA decision. The appeal must specify the grounds on which the appeal is made, which must be either a procedural violation or substantive error by the CoA in its review of the area's consistency with the provisions of Implementing Regulation C-14. The appeal should be addressed to the President of the APA. A nonrefundable appeal fee will be charged to the appellant group or training council, such fee to be submitted with the letter of appeal.

Appointment of Appeal Panel

Within 30 days of receipt of the area's letter of appeal, the APA Board of Educational Affairs will provide the group or training council with a list of six potential appeal panel candidates, no one of whom will have had affiliation with the proposed Developed Practice Area filing the appeal or with the accreditation process related to the non-recognition of the area. The Office of Program Consultation and Accreditation will determine the willingness of the potential panel members to serve, and notify the group or training council to that effect. Within 15 days, the group or training council may select three panel members from this list to serve as its appeal panel. If the group or training council does not notify the Office of Program Consultation and Accreditation of its selection within 15 days, the Board of Educational Affairs will designate three members to serve on the appeal panel.

Scope and Conduct of Appeal

An appeal is not a de novo hearing, but a challenge of the decision of the CoA based on the evidence before the CoA at the time of its decision. The CoA's decision should not be reversed by the appeal panel without sufficient evidence that the CoA's decision was plainly wrong or without evidence to support it. Accordingly, the appeal panel should not substitute its judgment for that of the CoA merely because it would have reached a different decision had it heard the matter originally.

The procedural and substantive issues addressed by the appeal panel will be limited to those stated in the area's appeal letter. If an issue requires a legal interpretation of the CoA's procedures or otherwise raises a legal issue, the issue may be resolved by APA legal counsel instead of the appeal panel.

Only the facts or materials that were before the CoA at the time of its decision may be considered by the panel. The panel will be provided with only those documents reviewed by the CoA in making its decision, the letter that notified the group or training council of the CoA's decision, the letter of appeal, written briefs submitted by the group or training council, and reply briefs submitted by the CoA. The letter of appeal and written briefs shall not refer to facts or materials that were not before the CoA at the time the decision was made.

The appeal panel will convene a hearing at APA during one of three pre-scheduled appeal panel hearing dates. In addition to the three members of the appeal panel, the appeal hearing will be attended by one or more representatives of the group or training council representing the proposed Developed Practice Area, one or more representatives of the CoA, and staff of the Office of Program Consultation and Accreditation.

APA's legal counsel will also attend the hearing. In addition to advising APA, counsel has the responsibility to assure compliance with the above procedures and may resolve legal or procedural issues or can advise the panel regarding those issues.

Decision and Report of Appeal Panel

The CoA's decision should be affirmed unless (a) there was a procedural error and adherence to the proper procedures that would dictate a different decision; or (b) based on the record before it, the CoA's decision was plainly wrong or without evidence to support it. The appeal panel has the options of: (a) upholding the CoA decision; or (b) returning the matter to the CoA for reconsideration of its decision in light of the panel's ruling regarding procedural violations or substantive errors.

The report of the appeal panel will state its decision and the basis of that decision based on the record before the panel. The report of the panel will be addressed to the President of the APA and sent within 30 days of the hearing. Copies will be provided to the Chief Executive Officer or to the responsible administrative officer of the group or training council whose appeal was heard, the Chair of the CoA, the Chair of the Board of Educational Affairs, and the Office of Program Consultation and Accreditation.

C-15. Jurisdiction of Licensure for Supervisors

(Commission on Accreditation, November 2001; revised November 2003)

In interpreting Domain C.1(c) of the G&P for internship programs, which states:

“1. The program has formally designated intern training supervisors who:

(c) Are doctoral-level psychologists who have primary professional (clinical) responsibility for the cases on which they provide supervision, and are appropriately credentialed (i.e., licensed, registered or certified) to practice psychology in the jurisdiction in which the internship is located...”

The CoA looks to determine appropriate credentialing of the supervisor on the basis of jurisdiction governing the practice or service that is being supervised, provided the credential is generic in legally qualifying the holder for the independent practice of professional psychology.

For example:

- (1) When the services for which supervision is being provided are conducted in a context where a state or provincial credential is required for practice, then the appropriate credential would be that provided by the state or province.
- (2) When services for which supervision is being provided are being conducted in a federal jurisdiction (e.g., the VA, Bureau of Prisons), then the credentialing rules pertaining to practice in a federal setting would apply.
- (3) For those interns providing services in multiple jurisdictions (such as a Bureau of Prisons internship that has an external community rotation), the jurisdiction governing the intern service that is being supervised would determine the appropriate supervisor credential.
- (4) When the services for which supervision is being provided are conducted in a context where a state or province requires a credential in a specific substantive area (e.g., school psychology certification), the generic credential in professional psychology and the specific substantive area credential are both required.

C-15(a). Jurisdiction of Licensure for Supervisors in Postdoctoral Residencies
(Commission on Accreditation, January 2002; revised November 2003)

In interpreting Domain C.2(d) of the G&P for postdoctoral residency programs, which states:

“2. The formally designated supervisors include at least two psychologists who:

(d) Are appropriately credentialed (i.e., licensed, registered or certified) to practice psychology in the jurisdiction in which the program is located...”

The CoA looks to determine appropriate credentialing of the supervisor on the basis of jurisdiction governing the practice or service that is being supervised.

For example:

(1) When the services on which supervision is being provided are conducted in a context where a state or provincial credential is required for practice, then the appropriate credential would be that provided by the state or province.

(2) When services on which supervision is being provided are being conducted in a federal jurisdiction (e.g., the VA, Bureau of Prisons), then the credentialing rules pertaining to practice in a federal setting would apply.

(3) For those residents providing services in multiple jurisdictions (such as a Bureau of Prisons internship that has an external community rotation), the jurisdiction governing the resident’s service that is being supervised would determine the appropriate supervisor credential.

C-15 (b). Required Supervision in Training Programs
(Commission on Accreditation, January 2007)

Domain B.3 of the internship *Guidelines and Principles* states:

The internship is an organized program. It consists of a properly administered, planned, structured, and programmed sequence of professionally supervised training experiences that are characterized by greater depth, breadth, duration, frequency, and intensity than practicum training. The training program includes the following:

... (c) Intern supervision is regularly scheduled and sufficient relative to the intern's professional responsibility assuring at a minimum that a full-time intern will receive 4 hours of supervision per week, at least 2 hours of which will include individual supervision;

Further, Domain B.4 of the postdoctoral residency *Guidelines and Principles* states:

Resident supervision is regularly scheduled and sufficient relative to the resident's professional responsibility. At a minimum, a full-time resident will receive four hours structured learning activities per week, at least two hours of which will include individual, face-to-face supervision;

(a) Each resident shall have at least two supervisors during any one training year; at least one of these shall be a psychologist who shall serve as the resident's primary supervisor;

The purpose of this implementing regulation is to clarify the supervision required for interns and postdoctoral residents. Two hours of face-to-face individual supervision must be conducted by a doctoral level licensed psychologist who is involved in an ongoing supervisory relationship with the intern/resident and has primary professional clinical responsibility for the cases on which he/she provides supervision. An intern may have different primary supervisors engaged in providing individual supervision during the course of the training year. A postdoctoral resident must have a minimum of two doctoral level licensed psychologist supervisors, at least one of whom serves as the resident's primary supervisor. For additional supervisory hours beyond the two hours of individual supervision, the Commission requires that these will be supervised and/or directed by professionals who are appropriately credentialed for their role/contribution to the program. It is the responsibility of the primary doctoral level licensed psychologist supervisor to help the intern/resident integrate the supervision provided by other mental health professionals with psychological research and practice.

C-16. Evaluating Program Adherence to the Principle of “Broad and General Preparation” for Doctoral Programs

(Commission on Accreditation, November 2001)

The *Guidelines and Principles for Accreditation of Programs in Professional Psychology* (G&P) stipulate, in **section II, B., 1.**, that preparation at the doctoral level should be broad and general. According to the G&P, “this preparation should be based on the existing and evolving body of knowledge, skills, and competencies that define the declared substantive practice area(s) and should be well integrated with the broad theoretical and scientific foundations of the discipline and field of psychology in general.”

The Commission on Accreditation evaluates a program’s adherence to this provision in the context of the G&P Domain B, Section 3 (reprinted, in part, below), using the following guidelines.

(From the G&P: Domain B, 3. for DOCTORAL programs):

In achieving its objectives, the program has and implements a clear and coherent curriculum plan that provides the means whereby all students can acquire and demonstrate substantial understanding of and competence in the following areas:

(a) *The breadth of scientific psychology, its history of thought and development, its research methods, and its applications. To achieve this end, the students shall be exposed to the current body of knowledge in at least the following areas: biological aspects of behavior; cognitive and affective aspects of behavior; social aspects of behavior; history and systems of psychology; psychological measurement; research methodology; and techniques of data analysis;*

Accredited programs ensure the competence in these content areas including the history of thought and development in those fields, the research methods, and the applications of the research. Demonstrating that the program is consistent with the G&P in this regard would preclude coverage only of ...

... a narrow segment of the aspect of the content area (such as biological basis of gerontology, race relations, preschool learning)

... the application of these aspects of the content area to practice problems or settings (such as cognitive therapy; group therapy, multicultural counseling)

Further, it is expected that the program will ensure understanding and competence in these content areas at the graduate level.

It is recognized that there are a variety of ways in which programs achieve this component of their program requirements, and that there are multiple points in the curriculum sequence at which these experiences may be placed.

If the program chooses to supply courses directed to these areas within its own curricular offerings, then it must ensure that they are taught at the graduate level, by individuals who, by education, training and/or experience, are qualified to teach in the given area at the graduate level.

(Continuing from the G&P: Domain B, 3. for DOCTORAL programs):

(b) *The scientific, methodological, and theoretical foundations of practice in the substantive area(s) of professional psychology in which the program has its training emphasis. To achieve*

this end, the students shall be exposed to the current body of knowledge in at least the following areas: individual differences in behavior; human development; dysfunctional behavior or psychopathology; and professional standards and ethics;

- (c) *Diagnosing or defining problems through psychological assessment and measurement and formulating and implementing intervention strategies (including training in empirically supported procedures). To achieve this end, the students shall be exposed to the current body of knowledge in at least the following areas: theories and methods of assessment and diagnosis; effective intervention; consultation and supervision; and evaluating the efficacy of interventions;*

With regard to the scientific, methodological, and theoretical foundations of practice in the substantive area of psychology in which the program has its training emphasis, and to the coverage of assessment and intervention, the question of breadth of exposure has been interpreted by the Commission in the context of (a) the particular substantive area in question and (b) the particular model and goals of the program. That is, a program is considered not only as based on its own particular training model and goals, but also in the context of the broader domain of doctoral training in the substantive area(s) (e.g., clinical, counseling, or school psychology, or combinations thereof). Thus, the Commission would look for reasonable coverage in the breadth of the substantive area(s), as well as the breadth needed to provide quality training toward the program's specific goals. It is expected that the program will ensure that understanding of and competence in these areas is demonstrated at the graduate level.

C-17. Consistency in Internship Experiences Within a Program

(Commission on Accreditation, January 2003)

The Commission recognizes that certain programs may provide training tracks or rotations that constitute different training experiences for students. In these cases, programs must demonstrate how each rotation promotes the program's stated goals and objectives and is consistent with the *Guidelines and Principles for Accreditation of Programs in Professional Psychology*.

C-18. Core Faculty in Doctoral Programs
(Commission on Accreditation, June 2003; updated May 2005)

The *Guidelines and Principles for Accreditation of Programs in Professional Psychology* (G&P) for doctoral programs (C.1.) articulate the need for accredited programs to have core faculty, as follows:

1. *The program has an identifiable core faculty responsible for its leadership who:*
 - (a) *Function as an integral part of the academic unit of which the program is an element;*
 - (b) *Are sufficient in number for their academic and professional responsibilities;*
 - (c) *Have theoretical perspectives and academic and applied experiences appropriate to the program's goals and objectives;*
 - (d) *Demonstrate substantial competence and have recognized credentials in those areas which are at the core of the program's objectives and goals; and*
 - (e) *Are available to and function as appropriate role models for students in their learning and socialization into the discipline and profession.*

In addition to the core faculty, other individuals who hold faculty appointments at the institution may be used to augment and expand students' educational experiences. These adjunct faculty should be held to standards of competence appropriate to their role/contribution within the program (see 1c, d, & e above).

To clarify the term "core faculty" and to provide the basis for a fair, reliable, and valid measurement process to determine the core faculty time available for the program, the following guidelines are provided.

1. Core faculty must be consistent with the G&P, C.1., as quoted above.
2. Core faculty must be composed of individuals whose education, training, and/or experience is consistent with his/her role in the program in light of the substantive area in which the program seeks accreditation.
3. Core faculty must be composed of individuals whose primary professional employment (50% or more) is at the institution in which the program is housed, and to whom the institution has demonstrated a multi-year commitment (as supported by an examination of the history of appointments in the program or by contracts).
4. Core faculty must be identified with the program and centrally involved in program development, decision-making, and student training. "Identified with the program" means that each faculty person is included in public and departmental documents as such, views himself or herself as core faculty, and is seen as core faculty by the students.
5. At least 50% of core faculty professional time must be devoted to program-related activities. That means, for example, that a faculty person who is 50% at the institution would need to have 100% of that time spent as a core faculty. (The day per week institutions often allow for professional development

activities such as research, consultation, or practice is not intended to be added to or subtracted from this calculation. That is, a 100% core faculty person in an institution with a consultation policy should be thought of as a 100% person, not 125% or 80%, regardless of the activities done on that day.) A full time 9-month or 11-month core faculty person are both seen as 100%. Core faculty activities directly related to the doctoral program include program-related teaching, research, scholarship, and/or professional activities; supervision of students' research, students' dissertations, and students' teaching activities; mentoring students' professional development; providing clinical supervision; monitoring of student outcomes; teaching in a masters program that is an integral part of the doctoral program; and developing, evaluating, and maintaining the program. Core faculty activities not directly related to the doctoral program and **not** seen as aspects of the core faculty role include undergraduate teaching in general and related activities; teaching and related activities in terminal masters or other graduate programs; and clinical work or independent practice not directly associated with training such as at a counseling center.

In addition to core faculty, programs may also have associated program faculty, contributing faculty, and adjunct (visiting, auxiliary, or "other") faculty. The associated program faculty formerly contributing faculty, category would be reserved for faculty who do not meet the criteria for core faculty but make a substantial contribution to the program and take on some of the tasks often associated with core faculty, but are not centrally involved in program development and decision-making. Adjunct faculty are faculty hired on an *ad hoc* basis to teach a course or two, supervise, etc.

Consistent with the program's model, the psychology doctoral program faculty, and in particular, the core faculty, needs to be large enough to advise and supervise students' research and practice, conduct research and/or engage in scholarly activity, attend to administrative duties, serve on institutional or program committees, provide a sense of program continuity, be assured of appropriate class sizes, provide sufficient course offerings to meet program goals and objectives, and monitor and evaluate practicum facilities, internship settings, and student progress.

The Commission will provide, as soon as available, information regarding the number of core faculty in programs receiving the maximum term of accreditation.

C-19. Notification of Changes to Accredited Programs
(Commission on Accreditation, February 2005; revised October 2006)

In accordance with Domain H.2 of the *Guidelines and Principles* and Section 4.7(b) of the *Accreditation Operating Procedures*, all accredited programs (doctoral, internship and postdoctoral residencies) whether under a single administrative entity or in a consortium, must inform the accrediting body in a timely manner of changes that could alter the program's quality.

The Commission on Accreditation must be informed in advance of major program changes such as changes in model, degree offered, policies/procedures, administrative structure, faculty resources, supervision resources, area of emphases, or tracks/rotations. In the case of doctoral programs, this includes changes in the areas of emphasis. For internship/postdoctoral programs, this includes new, additional, or eliminated rotation or training sites. For example, consortium programs must inform the CoA of any substantial changes in structure, design or training sites.

Programs must submit a detailed description of the proposed change(s) and the potential impact upon the relevant accreditation domains. The CoA will review the program change(s) and may request additional information or a new self-study. In the case of a substantive change (such as a change in consortium membership), the Commission may also determine that a site visit is needed to assess whether the revised program is consistent with the G&P. Upon completion of this review, the Commission will note the proposed change and include the information in the next scheduled review or inform the program of any needed immediate additional actions.

The only exception to the policy of informing the Commission *in advance* is the occurrence of an unavoidable event beyond the reasonable control and anticipation of the program (e.g., educational/training site unexpectedly withdrawing from a consortium because of financial crisis). In such circumstances, it is incumbent upon the program to immediately inform the CoA in writing of the change and to include in its notification a proposed plan for maintaining program consistency with the G&P. The Commission will then proceed as above.

Consultation on program changes is available from the Office of Program Consultation and Accreditation.

C-20. Disclosure of Education/Training Outcomes and Information Allowing for Informed Decision-Making to Prospective Doctoral Students

(Commission on Accreditation, May 2006; revised November 2006; July 2007)

EFFECTIVE January 1, 2007

Domain G of the *Guidelines and Principles for Accreditation of Programs in Professional Psychology* (G&P) requires that doctoral graduate programs provide potential students, current students and the public with accurate information on the program and with program expectations. This information is meant to describe the program accurately and completely, include education and training outcomes, and be presented in a manner that allows applicants to make informed decisions about entering the program.

As stated above, the information requested should include education and training outcomes as well as information that will allow applicants to make informed and comparative decisions. The Commission believes that all doctoral programs should therefore minimally provide the following information regarding education and training outcomes and accurate program descriptions as of January 1, 2007 to potential students in its public documents including its website, if it has one: time to program completion; costs (tuition and fees); internship acceptance rates; fellowships and other funding available; student attrition rates; and licensure outcomes. These are further defined below:

1. Time to Completion

In their public materials, programs should provide the mean and the median number of years that students have taken to complete the program from the time of program entrance. These data should be provided for all graduates over the past seven years. Where applicable, these measures should be provided separately for students who began the program as bachelor level graduates and those who began with advanced standing (e.g., after having completed a separate master's program in psychology). The program should also provide the percentage of students completing the program in fewer than five years, five years, six years, seven years, and more than seven years.

2. Program Costs

Programs are expected to make available the costs (i.e., tuition and fees) per student for the current first year cohort. This information should include full time student tuition, tuition per credit hour for part time students, and any fees assessed to students beyond tuition costs. Programs may also provide information regarding current adjustments to tuition including, but not limited to: financial aid, grants, loans, tuition remission, assistantships, and fellowships.

3. Internships

Programs are expected to provide data for at least the most recent seven years of graduates showing their success in obtaining internships. These data should show the number and percentage of students in the following categories:

- Those who obtained internships
- Those who obtained paid internships
- Those who obtained APPIC member internships
- Those who obtained APA/CPA accredited internships
- Those who obtained internships conforming to CDSPP guidelines (school psychology only)

- Those who obtained two year half-time internships

NOTE: In calculating the percentages, the program must use the *total number of students* applying for internship that year.

4. Attrition

Programs are expected to report the number and percentage of students who have failed to complete the program once enrolled. These data should be calculated for each entering cohort by dividing the number of students in that cohort who have left the program for any reason by the total number of students initially enrolled in that same cohort. These data should be provided by cohort for all students who have left the program in the last seven years or for all students who have left since the program became initially accredited, whichever time period is shorter.

The format below is required as of January 1, 2008.

| Year of enrollment | # Enrolled ⁴ | # Graduated with doctorate | # Still currently enrolled | # No longer enrolled |
|--------------------|-------------------------|----------------------------|----------------------------|----------------------|
| 2000 | | | | |
| 2001 | | | | |
| 2002 | | | | |
| 2003 | | | | |
| 2004 | | | | |
| 2005 | | | | |
| 2006 | | | | |

5. Licensure

Reporting of program licensure data is an expectation of the US Secretary of Education's National Advisory Committee on Institutional Quality and Integrity for program accreditors, including the APA Commission on Accreditation. Programs are expected to report the number and percentage of program graduates who have become licensed psychologists within the preceding decade. This percentage should be calculated by dividing the number of students who have both graduated and become licensed psychologists within the 8 years spanning the period of 2-10 years post-graduation by the number of doctoral degrees awarded by the program over that same period. That is, the figures reported by a program for 2007 would be number of students who graduated from the program during the period 1997-2005 and who have achieved licensure divided by the number of students graduating from the program during that same 8-year period. Program licensure rates are to be updated at least every three years. Programs may interpret their licensure rate in light of their training model and program goals and objectives.

⁴ Consistent with institutional definition and policy

C-21. Programs Operating Outside the United States
(Commission on Accreditation, October 2007)

Domain A.2 of the *Guidelines and Principles for Accreditation of Programs in Professional Psychology* for doctoral graduate programs currently states that as a requirement for eligibility for accreditation by the APA:

The program is sponsored by an institution of higher education accredited by a nationally recognized regional accrediting body in the United States or, in the case of Canadian programs, the institution is publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing.

In February 2007, the APA Council of Representatives approved a proposal by CoA to phase out accreditation of programs in Canada and concurrent accreditation practices with the Canadian Psychological Association (CPA). The APA and CPA have developed a new memorandum of understanding that outlines the timeframe for phasing out concurrent accreditation. Beginning on September 1, 2015, the APA CoA will no longer accredit programs in Canada. At that time, Domain A.2 of the *Guidelines and Principles for Accreditation of Programs in Professional Psychology* for doctoral graduate programs will state:

The program is sponsored by an institution of higher education accredited by a nationally recognized regional accrediting body in the United States.

The CoA interprets this requirement to mean that only those programs that (a) are sponsored by an institution of higher education that is accredited by a regional accrediting body which is recognized by the United States Department of Education AND (b) reside within the United States or its territories are eligible for APA accreditation. APA accreditation of programs does not extend to those programs' offerings at sites located outside the United States and its territories.

Nothing in this regulation is intended to limit international educational or research experiences that are part of programs that are located in the United States of America and its territories.

SECTION D

IMPLEMENTING REGULATIONS
RELATED TO THE
*ACCREDITATION OPERATING
PROCEDURES*

D1. Regulations related to initial application for accreditation

D1-1. Operating Procedures for Programs Submitting an Initial Application for Accreditation⁵ (Commission on Accreditation, January 1997; revised January 2001)

A doctoral program, predoctoral internship program, or postdoctoral residency program may apply for review of its initial application for accreditation when:

1. The self-study is complete in all respects;
2. It is determined by the CoA that the program meets the requirements of Domain A: Eligibility of the G&P;
3. The program can demonstrate in its application the achievement of the following outcomes:
 - a. in a doctoral program, there are sufficient students at each level of matriculation, including candidacy status, during the year of its initial application;
 - b. in an internship program, there are at least two students enrolled during the year of its initial application;
 - c. in a postdoctoral residency program, there is at least one student enrolled during the year of its initial application;
4. If the program does not yet have graduates, interns or residents who have finished at the time the application is submitted, it is incumbent on the program to demonstrate how there are sufficient outcomes to warrant accreditation.

⁵ This further elaborates the statement under II. Guiding Principles of Accreditation, C. Outcome Oriented Evaluation Focus... “For each domain, programs are expected to document either their potential for success in these domains (in the case of applicant programs) or their record of achievements in these domains (in the case of already accredited programs).”

D2. Regulations related to submission of program self-study

D2-1. Request for Delay in Submission of Self-Study Materials

(CoA Executive Committee, June 1996)

When a program requests a delay of submission of its self-study report of less than 30 days, Program Consultation and Accreditation staff will determine whether such delay will be granted. All other requests will be forwarded to the CoA Executive Committee.

D2-2. Preliminary Review Process

(Commission on Accreditation, March and July 1997; revised January 2001; April 2005)

A preliminary review process is undertaken for (a) applicant programs and (b) accredited programs under periodic review. The preliminary review process for all programs will be undertaken by staff, who will focus on the extent to which information responsive to the self-study instructions is provided. Preliminary review will only be undertaken by assigned reader(s) from among the members of the CoA in instances requiring special consideration or that raise concerns that may affect the ability of the CoA to conduct an effective site visit.

D2-3. Self-Study Submission

(Commission on Accreditation, January 2003; revised April 2005)

When submitting its self-study, a program is required to follow the outline in the self-study instructions. If programs do not follow this outline, the self-study will be returned without further review.

In addition, when referencing items in the self-study appendix, the program must cite the exact location of the material (e.g., page number, paragraph number).

Canadian programs under review for concurrent accreditation may submit the self-study using the CPA format.

D2-4. Policy on Scheduling Site Visits

(Commission on Accreditation, October 2004, revised February 2005)

After a program has been authorized for a site visit, that visit must take place during the assigned program review cycle (doctoral programs: January-March and August-December; internship and postdoctoral residency programs: January-March, April-August, September-December). In unusual situations, the CoA may grant an extension. Under these circumstances, the program may be required to update, revise, or create new self-study materials. A self-study for doctoral programs expires after two accreditation cycles; a self-study for internship and postdoctoral programs expires after three accreditation cycles. See section 3.0 of the *Accreditation Operating Procedures* for further information regarding the site visit.

D3. Regulations related to the site visit and to site visitors

D3-1. Site Visitor Nomination

(Commission on Accreditation, amended March 1998)

The CoA invites nominations of individuals to serve as APA accreditation site visitors. Site visitors are classified either as “professional” psychologists (i.e., the areas of clinical, counseling, and school) or “generalists” (from areas of psychology outside the scope of accreditation).

Because the CoA needs site visitors who are engaged in educational activities and participate in training programs like those accredited by the CoA, strict criteria are maintained for inclusion and retention in the site visitor pool. Nominators of potential site visitors should consider the following background characteristics before submitting a nomination:

For site visitors who are in professional psychology

- Received a doctoral degree from an accredited program and have a minimum of five years of professional experience
- Have an involvement as faculty in an accredited training program, or an association with an accredited training program within the past five years
- If primarily engaged in private practice, have a formal ongoing association (such as adjunct faculty or external supervisor) with a training program
- Considered to be concerned with, and knowledgeable about, educational, professional, and scientific issues in psychology
- Hold appropriate licensure and/or certification
- Are active members of professional and/or research organizations within psychology

For site visitors who are generalists

- Received a doctoral degree from a regionally accredited institution and have a minimum of five years of professional experience
- Have involvement as faculty in a department or school which has an accredited training program, or if retired, had such association
- Considered to be concerned with, and knowledgeable about, educational, professional, and scientific issues in psychology
- Are active members of professional and/or research organizations within psychology

The CoA makes a special effort to ensure diversity among site visitors. Therefore, the Commission strongly encourages the nomination of women and members of underrepresented groups.

In submitting a nomination, the nominator should provide a brief statement about why he or she thinks the nominee has the appropriate background and personal qualities to be included in the site visitor pool. A copy of the nominee's resume should accompany the nomination. All nominations should be mailed to the Office of Program Consultation and Consultation, American Psychological Association, 750 First Street, N.E., Washington, DC 20002-4242.

D3-1(a). Policy on Credentials of Participants in Accreditation

(Commission on Accreditation, January 2001)

The CoA is committed to having the highest of standards of conduct for all participants in the accreditation process. In instances where those standards have been compromised (e.g., a participant's license to practice has been surrendered, suspended or revoked by a state or provincial licensing authority; he/she has been dropped from membership in a national or state membership association due to actions by an Ethics Committee; he/she has been found guilty in state or federal court of an action associated with his/her professional role as a teacher or administrator that caused harm to a student or other person associated with a training program) the Commission will review the individual's appropriateness for service on a case-by-case basis.

D3-2. Site Visitor Selection

(Excerpted from Section 3 of the *Accreditation Operating Procedures*; Commission on Accreditation, October 1989; updated October 2006)

The program is responsible for selecting its site visitors from lists provided by the CoA, arranging the dates of the site visit within the assigned cycle, and determining the availability of site visitors for these dates.

The CoA will provide programs with a list of three psychologists who are qualified to chair the site visit team based on experience as a site visitor and professional background and experience compatible with the program being visited. The proposed site visitors will be notified prior to their inclusion on a list in order to confirm their availability during the relevant review cycle and identify issues of bias or conflict of interest. Identification of such issues shall be a continuing duty of the site visitors. Additional names will be provided only for cases in which the entire list raises issues of conflict of interest or bias or other prejudicial infirmity for the program. In such cases, the program must provide the CoA with documentation of perceived conflict of interest, bias, or prejudicial infirmity for its determination.

In addition to the chair, site teams for doctoral programs will have at least two other members, and internship and postdoctoral residency programs will have at least one other member. These members of the site visit team will be selected by the program from a list of five eligible visitors for each position on the team. For all programs, the list of eligible visitors for the second visitor will be constructed based on experience in an area of professional psychology compatible with the training objectives of the program. For doctoral programs, the list of eligible visitors for the third visitor will be constructed based on experience in psychology in an area outside the scope of accreditation. Programs may request an additional site visitor (e.g., in a case in which two programs at one institution are having a combined visit). The CoA also may request that a program have an additional site visitor (e.g., in a case in which a specific G&P-related concern is being investigated).

Additional names for the second (and third) visitor will be provided only for cases in which the program notifies the CoA in writing of either a potential or actual conflict of interest, bias, prejudicial infirmity, or unavailability of all the individuals on the list(s). The CoA will review program challenges to the lists of potential site visitors before deciding if new lists should be provided.

D3-3. Role and Responsibilities of a Site Visitor (*Site Visitor Workbook*, 1997; revised December 2000)

It is essential that the visitor maintain objectivity when conducting a visit. A fair and objective evaluation of a program and the award of accredited status depends on a careful and objective examination of the domains identified in the *Guidelines and Principles* as they relate to each aspect of a specific program's philosophy, objectives and procedures. The CoA depends in part on the self-study report prepared by the program. Professionally qualified site visitors add both specific data to that provided by the self-study and evaluate less tangible features of a program.

To be effective, the visitor must be a **neutral** observer, concerned with the quality of the program in relation to the *Guidelines and Principles*. The visitor should clarify to the program that the purpose of the visit is to understand the program in terms of **its** philosophy, modes of implementation, and defined and documented outcomes. **It is important for the visitor to act as a "sensor"—not a "censor."** Site visitors are **representatives** of the CoA but are not in the role of **decision makers or consultants**. As such, site visitors should report to the CoA all pertinent information regarding the program's fit with the *Guidelines and Principles*. Site visitors should recognize that this information remains confidential among the program, the site visitors, and the CoA. For this reason, site visitors should state explicitly to all who are interviewed during a visit that what they are told may, at the discretion of the site visitors, be reported to the CoA, but will remain confidential with the CoA. Site visitors should **not** agree to withhold from the CoA any information pertinent to the accreditation decision.

The site visitor's responsibility for the site visit usually terminates upon completion of the report. Since the CoA may request clarification of some matter prior to making its decision, under no circumstances should a site visitor initiate any contact or respond to inquiries or correspondence from the visited program after completion of the visit. All such matters are to be referred to the CoA through its appropriate Central Office staff.

D3-3(a). Site Visitor Training and Re-Training
(Commission on Accreditation, July 2001)

Prior to participating in the site visit process, prospective site visitors must first receive training. Training is usually offered at the APA Annual Convention.

Site visitors trained five years ago will be given up to two years to receive retraining. Beginning in 2001, site visitors will be notified of retraining opportunities three years after being trained. They will be given two years to receive the additional training.

The Commission is beginning development of a distance-education retraining model.

D3-3(b). Providing Site Visit Team with Programs' Responses to Reports

(Commission on Accreditation, July 2007)

Site Visitors who participate in at least two site visits during a year are currently provided with aggregate data based on evaluations provided by the programs they have visited. All site visitors receive copies of decision letters for the programs they visit once a final decision has been made (see Implementing Regulation D4-9).

In the interest of providing further feedback to site visitors, all site visitors will also receive copies of programs' responses to site visit reports for those programs which they have visited, beginning with site visits scheduled in 2008. Site visitors will have the opportunity to review the program's response to their findings.

Site visitors receive these materials only in the interest of providing feedback on their performance with the intent being to improve future reports. The CoA and Office of Program Consultation and Accreditation do not expect, and will not accept, any responses regarding the contents of these materials from site visitors. At the time the site visitors receive a copy of the response to their report, the CoA will already have made a decision on the accreditation status of the program. Therefore, the process does not permit additional responses from site visitors regarding these materials. In accordance with Section 3.2 of the *Accreditation Operating Procedures*, the program being reviewed has the right to provide the final comments that will be part of its record.

D3-4. Site Visitor Evaluation
(Commission on Accreditation, 1996)

Accreditation site visitors are evaluated through a three-way process that captures different perspectives with regard to site visitor performance:

1. The program director of training completes an evaluation of the entire site visit team following the site visit and prior to receiving the report of the site visitors.
2. The chair of the site visit team evaluates the other team member(s) following submission of the site visit report.
3. The Commission on Accreditation evaluates the quality of the site visit team's report at the meeting when the program is reviewed.

D3-5. CoA Members as Site Visitors

(Commission on Accreditation, July 1985; updated October 2006)

As a general rule, Commission on Accreditation members will not serve on site visit teams during their respective terms of office, allowing for certain exceptions, where indicated.

(See Implementing Regulation D3-10)

D3-6. Change in Site Visit Cycle
(Commission on Accreditation, 1997)

Office of Program Consultation and Accreditation Staff will forward to the Commission any requests by programs to change the cycle in which a program is scheduled for a site visit.

D3-7. Sharing of Formal Complaints
(Commission on Accreditation, June 1981)

Program Consultation and Accreditation staff will forward any formal complaints received, and the subsequent actions taken by the Commission on that complaint, to the site visiting team assigned to visit that program. The material will be limited to complaints received since the most recent site visit to the program, on which the Commission has already acted.

D3-8. Access to Confidential Files by the CoA/Site Visitors

(Commission on Accreditation, July 1989 and July 1997; revised January 2001; November 2003)

While accreditors may have valid reason to review student and patient/client files maintained by a program, access to such files must be tempered as necessary by the legal and ethical standards that apply (e.g., the APA “Ethical Principles of Psychologists,” HIPAA, state privacy laws). If a program refuses to provide access to records, it should bear the burden of providing a legal opinion explaining the basis for refusal.

Review of Educational Records

The Family Educational Rights and Privacy Act (FERPA) prohibits the release of educational records by educational agencies and institutions except in delineated situations. One exception permits an educational agency or institution to release educational records⁶ to an accrediting organization to permit that accreditor to carry out its functions. Because the CoA is not an educational organization, however, it may not gain access to these files if no permission is given by the educational program.

FERPA imposes limits on the release of materials that fall outside the term “educational records.” This restricts materials that the CoA may receive from the educational agency or institution. These restricted items include (a) records of instructional, supervisory, and administrative personnel which are in the sole possession of the maker thereof and which are not accessible or revealed to any other person except a substitute; (b) records maintained and created by a law enforcement unit of the educational agency or institution for the purpose of law enforcement; c) records made and maintained in the normal course of business by individuals employed by an educational agency or institution, which relate exclusively to that person in his/her capacity as an employee and are not available for use for any other purpose; or (d) records on a student who is attending an institution of postsecondary education, which are made or maintained by a physician, psychologist, or other recognized professional acting in his or her professional capacity, and which are made, maintained, or used only in connection with the provision of treatment to the student and are not available to anyone other than persons providing such treatment.

HIPAA and the Review of Patient Information in the Course of Reviewing a Program

Site visitors may review individual patient/client records in the course of reviewing student records. The Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) governs the use and disclosure of most individually identifiable patient/client health information during the accreditation process if such information has not been de-identified (redacted) in accordance with specific, strict provisions of the Privacy Rule. In some instances, the state law in effect where the program being reviewed is located may also apply. All site visitors will be required to sign a confidentiality agreement prior to each site visit and agree not to misuse, further disclose, take notes on, or make any copies of any patient/client information. The Office of Program Consultation and Accreditation will be responsible for site visitors signing this confidentiality agreement, sending the signed agreements to the program, and keeping a copy on file at the office. Some programs may also wish to have CoA sign a HIPAA Business Associate Agreement prior to a site visit. The program should contact the Office of Program Consultation and Accreditation to obtain a signed Business Associate Agreement. CoA's website also contains a copy of CoA's Business Associate Agreement which may be downloaded for such use.

⁶ Educational materials are defined in FERPA as materials which (a) contain information directly related to a student and (b) are maintained by an educational agency or institution.

D3-9. Cooperation with Other Agencies
(Commission on Accreditation, February 1979)

Whereas the American Psychological Association Commission on Accreditation recognizes the merits of subjecting institutions to only one visit (duplication of effort, additional costs in time and money, etc.), and in its desire to act in a manner consistent with the statement endorsed by the Association of Specialized and Professional Accreditors (encouraging the cooperation of accrediting agencies, insofar as feasible in the scheduling and conduct of joint on-site visits), the Commission on Accreditation will participate with other appropriate agencies in conducting cooperative visits when (1) accrediting agencies have substantive interests in common; and (2) the institution desires a consolidated visit.

D3-10. Special Site Visits

(Commission on Accreditation, November 2001; updated April 2005)

In certain cases, the Commission may request an invitation from a program for a special site visit. The special site visit is viewed by the Commission as an opportunity to interact directly with the program. It affords the Commission the opportunity to collect information as to the program's operation and to address questions that are not fully answered by the record before the Commission. In that regard, special site visits are intended to be beneficial to both the Commission and the program. A special site visit team may include one or more members of the Commission, or other individuals selected by the Commission.

Examples of special site visits include, but are not limited to cases in which:

- Further clarification is needed
- Closer monitoring is needed
- A complaint warrants further examination

See Section 3.1.1 of the *Accreditation Operating Procedures*.

D3-11. Site Visit Team Composition
(Commission on Accreditation, March 2003)

The Secretary of the U.S. Department of Education requires that an accrediting body shall have...

602.15 (a) (4) Educators and practitioners on its evaluation, policy, and decision-making bodies, if the agency accredits programs or single-purpose institutions that prepare students for a specific profession.

In accordance with this standard for recognition, the Commission will require that each doctoral and internship site visit team have a designated visitor who represents the educational perspective and one representing the practice perspective. The designated educator will be a psychologist who regularly engages within his/her professional role in teaching and training in psychology. The designated practitioner will be someone who holds appropriate licensure or certification and regularly engages within his/her professional role in the delivery of psychological services to individuals, families, groups, or communities.

D4. Regulations related to Commission on Accreditation decision making process

D4-1. CoA Executive Committee

(Commission on Accreditation, October 1998; revised November 2003; January 2007; July 2007)

Effective January 1, 2008-December 31, 2008

There will be an Executive Committee appointed by the CoA Chair to act for the CoA between meetings on accreditation matters other than the making of program decisions as outlined in Section 4 of the *Accreditation Operating Procedures*. Members of the Executive Committee will be selected to represent the diversity of constituent groups responsible for nominating members of the CoA. The Executive Committee will include at least one member each in his/her first, second, or third year of the CoA, as well as the Associate Chairs for Program Review and Quality Assurance who are elected to facilitate CoA business.

D4-2. Appearances before the Commission on Accreditation
(Commission on Accreditation, February 1979)

Individuals wishing to discuss a Commission action involving a particular program must use the appeal process, which is the proper arena for such discussion. Individuals desiring input into the Commission's discussion should first meet with the accreditation staff. This does not preclude, however, the Commission from asking a representative to appear under circumstances where the Commission decides that needed information can be obtained only by this means.

D4-3. Full Disclosure of Numerical Vote
(Commission on Accreditation, January 1982)

The CoA will not report to programs the votes on final accreditation. The CoA is one whole body which makes final accreditation decisions based on its overall professional judgment, rather than individual members recording their independent votes on a program.

D4-4. Accredited, on Probation Status: Uses and Time Frame

(Commission on Accreditation, October 1998; updated January 2001; April 2005)

According to Section 4.2 (b) of the *Accreditation Operating Procedures*, “accredited, on probation” status designates a program which, in the CoA’s professional judgment, is not operating in a manner consistent with the G&P. Section 4.2 (b) also states that programs on “accredited, on probation” status are given a set time period in which to correct these deficiencies; this interval is defined in Section 4.4 as being no less than one year and no more than two years after the program’s most recent site visit. The time frame for the probationary status also will be calibrated according to the effective date of the decision, which is the date of adjournment of the CoA meeting in which the decision was made (Section 4.6). For internship programs, this period will be no longer than one year after the effective date of the decision; for doctoral programs, the period will be no longer than two years after the effective date. These time frames are stipulated by the U.S. Secretary of Education in the regulations for the Secretary’s recognition of accrediting agencies.

D4-5. Monitoring of Programs on “Accredited, Inactive” Status
(Commission on Accreditation, July 20007; revised April 2005; October 2007)

Inactive Programs:

According to Section 4.2 of the *Accreditation Operating Procedures*, a doctoral program that has not admitted students for two successive years or an internship or postdoctoral residency program that has no funded interns/residents in a given training year may be placed on “accredited, inactive” status. Such status is granted by the Commission on Accreditation (CoA) for a period of one year at a time. The CoA will receive annual updates from the program and will determine the date of the next site visit on a case-by-case basis. A program on “accredited, inactive” status must pay its annual accreditation fees.

For programs requesting an extension of inactive status beyond one year, the CoA will request that the program provide the additional relevant domain-related information with the program’s annual report or via correspondence at a set renewal date.

Doctoral Programs:

Doctoral programs not admitting students for two consecutive years are viewed as systematically “Phasing Out” of the program. A program that has notified the CoA that it is in the process of closing will be monitored through the use of annual updates on each student’s progress through the program and information regarding the adequacy of program support and resources for those students in the program. Therefore, upon notification of the program’s phasing out, the CoA will request from the program detailed information about the phase out plan and will determine a time certain for a receipt of a focused self-study and site visit based upon the date of the most recent site visit. This will be done to ensure the quality of the program for students matriculating during the phase out process. Based on the provided phase out plan, the CoA will also establish an end date for program accreditation.

Doctoral programs not accepting students for one year need to notify the CoA about that decision as a substantive change (see Implementing Regulation C-19).

A doctoral program that has been “accredited, inactive” that wishes to seek accreditation as an active program must submit a self-study for review when it again has students at all levels of matriculation (see Implementing Regulation D1-1).

Internship and Postdoctoral Residency Programs:

Internship and postdoctoral residency programs need to notify the CoA about the decision to be inactive for a year. The program cannot accept any interns/residents for the year of “inactive” status. Since inactive status is approved on an annual basis, the program will need to seek inactive status each year.

Domain C: Program Resources for Internships in the *Guidelines and Principles for Accreditation* states:

3. *The program has the necessary additional resources required to achieve its training goals and objectives. The program works with the administration of the sponsor institution to develop a*

⁷ This policy subsumes and replaces the Implementing Regulation “Systematic ‘Phasing Out’ of Old Programs,” July 1997.

plan for the acquisition of those additional resources that may be necessary for program development. These should include:

- (a) Financial support for its intern stipends, staff, and training activities;*

Domain C: Program Resources for Postdoctoral Residency Programs in the *Guidelines and Principles for Accreditation* states:

- 5. *The program has the additional resources necessary to achieve its training goals and objectives. The program works with the administration of the sponsor institution to develop a plan for the acquisition of those additional resources that may be necessary for program development. The resources include:*
 - (a) financial support for resident stipends, training supervisors, and training activities, consistent with the standards of the advanced substantive traditional or specialty practice area in which the program provides its training;*

Therefore a program with "accredited, inactive" status CANNOT ADMIT AN INTERN/RESIDENT.

**D4-6. Protection of Students in Programs Before Accreditation Status Is Awarded and
After Accreditation is Revoked**

(Committee on Accreditation, March 1997; revised October 2000)

Although the *Accreditation Operating Procedures* specifically define effective dates for initial accreditation and revocation of accreditation, the issue of “protection” of students who complete their programs before accreditation status is granted or after accreditation is revoked is one that is frequently raised with CoA members and Program Consultation and Accreditation staff.

Because the CoA’s responsibility for accreditation extends to programs and not individuals, such accreditation “protection” for students completing programs (the CoA considers a student to have completed his or her program as of the date recorded on the official transcript that indicates that all degree requirements have been completed) prior to or after the period of accreditation cannot be predated or extended. Programs are requested to refer interested parties to the *Operating Procedures*.

D4-7. Thresholds for Student Achievement Outcomes in Doctoral Programs

(Commission on Accreditation, July 1999; revised July 2000; January 2001; February 2005; October 2008)

Thresholds for “acceptable performance”⁸ by accredited doctoral programs in professional psychology are set forth in the Commission on Accreditation’s *Guidelines and Principles for Accreditation of Programs in Professional Psychology* (G&P). In that document, the following minimum standards of performance are defined as characteristic of accredited doctoral programs regardless of program model:

- A program’s purpose must be within the scope of the accrediting body and must be pursued in an institutional setting appropriate for the education and training of professional psychologists.
- A program will have a clearly specified philosophy of education and training, compatible with the mission of its sponsor institution and appropriate to the science and practice of psychology. A program’s education/training model and its curriculum plan will be consistent with this philosophy. The program will ensure the development of competencies as delineated for doctoral programs.
- A program will have resources (physical, financial, human) of appropriate quality and sufficiency to achieve its education and training goals and objectives.
- A program will recognize the importance of cultural and individual differences and diversity in the training of psychologists.
- A program will have education, training, and socialization experiences characterized by mutual respect and courtesy between faculty/staff and students and will operate in a manner that facilitates educational experiences.
- A program will engage in self-study, which assures that its goals and objectives are met, enhances the quality of professional education and training, and contributes to the fulfillment of its sponsor institution’s mission.
- A program will provide written materials and other communications that appropriately represent it to the relevant publics.
- A program will fulfill its responsibilities to the CoA by abiding by its published policies and procedures; informing the CoA in a timely manner of program changes; and paying all fees associated with its accredited status.

To assist the CoA in determining whether a program’s performance is acceptable, thresholds for program operation have been developed. All thresholds are developed from data obtained from doctoral programs in their annual reports; hence, they represent, as closely as possible, the state of the field and provide a mechanism by which programs may be compared with one another. These thresholds will be reviewed periodically and revised as appropriate.

The thresholds are designed to provide the CoA with assistance in general assessment of whether a given program is operating in a manner consistent with the G&P. While the thresholds provide the CoA with guidelines, each program will be expected, as a result of its goals and procedures for assessment, to provide information and evidence regarding the minimal level of achievement it requires for students to progress satisfactorily through and graduate from the program (Domain B). Each program also bears the

⁸ As required by Section 602.16 (a)(1)(i) of the Criteria for Recognition by the U.S. Secretary of Education, which stipulates that accreditors will have standards addressing “success with respect to student achievement in relation to mission, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates.”

burden of proof in demonstrating (a) that its outcomes are consistent with its model and goals and (b) that the outcomes are consistent with the G&P.

The Program Achievement Thresholds

(Will be reviewed periodically and revised as appropriate)

- **Number of years to complete program:** In general, the CoA expects that most students will complete their doctoral programs in not less than 3 years nor more than 7 years. The thresholds will be based on three years of annual report data. The CoA will look at data on any program that has either a mean of more than 7.5 years to completion or a median of greater than 7.0 years to completion over the three years.
- **Percent of students leaving a program for any reason:** In general, the CoA expects that 5% or fewer of a given program's students will leave the program in a given academic year. CoA will look at data on any program that has a mean of over 5% attrition of students based upon a three year period.
- **Percent of students accepted into an internship⁹:** In general, the CoA expects that, in the substantive areas of Clinical and Counseling psychology, of the total number of students in a given program applying for an internship for the following year, at least 75% of those students will be placed into either an CoA/APA accredited, Canadian Psychological Association-accredited, or APPIC member internship.
- **Changes in the number of core faculty as related to the number of students:** At the time of periodic review, in Domain C the CoA examines the sufficiency of core faculty (as defined in Implementing Regulation C-18) for the students in the program. As such, the CoA will examine any changes in student and core faculty numbers that may impact the sufficiency of core faculty to ensure continued program quality. The CoA will look at data based upon the following formula:

$$\frac{(\sqrt{\text{number of students at time 2}}/\sqrt{\text{number of core faculty at time 2}})}{(\sqrt{\text{number of students at time 1}}/\sqrt{\text{number of core faculty at time 1}})}$$

Note: the square root transformation allows CoA to normalize the distribution since the variability in size of programs is skewed.

The CoA will look at programs when this ratio is greater than 1.15.

Beginning in 2009, the Annual Report Online will include a request for licensure information on program graduates.

⁹ Consistent with individual programs' goals and/or competencies associated with their practice area, many school psychology programs require their students to complete all, or a major portion of, their pre-doctoral internships in K-12 school settings. Currently, only approximately 3% of APA-accredited and 2% of APPIC-member internships include K-12 school settings as a major component of their internships. Accordingly, CoA does not apply the threshold for student attainment of APA/CPA-accredited or APPIC-member internships to school psychology programs.

D4-8. Use of Annual Reports for Reaffirmation of Accredited Status and Monitoring of Individual Programs

(Commission on Accreditation, July 2000; revised January 2007; October 2008)

In accordance with Section 2 of the *Accreditation Operating Procedures*, accredited programs are reviewed annually by written report. Annual reaffirmation of a program's accredited status is based upon the CoA's review of the annual report. In the context of that review, the CoA reviews the information and data provided by the program to monitor individual program performance.

The following policy outlines the steps taken in the review of the annual report, consistent with the *Operating Procedures*.

1. All accredited programs are required to enter their data into the Annual Report Online system through a password-protected portion of the accreditation Web site by the designated due date.
2. After all programs have entered their annual report data, staff produces a listing of all programs' "threshold" measures. All measures are compared against the thresholds developed by the CoA and included in Policy D4-7 of the CoA's Implementing Regulations.
3. Individual program data for the current year, or three year summary as outlined in D4-7, is compared with the program's data from the previous year. Differences between years are reviewed using the program's overall size as a baseline, as measured by numbers of students and faculty, in determining the significance of any changes noted.
4. All programs with threshold data not meeting the parameters in D4.7 are identified and brought to the attention of the CoA.
5. All programs that do not submit annual reports by the time of the CoA's reaffirmation of accredited status are identified by office staff and forwarded to the CoA for review and response.
6. All programs that submitted annual reports and were asked subsequent to their last periodic reviews to respond to a "flag" for formal review by the CoA but did not do so are identified by office staff and forwarded to the CoA for review and response.
7. All other program correspondence submitted with the annual reports is reviewed by office staff, including narrative reports the program has been asked to provide in order to demonstrate commitment to ongoing self-study. Major changes and/or program difficulties are noted. If the correspondence indicates problems and/or difficulties, or if there is a question about whether changes and/or difficulties exist, the correspondence is forwarded to the CoA for review and response. All responses to "flags" also are forwarded to the CoA for formal review.
8. The results of the staff reviews/analyses of the annual reports (i.e., outliers, non-submissions, problems/major changes, flags) are discussed by the CoA. If the report is acceptable to the CoA and the issues raised in the review are determined by the CoA to pose no questions about the program's continued consistency with the G&P, the program's report is accepted and accreditation is reaffirmed. This occurs typically at the CoA's fall meeting.
9. As noted in Section 2.1 of the *Accreditation Operating Procedures*, if the report is not complete or raises questions about the program's continued consistency with the G&P, the CoA may, at any time,

request additional information or request an invitation for a site visit. Such action may take one of the following forms:

- Defer reaffirmation pending receipt of additional information from the program
- Defer reaffirmation pending a special site visit
- Defer reaffirmation and request that the program invite the CoA to conduct the program's regular site visit earlier than originally scheduled
- Reaffirm but ask the program to provide information in its next annual report

10. If staff determines that no review is needed by the CoA (i.e., no problems or concerns), the program's report is accepted by the CoA and accreditation is reaffirmed. This occurs typically at the CoA's fall meeting.

11. Notice of reaffirmation is made over the CoA's Web site and in printed materials as appropriate. All programs from which more information or further action is required are notified by letter. In addition, any program that provided a response to a "flag" is notified by letter of the outcome of the review.

D4-9. Addressee and Distribution of CoA Decision Letters
(Commission on Accreditation, July 2000; revised July 2006)

Consistent with the Council of Higher Education Accreditation (CHEA) policy statement regarding the need for accreditors to keep institutional executives appropriately informed at all stages of the review process, the CoA will address any correspondence that provides the results of a CoA vote on the accreditation status of a program (e.g., decision letters, review of a response to a “flag”) to the president/CEO of the institution, with a copy of that letter to the training director and to other administrators with responsibility for the program. In the case of doctoral training programs, the CoA expects the content of such correspondence to be shared with current core faculty and students, and in the case of internship and post-doctoral programs, with current core supervisors and interns/residents.

This is in accordance with Domain G of the *Guidelines and Principles for Accreditation of Programs in Professional Psychology* for doctoral, internship, and postdoctoral programs:

The program demonstrates its commitment to public disclosure by providing written and other communications that appropriately represent it to the relevant publics.

The CoA also recognizes the vital role site visitors play in the accreditation process and the need for continuing feedback to the site visitors about their participation in the accreditation process. Therefore, the CoA provides the program’s visiting team with a copy of any letters generated by the CoA in the decision-making process (including, but not limited to, letters requesting more information and the final decision letter).

Site visitors are informed about the program review process, as well as about confidentiality and sensitivity issues in relation to receiving information about the CoA’s decisions. Therefore, they are asked to read and destroy their copies of such letters. All programs being reviewed for initial or continuing accreditation are informed of this policy at the time they are assigned to a review cycle.

Letters of an informational nature will be addressed directly to the training director.

D4-10. Multiple Campuses

(Commission on Accreditation, July 2001)

If a program wants to demonstrate that it constitutes a single program in multiple sites for purposes of accreditation, the burden of proof is on the program to demonstrate that the programs at different campuses are fundamentally and substantially equivalent in all aspects of training including but not limited to the following:

- Curriculum
- Requirements and policies
- Practica, internship, and other student training opportunities
- Access to faculty who serves as appropriate role models for students in learning and socialization into the discipline and profession
- Resources

Programs with the same core faculty across satellites/sites are expected to have fewer significant site effects differences, and thus more likely to be able to demonstrate fundamental and substantial equivalence.

D5. Regulations related to appeal procedures ¹⁰

D5-1. APA Accreditation Appeal Panel Hearing Procedures
(Board of Educational Affairs, October 2000)

1. General Information

You will soon be participating in a hearing during which a decision of the APA Commission on Accreditation is being appealed. We thought it would be helpful to provide you with some background information about the nature of the hearing and the roles of various participants.

2. Nature of Hearing

The conduct of the hearing is relatively informal. Besides the members of the hearing panel, present at the hearing are at least one member of the Commission on Accreditation who serves as its advocate, representatives of the Appellant Program, staff members of the Office of Program Consultation and Accreditation who are present in an advisory role, and APA legal counsel. You may be accompanied by counsel, as may CoA. The goal of the hearing is to provide a meaningful forum for an appeal so that the appellant is accorded the basic right of fundamental fairness and the right to be heard.

3. Role of APA Attorney

APA's legal counsel will attend the hearing. In addition to advising APA, counsel has responsibility to assure compliance with the *Accreditation Operating Procedures* and may resolve legal or procedural issues or advise the panel regarding those issues. As part of counsel's responsibility to assure compliance with the Procedures, legal counsel may resolve any issues concerning the admissibility of evidence. Although the evidentiary record is not limited to formal evidence that would be admitted in a court of law, counsel will enforce the requirement that only facts or materials that were before the CoA at the time of its final decision may be considered by the panel. Counsel can meet or confer with the panelists privately before, during or after the hearing for the purpose of fulfilling counsel's responsibilities, or advising the panel regarding legal or procedural issues, but will not participate in the panel's substantive deliberations.

4. Function of the Hearing Panel

The issues at the hearing are limited to those findings upon which the Commission based its decision. The procedural and substantive grounds for challenging the Commission's decisions are limited to those stated in the program's appeal letter.

Only the facts or materials that were before the CoA at the time of its final decision may be considered by the panel. Facts which were not before the Commission at the time of its decision or which came into existence subsequent to the Commission's decision are inadmissible (and any reference to such facts must be disregarded). The program may, however, provide clarifying arguments such as those in briefs, appeal statements, or demonstrative exhibits which clearly relate to the factual record that was before the Commission at the time of its decision.

The program will be provided a final listing of the record before the Commission and a copy of the record

¹⁰ Because appeals are handled by the Board of Educational Affairs (BEA), policies in section D5 are BEA policies.

at least 30 days before the date of the appeal hearing. If the program objects to the record or wishes to refer to any fact or material not included in that record, it must notify the Office of Program Consultation and Accreditation at least 15 days prior to the hearing so that the issue can be resolved by APA's legal counsel.

5. Standard of Review.

The Commission's decision should be affirmed unless (a) there was a procedural error and adherence to the proper procedures would dictate a different decision; or (b) based on the record before it, the Commission's decision was plainly wrong or without evidence to support it. The appeal panel will not substitute its judgment for that of the Commission merely because it would have reached a different decision had it heard the matter originally.

6. Decision Options of the Panel.

The appeal panel has the options of: (a) Upholding the CoA decision; or (b) returning the matter to the Commission for reconsideration of its decision in light of the panel's ruling regarding procedural violations or substantive errors.

7. Hearing Procedures

The order of presentation at the hearing is as follows:

- a. The Program presents first.
- b. The Representative of the Commission on Accreditation presents next.
- c. The Program has the opportunity to present a final rebuttal to the Commission's presentation.
- d. The Commission representative may offer a rejoinder to the Program's rebuttal, provided that the program has an opportunity to present a final rebuttal.

8. Written Decision

Within 30 days of the hearing, the panel will prepare a report that will state its decision and the basis of that decision based on the record before the panel.

9. Ex parte Communications

The panel will avoid ex parte communications by adhering to the following requirements:

- a. Only information submitted to the panel for the hearing or in prehearing submissions furnished to both sides shall be considered by the panel in arriving at its final decision.
- b. Parties, or their advocates, shall not communicate with the panel about the appeal outside of the hearing room.
- c. Panel members not respond to phone calls or letters from any parties, APA members, or any other persons concerning the appeal hearing or the panel's deliberations or its ultimate decision prior to or following the hearing itself.

These requirements do not foreclose APA's Legal Counsel from performing the functions described above.

D5-2. Accreditation Appeal Hearing Voir Dire Procedures
(Board of Educational Affairs, 2002)

Upon its selection of three panel members from the list of six candidates provided by the Board of Educational Affairs, appellant programs will be afforded the opportunity to question the selected panel candidates through a voir dire process. The steps in this process are as follows.

1. The voir dire will be carried out by telephone conference with each proposed candidate separately at a prearranged time convenient to the program or its representative, the APA's representative (legal counsel), and the proposed appeal panel candidate.
2. In advance of the conference call, the program or its representative should submit in writing to the Office of Program Consultation and Accreditation a comprehensive list of questions that it wishes to ask each selected candidate. The program should also advise the Office at that time of some alternate times of the program's availability for the conference calls. Upon receipt of this information APA legal counsel will review the proposed questions for appropriateness to the voir dire process and advise the program of any deletions. The final arrangements for each telephone conference call will be communicated to the program. Questions will be limited to those that are directly probative of whether the panel member has bias or conflict of interest regarding the program; other questions will not be permitted.
3. Each conference call should last no more than thirty minutes. To begin the call, APA legal counsel will propound the questions that have been approved. The program or its representative will have the opportunity, after approval by APA legal counsel, to ask follow-up questions of each candidate within the scope of the approved questions. APA legal counsel will then be provided an opportunity to ask questions of each candidate as well. An APA staff person will be on the call for administrative support, but will not participate otherwise. Each conference call will be recorded, copies of which will be available to the program upon request.
4. Following completion of the telephone conference calls, the program will be afforded a time certain by which to notify the Program Consultation and Accreditation Office in writing of any objection it poses with regard to one or more of the proposed candidates and the basis for such objection. APA legal counsel will rule on any such objections.
5. Should APA legal counsel decide that it is appropriate to substitute a new panel member, the program may select a new panel member from the remaining list of candidates originally provided by the Board of Educational Affairs. Under that circumstance, the voir dire process would be repeated with respect to any new panelist, if requested by the program. In such an event, an alternative date for the hearing convenient to all parties might also have to be set.

D6. Regulations related to the filing of complaints

D6-1. Time Frame for Review of Complaints against the Actions of Accredited Programs (Commission on Accreditation, October 1998)

Section 6.1 of the *Accreditation Operating Procedures* outlines procedures for filing of complaints filed against the actions of accredited programs and for the CoA's response to such complaints. The following procedure augments the complaint process and outlines time frames for acknowledgment of the complaint and action by the CoA.

1. Receipt of a complaint meeting the requirements set forth in Section 6.1.1 of the complaint procedure will be acknowledged in writing by the Office of Program Consultation and Accreditation within 30 days of receipt. The complaint will be forwarded to the program for its response at the same time that acknowledgment of receipt is forwarded to the complainant. As specified in the procedure, the program will be given 30 days to respond.
2. The CoA will review the complaint at its first regularly-scheduled meeting held after the receipt of the program's response, taking whatever action is deemed appropriate as set forth in Section 6.1.3 of the complaint process.

D6-1(a). Processing and Review of Complaints against Accredited Programs

(Commission on Accreditation, January 2001)

When a complaint against an accredited program is received by the Office of Program Consultation and Accreditation, Office staff will review the complaint materials to ensure that the complaint meets the requirements set forth in Section 6.1.1 of the *Accreditation Operating Procedures*. In accordance with Section 6.1.2 of the *Procedures*, a complaint meeting those requirements will be acknowledged in writing by the Office of Program Consultation and Accreditation within 30 days of receipt and will be sent to the program at the same time that acknowledgement of receipt is forwarded to the complainant. The program will be given 30 days to respond.

Upon receipt of the program's response, a program complaint review subcommittee, appointed by the CoA chair, will be charged with the review of the complaint and the program's response to the complaint. Based upon its review of the complaint, the subcommittee will develop a recommendation for action by the full CoA in accordance with the procedures and time frame specified in Section 6.1.3 of the *Procedures*.

D6-1(b). Procedures for Complaint Reviews

(Commission on Accreditation, November 2001; revised January 2003)

Below are procedures for the review of complaints by the Complaints Committee.

1. When complaints are available for review the Accreditation Office staff liaison forwards the list of programs with pending complaints to the CoA Complaints Committee Chair.

1a. For those complaints against a program to be reviewed at the upcoming CoA meeting, the complaint review will proceed concurrent with but independent of the program review so that these reviews do not influence each other. (Since all complaints are presented to and disposed of by the full CoA before the full CoA acts on program reviews, complaints against programs that are on the CoA agenda are disposed of before program reviews are discussed and voted on by the full CoA.)

2. The Committee Chair checks with other committee members for any conflicts of interest and makes review assignments to avoid any conflicts. A primary and secondary reviewer are assigned to each complaint.

2a. For complaints against programs which are to be reviewed at the upcoming CoA meeting (see 1a. above), none of the reviewers on the complaint should be assigned to the program review. In order to avoid assigning programs to those conducting a complaint review it will be necessary for the Accreditation Office staff liaison in charge of complaints to inform the CoA member doing program assignments of the program complaint assignments. (This requires that complaint review assignments be made prior to the program review assignments, at least six weeks in advance of the upcoming CoA meeting.) Further, if a complaint reviewer happens to be on the panel on which the program is being reviewed, the complaint reviewer should remove him/herself from the discussion.

3. The primary and secondary reviewers do an independent review and then confer on their conclusions until they reach a consensus. In the event that they are having difficulties reaching a consensus, a third reviewer can be assigned to the complaint. When the reviewers reach consensus, the primary reviewer drafts a summary. The summary should include: a) a brief description of the nature of the complaint; b) the reviewers' general conclusions about the complaint; and c) the reviewers' recommendations for disposition and any action. This summary should be in a form that will allow ease of reporting to the CoA at the meeting and should also be composed so that the sections can serve as text for letters. (That is, after the complaint process is concluded a letter will be sent to both the party submitting the complaint and the complainant. It will include a brief description of the complaint, the conclusions about the complaint, and CoA recommendations for disposition and any action.)

4. The primary reviewer presents the complaint review, including a brief description, the reviewers' conclusions, and the recommended disposition and any action at the full CoA meeting. All complaints should be presented to the full CoA and disposed of before program reviews are discussed and voted on by the full CoA.

4a. *Accreditation Operating Procedure* 6.1.3 stipulates that the CoA may act upon a complaint in any of the following ways: a) request an invitation for a special site visit to investigate the complaint; b) request additional information from the program; c) send an educative letter to the program, the complainant, or both; d) notify the program that no action is required by the program, or e) such other action as, in the judgment of the CoA, is appropriate under the circumstances.

5. Once the CoA has acted on the complaint recommendation, the primary reviewer should revise the summary write-up as needed and prepare the text of the letters to go out to the party submitting the complaint and the complainant. The primary reviewer should have the secondary (and third, if appropriate) reviewer approve the letter drafts. (If a third reviewer was assigned, that reviewer should also be consulted.) Once approved by the reviewers, these letters should be forwarded to the Accreditation Office staff liaison who will have a final review conducted by CoA Chair before the letters are mailed out.

6. Once the letters have been mailed, the Committee Chair will notify reviewers that the complaint review process is considered concluded, and the reviewers may discard the complaint materials.

D6-2. Ethics Committee/Commission on Accreditation Joint Statement
(APA Ethics Committee/Commission on Accreditation, April 2005)

Adherence to the APA Ethics Code is an expectation of APA accredited programs. Nevertheless, psychologists acting within an accredited educational or training program occasionally engage in behavior that is potentially a violation of the APA Ethics Code. When this occurs, it is possible that both the Ethics Committee and the Commission on Accreditation would have jurisdiction relevant to a particular matter. The purpose of this memo is to clarify the jurisdiction of each committee.

The APA Ethics Committee has jurisdiction over “individual members (to include fellows), associate members, and applicants for membership in the American Psychological Association.” (Ethics Committee Rules and Procedures, 2001, Part II, section 5.1). The Ethics Committee reviews all complaints filed against individual members of APA. For the Ethics Committee to have jurisdiction, complaints must be attributable to a member’s identifiably individual behavior, as opposed to the behavior of a group or program.

The APA Commission on Accreditation has jurisdiction over the accreditation of academic and training programs. If a charge of unethical behavior extends beyond the behavior of a particular individual to involve a training program, the Commission on Accreditation may assert jurisdiction. Such jurisdiction extends only to the possible lack of program consistency with the *Guidelines and Principles for Accreditation of Programs in Professional Psychology* by an accredited educational or training program; it is not the province of the Commission to adjudicate disputes between individuals and programs or ethical complaints registered about individuals.

In certain instances, both the Ethics Committee and the Commission on Accreditation may have jurisdiction over a matter. In that case, complaints filed with both committees will be reviewed by the respective groups. In cases where one committee has jurisdiction but the other does not, complainants will be so informed and provided information for filing a complaint with the relevant committee.

D7. Regulations related to procedures for third-party testimony

D7-1. Third-Party Testimony Policy/Unsolicited Information Received About Accredited Programs
(Commission on Accreditation, 1997; updated April 2005)

The Office of Program Consultation and Accreditation receives, on occasion, unsolicited information regarding accredited or applicant programs. Office staff will communicate to those offering such information that presently only two options exist to convey to the CoA information regarding an accredited program: either the filing of a formal complaint or the provision of third-party testimony. Procedures for filing a complaint/providing third-party comments will be forwarded to those submitting unsolicited information in accordance with sections 6 and 7 of the *Accreditation Operating Procedures*.

D8. Regulations related to confidentiality and disclosure of information used in the accreditation process

D8-1. Confidentiality and Public Disclosure of Information
(*Accreditation Operating Procedures*, Section 8; revised October 2004)

An annual list of the status of accredited programs and the year of each program's next scheduled site visit will be published in the *American Psychologist*, and an annual list of all accreditation decisions as defined in AOP 4.2 made by the CoA and voluntary withdrawals from accredited status will be published in the accreditation newsletter. An updated list that includes changes in status or new programs since the previous annual list will be published midyear. In addition, after each meeting of the CoA, the published lists of accredited programs will be updated as necessary by an addendum of all accreditation decisions as defined in AOP 4.2 and voluntary withdrawals from accredited status, the CoA will make public notice of such decisions and actions no later than 30 days after the meeting, the Department of Education will be notified of such decisions and actions, and the decisions and actions will also be available through other means as appropriate.¹¹

In the case of programs for which appealable decisions have been reached and the time for submitting an appeal has not run, the CoA will note that the decision is appealable. If an appeal has been filed, the CoA will note that the decision is under appeal. The CoA will share the accreditation status of programs with regional and specialized accrediting bodies, the public, and state licensing boards, as appropriate.

The CoA will notify the U.S. Department of Education of any accredited program that the CoA has reason to believe is failing to comply with financial aid responsibilities as outlined in Title IV of the Higher Education Act, or any purported fraud and abuse by accredited programs, and its reasons for such concern. The CoA also will take action to correct in a timely manner any incorrect or misleading information released by an accredited program about the accreditation status of the program, the contents of the site visit report, and the CoA's accrediting actions with respect to the program.

In addition, the Office of Program Consultation and Accreditation will make any additional disclosures required by the U.S. Department of Education and in those instances when the CoA is legally required to disclose such information.

All other information, and the records used in accreditation decisions, will be kept confidential by the CoA.

¹¹ For the most current information on accredited program status, please consult the lists of accredited doctoral and internship/postdoctoral programs on the CoA's Web site at <http://www.apa.org/ed/accreditation>.

D8-1(a). Timeframe for Public Notice of Adverse Decisions and Voluntary Withdrawals
(Commission on Accreditation, April 2007)

In accordance with Section 8 of the *Accreditation Operating Procedures* (AOP), the Commission on Accreditation (CoA) provides a list of all currently accredited programs, as well as a list of those programs applying for initial accreditation, on its Web site.

The CoA has a responsibility to provide the public with accurate information regarding the current accreditation status of programs. This information is pertinent to students for the purpose of making informed decisions about entering programs. There are 4 instances that involve notifying the public that a program is being removed from the CoA Web site:

Final Adverse Decisions

Implementing Regulation D8-2 addresses policies for informing the public of adverse accreditation decisions.

Programs Deemed to have Withdrawn from Accreditation

The CoA has the authority to delete a program from the list of accredited programs when the CoA concludes that the program is no longer in existence, in accordance with the policies listed in AOP Section 2.3. The CoA Web site will list such programs as being deemed to have withdrawn along with the effective date of such status.

Voluntary Withdrawals from Accreditation

An accredited program may withdraw from accredited status by providing the CoA with notice of its intent in writing (see AOP Section 2.3). The CoA Web site will include the names of any programs voluntarily withdrawing from accredited status along with the date such withdrawal is effective.

Voluntary Withdrawal of Initial Application

Programs applying for initial accreditation have the option of withdrawing their applications at any time prior to the final decision by the CoA (see AOP Section 1.3). As the CoA provides a public list of programs submitting applications for initial accreditation, it will also publicly indicate the final status of those applications. When programs voluntarily withdraw their applications for accreditation, the CoA Web site will note those applications as voluntarily withdrawn.

In each of the above cases, the CoA will provide appropriate public notice of the program's status prior to removing it from the list of accredited programs or from the list of applicants. Programs in any of these categories will remain listed on the CoA Web site for 1 calendar year beyond the effective date of such status.

In the case of programs voluntarily withdrawing, being deemed to have withdrawn, or having their accreditation revoked, this status will also be listed in the following December's edition of the *American Psychologist*. These policies are intended to keep the public informed about the accurate status of accredited programs, as well as to provide a historical record of accredited programs for use by licensing and credentialing bodies.

D8-2. Procedures for Notification of CoA Actions in Accordance with the Secretary of Education’s Standards for Recognition of Accrediting Agencies
(Commission on Accreditation, October 1997; revised October 2004)

This implementation procedure outlines the steps that will be taken by the CoA, consistent with the Secretary’s requirements and with Section 8 (Confidentiality and Public Disclosure of Information) of the CoA’s *Accreditation Operating Procedures*, to provide information on CoA activities, actions and decisions to the Secretary, State agencies, other accrediting agencies, and the public.

1. Information to the U.S. Department of Education (USDE)

| Item | Appropriate Section Reference in USDE Regulations | How Often and/or When |
|---|--|---|
| Lists of Accredited Programs | 602.27(b) | Annually (when published, usually January) |
| CoA annual report (contains the CoA’s accrediting actions as defined in AOP 4.2 for that year) | 602.27(a) | Annually (when published) |
| Summary of CoA’s major accrediting activities during previous year (annual data summary) | 602.27(c) | If requested |
| The name of any accredited program that the CoA has reason to believe is failing to comply with Title IV, HEA program responsibilities or is engaged in fraud or abuse, and the CoA’s reason for such concern | 602.27(e) | As needed |
| Notification of any proposed change in policies, procedures, or accreditation standards that might alter the CoA’s scope of recognition or compliance with the criteria for recognition | 602.27(d) | As needed |
| Notification of decision to award initial accreditation or decision to renew accreditation | 602.26(a)(1), and (a)(2) | No later than 30 days after decision |
| Final ¹² decision to deny or revoke accreditation, or place program on “accredited, on probation” status | 602.26(b)(1), and (2) | At same time program is informed, but no later than 30 days after decision is final |

¹² The term “final” as used throughout this Implementing Regulation encompasses the following: In the case of appealable decisions (denial, probation, or revocation), the CoA’s accreditation decisions become final either (1) 30 days after the program is notified of the CoA’s decision and the program elects not to appeal, or (2) if the program elects to appeal the decision, after receipt of the appeal panel report if the appeal panel upholds the CoA’s decision.

| Item | Appropriate Section Reference in USDE Regulations | How Often and/or When |
|--|---|---|
| All accreditation decisions as defined in AOP 4.2 with appeal status | Per request of the Department of Education | No later than 30 days after the CoA meeting in which the decision is made |
| Program decision to withdraw voluntarily from accreditation | 602.26(e)(1) | No later than 30 days after notification is received by the CoA |
| Program decision to allow accreditation to lapse | 602.26(e)(2) | No later than 30 days after date on which accreditation lapses |
| Brief statement summarizing the reasons for denial or revocation of a program's accreditation/ program's comments on action (if any) | 602.26(d) | Upon request, no later than 60 days after decision is final |

2. Publicly-Available Information

The following information is available in printed form to all interested parties. Items marked with an asterisk (*) also appear in electronic form on the CoA's Web site (www.apa.org/ed/accred.html).

- Current lists of accredited internship and doctoral programs*
(NOTE: Supplements to the printed lists, published 30 days after each CoA meeting, provide updates on accreditation status, including newly-accredited and reaccredited programs, programs voluntarily withdrawing, and all accreditation decisions as defined in AOP 4.2 by the CoA.. The lists maintained on the Web site are updated within 30 days after each CoA meeting and also incorporate all accreditation decisions made by the CoA).¹³ Final decisions to deny or revoke accreditation or place a program on "accredited, on probation status" will be updated within 24 hours of notice to the program.
- Program review cycles for current year*
- Accreditation Guidelines/Principles and Procedures*
- List of current CoA members and institutional affiliations*
- Important accreditation dates for the current year, including CoA meeting dates*
- CoA implementation procedures*
- Statement of reasons for denial or revocation of accredited status, in accordance with CoA procedure for notice of such actions
- In addition to being contained on website and in other published materials, upon request, a program decision to withdraw voluntarily from accreditation 30 days or more after notification is received by CoA
- Upon request, a program decision to allow accreditation to lapse

¹³ In the case of programs for which appealable decisions have been reached and the time for submitting an appeal has not expired, the CoA will note that the decision is appealable. If an appeal has been filed, the CoA will note that the decision is under appeal.

- CoA annual report, which includes lists of CoA members and Program Consultation and Accreditation Office staff; aggregate statistics on accredited programs; CoA activities, including all accreditation decisions as defined in AOP 4.2 for that year and voluntary withdrawals from accredited status; appeal panel pool members; upcoming program review cycles; important accreditation dates; site visitor training workshop dates; and implementation procedures

3. Information to State Licensing Boards

All state psychology licensing boards will receive the following:

- Updated list of accredited doctoral and internship programs (annually, in January)
- Updated Accreditation Guidelines/Principles and Procedures (following publication of updated versions)
- CoA annual report (annually, when published)

4. Information to Other Accrediting Agencies

All accrediting agencies that are currently or were previously recognized either by the Secretary of Education or the Commission on Recognition of Postsecondary Accreditation (CORPA)/Council on Higher Education Accreditation (CHEA); and/or are members of the Association of Specialized and Professional Accreditors (ASPA), will receive the following information:

- CoA annual report (annually, when published)
- Updated list of accredited doctoral and internship programs (annually, in January)
- Updated Accreditation Guidelines/Principles and Procedures (following publication of updated versions)

In addition, the regional or national body that accredits any institution housing a program and the State agency that authorizes that institution (doctoral program only) will be notified of the CoA's action with regard to that program, as follows:

- CoA decisions to award initial accreditation or renew accreditation: no later than 30 days after decision
- Final decisions of "accredited, on probation" status or denial or revocation of accreditation: at the same time the program is informed but no later than 30 days after decision becomes final
- The reasons for denial or revocation of accreditation in accordance with Implementing Regulation 8-4.
- Decisions by accredited programs to voluntarily withdraw from accreditation: no later than 30 days after CoA is notified
- Decisions by accredited programs to allow accreditation to lapse: no later than 30 days after the date on which accreditation lapses.
- Upon request, CoA will share with the institutional accrediting agency or State approval agency information about the accreditation status and any adverse action it has taken against such a program.

D8-3. Policy on Regard of Actions by Regional Accreditors and State Agencies

(Commission on Accreditation, October 1998, revised October 2004)

In accordance with Section 602.28(b) and (c) of the criteria for recognition by the U.S. Secretary of Education, the CoA will not grant initial accreditation or renew the accreditation status of a program during any period in which the institution offering the doctoral program is the subject of (1) a pending or final action by a State agency to suspend, revoke, withdraw, or terminate that institution's legal authority to provide postsecondary education; (2) a decision by a recognized institutional accrediting agency to deny accreditation or preaccreditation to it; (3) a pending or final action by a recognized institutional accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or preaccreditation; or (4) probation or any equivalent status imposed by a recognized institutional accrediting agency, unless the CoA provides to the Secretary of Education, within 30 days of its action, a thorough and reasonable explanation consistent with the G&P why the actions of the other body do not preclude its grant of accreditation. If a recognized institutional accrediting agency takes adverse action with respect to the institution offering the program or places the institution on public probationary or equivalent status, the CoA will promptly review its accreditation of the program to determine if it should take adverse action against the program (see below).

Consistent with Domain A (Eligibility) and Domain H (Relationship with Accrediting Body) of the G&P, the CoA expects each doctoral program to provide accurate information on its sponsoring institution's accreditation status and to keep the CoA informed of any changes in the program's environment, plans, resources, or operations which could affect program quality. Therefore, the CoA expects all doctoral programs to inform it of any adverse or potentially adverse actions by the programs' institutional accreditors. The CoA also expects all doctoral programs to inform it of any actions by a state agency that adversely affect the parent institution's accreditation, authority to provide postsecondary education, or authority to award doctoral degrees.

In addition, the CoA will endeavor to collect information on institutional accreditation/state grant of authority, as follows:

Actions by Nationally Recognized Accrediting Agencies. Eligibility for CoA accreditation of a doctoral psychology program is based in part on that program being sponsored by an institution accredited by a nationally recognized regional accrediting body (for programs in the United States). Therefore, the CoA has a vested interest in being informed of adverse or potentially adverse actions by regional accrediting bodies. In order that the CoA may be kept apprised of such actions, it will send a letter on an annual basis to all agencies that accredit institutions in which accredited psychology programs are housed. The letter will invite the agencies to keep the CoA informed of any decisions that affect, or potentially affect, any of the CoA-accredited programs. This letter will accompany the listing of accredited programs, which is forwarded annually to the accrediting agencies outlined in the CoA's "Procedures for Notification of CoA Actions in Accordance with the Secretary of Education's Standards for Recognition of Accrediting Agencies."

Actions by State Agencies. The authority of any accredited doctoral psychology program to provide training and to award a doctoral degree is granted by the state through the institution in which that program is housed. The CoA will monitor developments with regard to changes in institutional authority to provide postsecondary education as granted by state agencies.

When the CoA receives any information, whether from an accredited program or another source, regarding the above adverse actions concerning a sponsoring institution's accreditation or its legal

authority to provide postsecondary education or to award doctoral degrees, it will review any affected programs' consistency with Domains A and H. Based upon its findings, the CoA will determine appropriate action as set forth in Section 4 of the *Accreditation Operating Procedures*, consistent with the Secretary of Education's regulations.

CoA will, upon request, share with a recognized institutional accrediting agency or State approval agency information about the accreditation status and any adverse action it has taken against such a program.

**D8-4. Procedure for Notice of Reasons for Denial or Revocation of Accreditation by the APA
Commission on Accreditation (CoA)**

(Commission on Accreditation, July 1995; revised October 2004)

Section 602.26(d) of the criteria for recognition of the CoA's accrediting activities by the U.S. Secretary of Education states the following:

“For any decision listed in paragraph (b)(2) of this section [i.e., a final decision to deny, withdraw, suspend, revoke, or terminate the accreditation or preaccreditation of an institution or program], [the accrediting agency] makes available to the Secretary, the appropriate State licensing or authorizing agency, and the public upon request, no later than 60 days after the decision, a brief statement summarizing the reasons for the agency's decision and the comments, if any, that the affected institution or program may make with regard to that decision.”

This implementation procedure outlines the steps that will be taken by the CoA, consistent with the Secretary's requirements and with Section 8 (Confidentiality and Public Disclosure of Information) of the CoA's *Accreditation Operating Procedures*.

1. A decision to deny or revoke accreditation is considered final if a formal letter of appeal is not received within the 30-day period following receipt of written notification of the CoA's decision, or if the CoA's decision is upheld by an appeal panel. As required by the U.S. Secretary of Education's criteria for recognition, the Secretary and any other appropriate accrediting agencies are notified at this time, usually by a letter to the Secretary with copies to the other entities and to the program.
2. In addition, once a decision to deny or revoke accreditation is final, a statement to the U.S. Secretary of Education and such other appropriate agencies as required by the Secretary will be drafted, stating the basis of such decision in terms of the domains cited by the CoA and upheld on appeal (if a hearing was conducted). The statement will be forwarded to the program for comment. The program will have 30 days to review the statement and provide written comments to the statement. Representatives of the program will provide signatures to their comments.

The original statement and any program comments will be distributed as required in the recognition criteria (i.e., to the U.S. Secretary of Education and the appropriate state licensing or authorizing agencies, and, upon request, to the public). The statement and comments will be distributed no later than 60 days after the CoA's decision becomes final.

3. In the event that the program does not reply to the request for comment on the statement within the 30-day time period, the statement will be distributed as required, without including comments by the program.

D8-5. Implementation Procedure for Notification by the Commission on Accreditation of Final Decisions of Denial, Revocation, or Probation to the U.S. Secretary of Education, Appropriate State Licensing Agency, and Appropriate Institutional Accrediting Agency
(Commission on Accreditation, October 2000; revised October 2004)

Section 602.26(b) of the regulations for the U.S. Secretary of Education's Recognition of Accrediting Agencies (34 CFR Part 602, effective July 1, 2000) states the following:

[The agency] provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program of the [accreditation] decision, by no later than 30 days after it reaches the decision: (1) a final decision to place an institution or program on probation or equivalent status; (2) a final decision to deny, withdraw, suspend, revoke, or terminate the accreditation or preaccreditation of an institution or program.

This implementation procedure outlines the steps that will be taken by the CoA, consistent with the Secretary's requirements and with Section 8 (Confidentiality and Public Disclosure of Information) of the CoA's *Accreditation Operating Procedures*. For the purposes of this procedure, "appropriate State licensing or authorizing authority" refers to the psychology licensing board of the state in which the program (doctoral, internship, or postdoctoral residency) is located, and "appropriate accrediting agency" refers to the agency responsible for the accreditation of the institution in which the program is housed (doctoral programs only).

The following CoA decisions are governed by this policy: accredited, on probation, denial of accreditation, and revocation of accreditation. Because these decisions are appealable, they do not become final until either (1) 30 days after the program is notified of the CoA's decision and the program elects not to appeal, or (2) if the program elects to appeal the decision, after receipt of the appeal panel report if the appeal panel upholds the CoA's decision. (The appeal panel may also return the matter to the CoA for reconsideration.)

1. When the CoA elects to deny or revoke accreditation, or place a program on "accredited, on probation" status, the affected program will receive two letters. The first letter will communicate the CoA's decision and will be mailed no more than 30 days after the CoA meeting per the *Accreditation Operating Procedures*. The second letter will inform the program that the decision of the CoA has become final and will be mailed either: (1) 30 days after the original notification, if the program elects not to appeal the decision, or (2) as a cover letter to the report of the appeal panel, if the program appeals the decision and the decision is upheld by the appeal panel. (Per the *Accreditation Operating Procedures*, the appeal panel has 30 days to file its report.)
2. The Secretary of Education (or his/her designated Department official), the executive director of the appropriate State licensing agency, and (for doctoral programs) the executive director of the appropriate institutional accrediting agency will be listed as recipients of copies of the letter which communicates that the decision has become final. These individuals, however, will not receive copies of any attachments, such as appeal hearing reports.

SECTION E

SELF-GOVERNANCE AND REGULATION

E1. Miscellaneous procedures

E1-1. Procedure for Program Consultation and Accreditation Office Maintenance of Program Accreditation Records

(Commission on Accreditation, October 1997)

Section 602.15(b) of the criteria for recognition of the CoA's accrediting activities by the U.S. Secretary of Education states the following:

“The agency maintains complete and accurate records of (1) its last two full accreditation or preaccreditation reviews of each institution or program, including on-site evaluation team reports, institution's or program's responses to on-site reports, periodic review reports, any reports of special reviews conducted by the agency between regular reviews, and a copy of the institution's or program's most recent self-study; and (2) all decisions regarding the accreditation and preaccreditation of any institution or program, including all correspondence that is significantly related to those decisions.”

This implementation procedure outlines the steps that will be taken by the CoA, consistent with the Secretary's requirements.

1. An accreditation history will be maintained for each program. This information will include dates of review for accreditation and the final decision resulting from the review.
2. The Program Consultation and Accreditation Office will maintain the following records for each program:
 - a. The program's most recent self-study report.
 - b. The site visit reports and responses from the program's two most recent periodic reviews.
 - c. The decision letters from the program's two most recent periodic reviews.
 - d. Reports of special site visits, and responses from the program, held during the period of the program's two most recent periodic reviews.
 - e. All annual reports submitted by the program following its two most recent periodic reviews.
 - f. All other routine and non-routine correspondence between the program and the CoA/Program Consultation and Accreditation Office following the program's two most recent periodic reviews.
 - g. All correspondence between the program and the CoA/Program Consultation and Accreditation Office pertaining to the program's appeal of an accreditation decision (if any) or complaints filed against the program (if any) that occurred following the program's two most recent periodic reviews.

**E1-2. Groups to Receive Notification of Proposed Changes in the Accreditation
Guidelines and Principles and Operating Procedures**

(Commission on Accreditation, October 1998; revised July 2002; April 2004)

Section 6.d of the “APA Policies for Accreditation Governance” states the following:

“The Commission on Accreditation [CoA] shall be responsible for formulating, promulgating, and implementing accreditation policies, procedures, and criteria following appropriate public notice, public hearings, and approval. Such public notice shall include the members of the Council of Representatives, the Board of Directors, and the Board of Educational Affairs, as well as those persons and programs potentially affected by any proposed changes in accreditation policies, procedures, and criteria.”

In addition, Section 602.21(c) of the criteria for recognition of the CoA’s accrediting activities by the U.S. Secretary of Education states the following:

“If the agency determines, at any point during its systematic program of review, that it needs to make changes to its standards, the agency must initiate action within 12 months to make the changes and must complete that action within a reasonable period of time. Before finalizing any changes to its standards, the agency must (1) provide notice to all of the agency’s relevant constituencies, and other parties who have made their interest known to the agency, of the changes the agency proposes to make; (2) give the constituencies and other interested parties adequate opportunity to comment on the proposed changes; and (3) take into account any comments on the proposed changes submitted timely by the relevant constituencies and by other interested parties.”

As such, regular and systematic review of CoA standards and policies occurs at least once a year at the Commission meeting designated for a policy agenda. If a change to a policy is identified, the Commission will initiate action with 12 months following the policy meeting and will finalize all changes within a reasonable period of time.

Moreover, this implementation procedure identifies the parties to be informed of proposed changes in the CoA’s *Guidelines and Principles for Accreditation of Programs in Professional Psychology (G&P)* and *Accreditation Operating Procedures*, consistent with the requirements as set forth in the preceding documents.

A. Groups that will receive notice of proposed substantive G&P/Operating Procedures changes

1. Governance of the American Psychological Association (APA)

All members of:

- APA Council of Representatives
- APA Board of Directors
- APA Board of Educational Affairs

Current Presidents of:

- APA Division 12 (Clinical Psychology)
- APA Division 17 (Counseling Psychology)
- APA Division 16 (School Psychology)
- APA Division 42 (Private Practice)
- APA Committee on Women in Psychology
- APA Committee on Gay, Lesbian, and Bisexual Concerns

- APA Committee on Minority Affairs
- APA Committee on Disabilities

2. Parties directly involved in the accreditation process

- Training directors of accredited programs
- Accreditation site visitors
- Members of standing accreditation appeal panel pool

3. Psychology groups to which seats on the CoA are formally allocated

- Council of Graduate Departments of Psychology (COGDOP)
- Council of University Directors of Clinical Psychology (CUDCP)
- Council of Counseling Psychology Programs (CCPTP)
- Council of Directors of School Psychology Programs (CDSPP)
- National Council of Schools and Programs of Professional Psychology (NCSPP)
- Association of Psychology Postdoctoral and Internship Centers (APPIC)
- APA Board of Professional Affairs (BPA)
- APA Committee for the Advancement of Professional Practice (CAPP)
- American Psychological Association of Graduate Students (APAGS)

4. Other groups within the psychology community

- Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN)
- Clinical Neuropsychology Synarchy (CNS)
- American Association of State and Provincial Psychology Boards (ASPPB)
- American Board of Professional Psychology (ABPP)
- State Psychology Boards
- State Psychological Associations
- National Register
- Council of Credentialing Organizations in Professional Psychology (CCOPP)
- Council of Specialties (CoS) in Professional Psychology
- Commission for Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP)
- Department of Veterans Affairs Central Office
- Association of Counseling Center Training Agencies (ACCTA)
- Council of Training Councils (CTC)

5. Other groups with an interest in accreditation

- U.S. Department of Education
- Commission for Accreditation of Higher Education (CHEA)
- Association of Specialized and Professional Accreditors (ASPA)
- All accrediting agencies that are recognized either by the Secretary of Education or the Council for Higher Education Accreditation (CHEA); and/or are members of ASPA

B. General Comments on Dissemination

1. All recipients of a notice of proposed changes will be encouraged to disseminate copies of the proposed changes with their members/constituents.

2. In addition to distributing the proposed changes to the groups outlined previously, the Commission on Accreditation will publish a notice of call for comment in *The APA Monitor* and the *Division Dialogue*. The notice will be posted on the Office Web site, along with instructions on how to obtain a copy of the proposed changes. The Commission on Accreditation will also send email announcements to listservs of all APA Divisions, Boards, Committees, and constituent groups.

3. The Commission on Accreditation reserves the right to expand its distribution of proposed changes as may be appropriate in the specific instance. In addition, the Commission will review this list every three years to determine what other groups, if any, should be added for automatic receipt of proposed changes.

E1-3. Commission on Accreditation Policy on Research Studies
(Adopted by the Commission on Accreditation April 1999; revised January 2007)

Inasmuch as the Commission on Accreditation (CoA) has been charged in the “Policies for Accreditation Governance” with the following duties related to research:

- Undertake timely and appropriate self-study analysis of its own objectives, criteria, policies, procedures, and practices
- Conduct evaluative and developmental research appropriate to accreditation

And inasmuch as the CoA has established the following goals of its accreditation program:

- Protect the interests of students
- Benefit the public
- Improve the quality of teaching, learning, research, and professional practice

The CoA has developed this policy on the conduct of research studies. These studies will involve the examination of the reliability and validity of its accreditation guidelines and procedures as well as an examination of individual program characteristics to assess ongoing program consistency with the *Guidelines and Principles*.

In establishing this research policy/plan, the CoA hopes to achieve the following objectives:

1. Ensure overall construct validity of G&P, consistent with the professional principles and values of the profession of psychology:
 - a Broad and general preparation for practice at the entry level
 - b Broad and in-depth postdoctoral preparation for professional practice at the advanced level in substantive traditional practice areas—
focused and in-depth postdoctoral preparation for practice in substantive specialty practice areas
 - c The contribution of science and practice to excellence in training in professional psychology
 - d The right of each program to define its philosophy or model of training and to determine its training principles, goals, objectives, desired outcomes, and methods to be consistent with these, insofar as they are consistent with those generally accepted as appropriate to the profession
2. Ensure validity of the G&P in the measurement of program quality of teaching, learning, research, and professional practice; protection of students; and benefit to public
3. Ensure ability of programs to remain consistent with G&P, both on aggregate and individual program basis
4. Ensure reliability/integrity of accreditation process to achieve other objectives and to ensure fairness to all stakeholders in the process

Plan for Assessing Reliability and Validity

The CoA has established the following timetable for the planned studies, timing, and parties involved in its ongoing analysis of the reliability and validity of its guidelines and procedures. The evaluation cycle will be completed every five years; a review of the plan itself will take place every fifth year. The CoA will use the results of these studies to make enhancements as necessary to the accreditation process.

| Type of Study | To Assess How Well the Following Objectives Are Met: (See Page 1) | General Study Procedure | Stakeholders That Will Be Involved in Assessment | How Often Study Will Be Conducted |
|---|---|--|--|-----------------------------------|
| Analysis of annual report data: aggregate | <ul style="list-style-type: none"> • Ensure validity of G&P in quality/protect/benefit • Ensure program ability to remain consistent w/G&P | Data from annual report forms will be tabulated; summary statistics on program characteristics will be presented. | Accredited programs | Annually |
| Analysis of annual report data: individual programs | <ul style="list-style-type: none"> • Ensure validity of G&P in quality/protect/benefit • Ensure program ability to remain consistent w/G&P | See “Plan for Assessing Program Characteristics” | Accredited programs | Annually |
| Detailed study of Domain A (Eligibility) | <ul style="list-style-type: none"> • Ensure overall construct validity • Ensure validity of G&P in quality/protect/benefit • Ensure program ability to remain consistent w/G&P | Content analysis of CoA decision letters to determine occurrence of programs’ being cited on this domain in general and specific domain guidelines | Accredited programs | Every 5 years (Year 1 of cycle) |
| Detailed study of Domain C | <ul style="list-style-type: none"> • Ensure overall construct | Content analysis of CoA | Accredited programs | Every 5 years (Year 1 of |

| Type of Study | To Assess How Well the Following Objectives Are Met: (See Page 1) | General Study Procedure | Stakeholders That Will Be Involved in Assessment | How Often Study Will Be Conducted |
|--|---|--|--|-----------------------------------|
| (Program Resources) | <ul style="list-style-type: none"> • validity • Ensure validity of G&P in quality/protect/benefit • Ensure program ability to remain consistent w/G&P | decision letters to determine occurrence of programs' being cited on this domain in general and specific domain guidelines | | cycle) |
| Detailed study of Domain D (Cultural and Individual Differences and Diversity) | <ul style="list-style-type: none"> • Ensure overall construct validity • Ensure validity of G&P in quality/protect/benefit • Ensure program ability to remain consistent w/G&P | Content analysis of CoA decision letters to determine occurrence of programs' being cited on this domain in general and specific domain guidelines | Accredited programs | Every 5 years (Year 1 of cycle) |
| Detailed study of Domain E (Student/Faculty Relations) | <ul style="list-style-type: none"> • Ensure overall construct validity • Ensure validity of G&P in quality/protect/benefit • Ensure program ability to remain consistent w/G&P | Content analysis of CoA decision letters to determine occurrence of programs' being cited on this domain in general and specific domain guidelines | Accredited programs | Every 5 years (Year 1 of cycle) |
| Detailed study of Domain G (Public Disclosure) | <ul style="list-style-type: none"> • Ensure overall construct validity • Ensure validity of G&P in quality/protect/benefit | Content analysis of CoA decision letters to determine occurrence of programs' being cited on this domain in general and specific | Accredited programs | Every 5 years (Year 1 of cycle) |

| Type of Study | To Assess How Well the Following Objectives Are Met: (See Page 1) | General Study Procedure | Stakeholders That Will Be Involved in Assessment | How Often Study Will Be Conducted |
|---|---|--|--|-----------------------------------|
| | <ul style="list-style-type: none"> • Ensure program ability to remain consistent w/G&P | domain guidelines | | |
| Detailed study of Domain H (Relationship with Accrediting Body) | <ul style="list-style-type: none"> • Ensure overall construct validity • Ensure validity of G&P in quality/protect/benefit • Ensure program ability to remain consistent w/G&P | Content analysis of CoA decision letters to determine occurrence of programs' being cited on this domain in general and specific domain guidelines | Accredited programs | Every 5 years (Year 1 of cycle) |
| Detailed study of Domains B (Program Philosophy, Objectives, and Curriculum Plan) and F (Program Self-Assessment and Quality Enhancement) | <ul style="list-style-type: none"> • Ensure overall construct validity • Ensure validity of G&P in quality/protect/benefit • Ensure program ability to remain consistent w/G&P | <ul style="list-style-type: none"> • Content analysis of CoA decision letters to determine occurrence of programs' being cited on this domain in general and specific domain guidelines. <hr/> <ul style="list-style-type: none"> • Survey training and practice groups to collect views of expected graduate competencies. <hr/> <ul style="list-style-type: none"> • Survey employers and students about the relevance of the | <ul style="list-style-type: none"> • Accredited programs <hr/> <ul style="list-style-type: none"> • Chairs of groups that seat the Commission on Accreditation • State licensing boards <hr/> <ul style="list-style-type: none"> • Students • Employers | Every 5 years (Year 1 of cycle) |

| Type of Study | To Assess How Well the Following Objectives Are Met: (See Page 1) | General Study Procedure | Stakeholders That Will Be Involved in Assessment | How Often Study Will Be Conducted |
|--|--|---|--|-----------------------------------|
| | | competencies identified in Domain B to student preparation for professional practice. | | |
| Evaluation of adequacy of site visit reports (using sample) | Ensure reliability/integrity of process | A sample of site visit reports is examined to determine whether site visitors are addressing all domains in the site visit report, the degree to which they are complying with the CoA's instructions in providing information on the program, and the frequency with which visitors provide recommendations or other "nondesirable" information. | <ul style="list-style-type: none"> • Accredited programs • Site visitors | Every 5 years (Year 1 of cycle) |
| Self-study report adequacy (using sample): <ul style="list-style-type: none"> • Do programs address information requested in report guidelines? • What is the relation of the adequacy of the self-study report to decision outcome? | Ensure reliability/integrity of process | A sample of self-study reports is examined to determine whether programs are addressing all domains in the self-study report and the degree to which they are complying with the CoA's instructions in providing information on the program (including tables). The determined adequacy | Accredited programs | Every 5 years (Year 1 of cycle) |

| Type of Study | To Assess How Well the Following Objectives Are Met: (See Page 1) | General Study Procedure | Stakeholders That Will Be Involved in Assessment | How Often Study Will Be Conducted |
|--|--|---|--|-----------------------------------|
| | | measure will be compared to the outcome of the decision making process (e.g., was a decision deferred for more information)? | | |
| Training Model Studies: <ul style="list-style-type: none"> • Identification of characteristics • Training outcomes | <ul style="list-style-type: none"> • Ensure overall construct validity • Ensure validity of G&P in quality/protect/benefit | Data from annual reports will be analyzed for samples of programs of differing training model (scientist-orientation, scientist-practitioner orientation, practitioner-scholar orientation) along different dimensions of student and faculty activities as well as for graduate outcomes such as employment settings and licensure attainment. | Accredited programs | Every 5 years (Year 1 of cycle) |
| Consistency of decisions in programs with similar issues (e.g., loss of faculty members) | Ensure reliability/integrity of process | A sample of decision letters of programs reviewed in the five years preceding the study will be analyzed to determine the domains on which the programs were cited. Statistical analyses will be performed to determine patterns of decisions across programs. | Accredited programs | Every 5 years (Year 2 of cycle) |

| Type of Study | To Assess How Well the Following Objectives Are Met: (See Page 1) | General Study Procedure | Stakeholders That Will Be Involved in Assessment | How Often Study Will Be Conducted |
|--|---|--|---|-----------------------------------|
| Consistency of decisions—reviewer agreement: <ul style="list-style-type: none"> • Primary/secondary reviewers • Reviewer/site visit team “agreement” • Reviewer/review panel group • Review panel/CoA | Ensure reliability/integrity of process | Decision recommendations (divided by doctoral, internship, and postdoctoral programs) from three CoA meetings will be reviewed and analyzed. The occurrence of “total agreement,” “basic agreement,” and “discordance” will be examined. | Accredited programs | Every 5 years (Year 2 of cycle) |
| Study of Graduate Outcomes: <ul style="list-style-type: none"> • Advanced practice training (indicated by ABPPs) • Advance research productivity (publications, indicated by citation search) • Licensure: <ul style="list-style-type: none"> • Scores on particular sections in comparison to training model • Scores on overall licensing exam | <ul style="list-style-type: none"> • Ensure overall construct validity • Ensure validity of G&P in quality/protect/benefit • Ensure program ability to remain consistent w/G&P | Data from annual report forms will be tabulated for ABPPs and publications. Licensing exam score data from the most recent EPPP performance publication will be tabulated to study psychology licensing exam performance. | Accredited programs | Every 5 years (Year 2 of cycle) |
| Timing of complaint reports | Ensure reliability/integrity of process | All complaints received in the five years preceding the | <ul style="list-style-type: none"> • Accredited programs | Every 5 years (Year 2 of cycle) |

| Type of Study | To Assess How Well the Following Objectives Are Met: (See Page 1) | General Study Procedure | Stakeholders That Will Be Involved in Assessment | How Often Study Will Be Conducted |
|--|--|--|---|--|
| | | <p>study will comprise the sample. The study will analyze the time elapsed between receipt of the complaint and acknowledgement to complainant/forwarding to program, time elapsed between due date of program response and receipt of response, and ability of CoA to review complaint at the regularly-scheduled meeting following receipt of all materials.</p> | <ul style="list-style-type: none"> Students/general public | |
| <p>Training Model Studies:</p> <ul style="list-style-type: none"> Number of hours of practice vs. research training | <ul style="list-style-type: none"> Ensure overall construct validity Ensure validity of G&P in quality/protect/benefit | <p>Data from self-study reports will be analyzed for samples of programs of differing training model (scientist orientation, scientist-practitioner orientation, practitioner-scholar orientation) to determine differences in hours students spend in “practice” training activities vs. “research” training activities to determine differences across</p> | <p>Accredited programs</p> | <p>Every 5 years (Year 2 of cycle)</p> |

| Type of Study | To Assess How Well the Following Objectives Are Met: (See Page 1) | General Study Procedure | Stakeholders That Will Be Involved in Assessment | How Often Study Will Be Conducted |
|--|--|--|--|-----------------------------------|
| Study of program arrangements for site visit: Characteristics and reasons for programs to <ul style="list-style-type: none"> • Request additional list(s) of site visitors • Request change in site visit cycle | Ensure reliability/integrity of process | training models. Programs visited in the two years preceding the study will comprise the sample. Information from the Program Consultation and Accreditation Office database pertaining to the questions at left will be analyzed to uncover characteristics of programs that request additional site visitors and/or a change in their site visit cycle. | Accredited programs | Every 5 years (Year 3 of cycle) |
| Study of the impact of membership changes in the CoA on decision making and process | Ensure reliability/integrity of process | Information collected from the content analyses described previously will be analyzed by year to assess whether differences in decision patterns are apparent by year. | Accredited programs | Every 5 years (Year 3 of cycle) |
| Evaluation of complaint process: <ul style="list-style-type: none"> • Analysis of issues raised in complaints • Number of complaints received per year • Characteristics of | Ensure reliability/integrity of process | All complaints received in the five years preceding the study will be analyzed along the dimensions at left. | <ul style="list-style-type: none"> • Accredited programs • Students/general public | Every 5 years (Year 4 of cycle) |

| Type of Study | To Assess How Well the Following Objectives Are Met: (See Page 1) | General Study Procedure | Stakeholders That Will Be Involved in Assessment | How Often Study Will Be Conducted |
|---|---|--|---|-----------------------------------|
| programs against which complaints are filed <ul style="list-style-type: none"> • Results of complaint review • Impact of complaint review/CoA decision on programs | | | | |
| Evaluation of appeal process: <ul style="list-style-type: none"> • Analysis of stated reasons for appeal • Characteristics of programs that appeal • Outcomes of appeal hearings • Evaluation of the appeal process by CoA members and appellants (before decision is made) | Ensure reliability/integrity of process | <ul style="list-style-type: none"> • All programs that appealed CoA decisions in the five years preceding the study will be examined on the factors at left. <hr/> <ul style="list-style-type: none"> • The CoA members and appeal panelists participating will complete an evaluation form designed to capture their views of the appeal process. | <ul style="list-style-type: none"> • Appellant programs <hr/> <ul style="list-style-type: none"> • Appeal panelists | Every 5 years (Year 4 of cycle) |
| Survey of accredited programs and other interested parties regarding the appropriateness and clarity of the G&P, as well as its relevance to student preparation for professional practice | <ul style="list-style-type: none"> • Ensure overall construct validity • Ensure validity of G&P in quality/protect/benefit • Ensure program ability to remain consistent | A survey instrument, developed by the CoA in conjunction with the APA Research Office, will collect information regarding the degree to which stakeholders agree/disagree that the domains and | <ul style="list-style-type: none"> • Accredited programs • Chairs of groups that seat the Commission on Accreditation • Site visitors • APA governance groups • Institutional/ specialized | Every 5 years (Year 4 of cycle) |

| Type of Study | To Assess How Well the Following Objectives Are Met: (See Page 1) | General Study Procedure | Stakeholders That Will Be Involved in Assessment | How Often Study Will Be Conducted |
|---|---|---|--|-----------------------------------|
| | w/G&P | guidelines are appropriate to quality training in psychology and are written in a clear fashion. The results will be analyzed on an aggregate basis, as well as across the groups involved in the assessment. | accreditors <ul style="list-style-type: none"> • State licensing boards • National Register • National higher education organizations | |
| Survey of internship programs: ratings of doctoral programs | <ul style="list-style-type: none"> • Ensure overall construct validity • Ensure validity of G&P in quality/protect/benefit • Ensure program ability to remain consistent w/G&P | A survey instrument, developed by the CoA in conjunction with the APA Research Office, will collect information from accredited internship programs. The questions will address the degree to which internships agree/disagree that accredited internships are providing training that adequately prepares students for internship. Questions will assess overall quality of internships' applicant pool as well as their current internship classes. | Accredited internship programs | Every 5 years (Year 4 of cycle) |
| Survey of accredited programs and other interested parties regarding their views of the | Ensure reliability/integrity of process | A survey instrument, developed by the CoA in conjunction with the APA Research Office, will collect | <ul style="list-style-type: none"> • Accredited programs • Chairs of groups that seat the Commission on Accreditation | Every 5 years (Year 5 of cycle) |

| Type of Study | To Assess How Well the Following Objectives Are Met: (See Page 1) | General Study Procedure | Stakeholders That Will Be Involved in Assessment | How Often Study Will Be Conducted |
|--|---|---|---|--|
| accreditation process | | information regarding the degree to which stakeholders agree/disagree that the accreditation procedures are fair, are applied fairly by the CoA, and are written in a clear fashion. The results will be analyzed on an aggregate basis, as well as across the groups involved in the assessment. | <ul style="list-style-type: none"> • Site visitors • APA governance groups • Institutional and specialized accreditors • State licensing boards • National Register • National higher education organizations | |
| Evaluation of site visitor workshops | Ensure reliability/integrity of process | At the end of site visitor workshops, the participants are asked to complete a short evaluation form with questions on the quality of various aspects of the workshop. | Site visitors | Information is collected after each site visit and will be analyzed and presented annually. |
| Evaluation of site visit process: <ul style="list-style-type: none"> • Site visit chair evaluation of other team members • Other team member evaluation of site visit chair • Program evaluation of site visitors, site visit | <ul style="list-style-type: none"> • Ensure reliability/integrity of process | Evaluation forms are distributed to each visited program prior to the visit, with instructions to complete and return the form within five days of the completion of the visit. Similar instructions are given to the team chair and team members. Programs | <ul style="list-style-type: none"> • Accredited programs • Site visitors | Information is collected after each site visit. Aggregate information will be analyzed in Years 1 and 4 of cycle. Feedback on individual performance will be forwarded to specific site visitors annually. |

| Type of Study | To Assess How Well the Following Objectives Are Met: (See Page 1) | General Study Procedure | Stakeholders That Will Be Involved in Assessment | How Often Study Will Be Conducted |
|---|--|---|--|-----------------------------------|
| process, and self-study guidelines/tables <ul style="list-style-type: none"> • Primary/secondary reviewer evaluation of site visit report | | also will be asked to complete a questionnaire which is designed to gauge their impressions of the site visit process (e.g., instructions from Accreditation Office, ease in obtaining site visitors) as well as their experience in completing their self-study reports. | | |
| Review of trends in higher education and accreditation | <ul style="list-style-type: none"> • Ensure validity of G&P in quality/protect/benefit • Ensure reliability/integrity of process | Program Consultation and Accreditation Office staff will review literature and periodicals on higher education and accreditation and will keep the CoA informed of these trends at the CoA's regular meetings. | No direct involvement, but literature review may involve publications produced by stakeholder groups | Ongoing |

Plan for Assessing Program Characteristics

The CoA has established the following plan for assessment of program characteristics. These assessments will take place annually, in conjunction with the annual review of programs for reaffirmation of accredited status, and, for year-to-year comparison of program characteristics, with the periodic review of programs. In so doing, the CoA endeavors to assess ongoing program consistency with the *Guidelines and Principles* as well as to assist programs in ongoing quality assurance and enhancement.

Overview of CoA Plan for Assessing Program Characteristics

Program characteristics will be assessed on two dimensions: A **longitudinal** comparison (program compared with itself, using the program's data provided in previous years) and a **“snapshot”** comparison.

The following program characteristics, based upon available data collected in the annual reports, will be used in the longitudinal comparison:

- **Program demographics**
 - Student/faculty or intern/staff ratios
 - % women in program
 - % ethnic minorities in program
 - % of students/faculty who presented papers/workshops
 - % of students/faculty who published articles
 - % of students involved in part-time delivery of services
 - % if students involved in grant-supported research
 - % of faculty that are recipients of grants
 - % of faculty engaged in delivery of professional services
 - Number of slots (internships)
 - Stipend for a full-time intern (internships)
- **Student achievement measures**
 - Time to degree (doctoral)
 - Internship placement rates (number accepted/number applied) (doctoral)
 - Attrition rate (number left program/number in program) (doctoral)
 - Licensure pass rates [if collected]
 - Job placement rates [if collected]

Statistical information (distribution, minimum, maximum, median, mean, standard deviation) of the **student achievement measures** will be developed, using the annual report data for that year. Program values on the student achievement measures will be contextualized with those of other programs, using the following cohort groups:

- Clinical Ph.D. programs
- Clinical Psy.D. programs
- Counseling Ph.D. programs
- Counseling Psy.D. programs

- School Ph.D. programs
- School Psy.D. programs
- Internship programs

Thresholds of Acceptable Performance—Use of Demographic/Student Achievement Measures by the CoA

In using the demographic and student achievement measures on a program-by-program basis, the CoA will determine whether the program's operations are consistent with the G&P. Thresholds of acceptable performance are set forth in the G&P, in which the following minimum standards of performance are defined as characteristic of accredited programs regardless of program model:

- A program's purpose must be within the scope of the accrediting body and must be pursued in an institutional setting appropriate for the education and training of professional psychologists.
- A program will have a clearly specified philosophy of education and training, compatible with the mission of its sponsor institution and appropriate to the science and practice of psychology. A program's education/training model and its curriculum plan will be consistent with this philosophy. The program will ensure the development of competencies as delineated for doctoral, internship, and postdoctoral programs.
- A program will have resources (physical, financial, human) of appropriate quality and sufficiency to achieve its education and training goals and objectives.
- A program will recognize the importance of cultural and individual differences and diversity in the training of psychologists.
- A program will have education, training, and socialization experiences characterized by mutual respect and courtesy between faculty/staff and students/interns/residents and will operate in a manner that facilitates educational experiences.
- A program will engage in self-study, which assures that its goals and objectives are met, enhances the quality of professional education and training, and contributes to the fulfillment of its sponsor institution's mission.
- A program will provide written materials and other communications that appropriately represent it to the relevant publics.
- A program will fulfill its responsibilities to the CoA by abiding by its published policies and procedures; informing the CoA in a timely manner of program changes; and paying all fees associated with its accredited status.

E1-3(a). Use of Data and Research Personnel Resources

(Commission on Accreditation, July 2001; revised February 2005; October 2007)

The role of the Accreditation Research Office in the Office of Program Consultation and Accreditation (OPCA) is to provide the Commission on Accreditation with the data and information it needs to continually improve serving the public as an accrediting body. In order to accomplish this task, there are a number of ongoing research projects that the unit engages in, as well as special projects at the behest of the Commission. The ongoing research projects include the evaluation of site visitors, collecting and analyzing annual report data (longitudinal analysis as well as yearly cohort analyses), surveys on consumer satisfaction, and the collection of information as determined by the Department of Education and the Council for Higher Education Accreditation (CHEA) (i.e., CoA Survey about the *Guidelines and Principles* for Doctoral Programs).

All information gathered in the process of program review (e.g., self-study, site visit report, decision letter) is considered confidential. Only members of the Commission, official liaisons, and Office staff have access to this information, and then only when they are acting as part of their official duties. Relevant statistics and special reports prepared by the Accreditation Research Office of OPCA, however, will be made available through the Internet.

Requests for analyses of data collected by the OPCA must be approved by the Commission. Raw data will not be released. Any request for analyses must include: (1) a statement of the question to be answered; (2) a statement of the need for the analyses; (3) information about how the analyses provided will be disseminated; (4) an assurance that the source of the analyses will be appropriately acknowledged; and (5) a copy of any formal dissemination of the findings. Such special requests will be undertaken only after the primary task of serving the Commission is completed. Requestors may be asked to bear the cost of those analyses. Aggregate results of analyses provided by special request will be made available to the public through the internet.

E1-4. Training for New Commission on Accreditation Members and Official Liaisons to the Commission on Accreditation

(Commission on Accreditation, July 2000)

Commission on Accreditation (CoA) members and officially-designated liaisons from the Board of Educational Affairs and the Board of Directors to the CoA participate in and/or are privy to (as appropriate to their roles) a number of accreditation-related activities, including review and decision making on programs and determination of policy regarding accreditation issues. These functions require the exercise of professional judgment and awareness of actual or perceived conflict of interest. In addition, members and liaisons frequently are presented with accreditation issues of a sensitive and/or confidential nature. Because of the need for a thorough understanding of the accreditation review process, consistency in decision making on programs, and sensitivity to confidentiality in accreditation, each new member and liaison to the CoA will be required to undergo training prior to being permitted to participate in the confidential (closed) portions of CoA meetings. Minimally, such training will cover the accreditation program review process, conflicts of interest in accreditation, and communication and consultation with accredited programs.

An orientation for new members/liaisons will be scheduled by the APA Office of Program Consultation and Accreditation. The orientation will occur prior to the first regularly-scheduled meeting following the beginning of the terms of service for the new members/liaisons. The date of the orientation will be selected upon consultation with the new members/liaisons on dates that they will be available to attend. Should a new member/liaison be unable to attend that orientation session, he/she will receive training at the prerogative of the CoA chair in consultation with the Executive Committee.

E1-5. Accreditation Reference Library
(Commission on Accreditation, February 2005)

The CoA will maintain a reference library of documents that it feels benefits, or may benefit, the work of CoA members. These documents are maintained for the use of the CoA, but do not constitute or reflect official positions of the Commission and do not supercede the Commission's *Guidelines and Principles* (G&P) or its existing implementing regulations.

Documents may be proposed for inclusion in the reference library by current members of the CoA or by individuals or groups outside of the CoA, but they will only be included in the library after review and approval by the CoA's Executive Committee. For any document to be included in the library, it must be relevant to the G&P as determined by the Executive Committee.

Materials in the reference library will be reviewed by the Commission's Training Group every three (3) years for currency and continued relevance.

E1-6. Site Visitor Training Materials From External Sources
(Commission on Accreditation, February 2005)

External sources periodically submit materials to the CoA with the request that they be distributed to site visitors as a part of their site visitor training or for their use when conducting site visits. The CoA is open to receiving such materials but will not provide these materials directly to site visitors.

When such materials are received, they will be reviewed by the CoA working group on training with respect to their relevance to the G&P and for their use or adaptation in developing or revising site visitor training materials.

E1-7. Use of Quick Reference Guides in Program Review
(Commission on Accreditation, October 2005)

The Commission on Accreditation has developed “Quick Reference Guides” for use in reviewing doctoral, internship, and postdoctoral residency programs. These Guides follow the *Guidelines and Principles for Accreditation of Programs in Professional Psychology* and serve as a reference to each accreditation guideline. Commission members will use the Guides regularly in their reviews of programs.

The Guides will be provided to participants during site visitor training workshops for guidance in learning the Accreditation *Guidelines and Principles* and as an outline for writing site visit reports. The Commission requests that site visitors use the relevant Guide as an outline in preparing their site visit reports.

The Guides will be updated with any changes in the Accreditation *Guidelines and Principles*. They are available to the public on the accreditation website and from the Office of Program Consultation and Accreditation upon request. The Guides are not intended to be used as checklists but rather as reference guides to facilitate understanding of the *Guidelines and Principles*.

E2. Governance Policies and Procedures

E2-1. Commission on Accreditation Meeting Procedures

(Commission on Accreditation, originally adopted May 1987; revised July 2000; July 2002; March 2003; November 2003; January 2006; April 2006; October 2006)

1. CLOSED SESSION. Due to its confidential nature, the CoA will conduct its primary business (i.e., that pertaining to program accreditation reviews and decisions) in closed session. Closed sessions include only CoA members, relevant program review consultants, if any, APA Office of Program Consultation and Accreditation staff, legal counsel (when necessary), and the officially designated liaisons to the CoA from the BEA and the APA Board of Directors. When appropriate, CoA might invite certain people to attend, such as observers from agencies that recognize activities of accrediting organizations. In those instances, all programs scheduled for review at that meeting will be so notified. The CoA is authorized to conduct specific business in executive session if necessary. Executive session includes only CoA members and the liaisons appointed by the BEA and the Board of Directors. In such instances the CoA chair will confer with senior staff liaison on the matter of who else shall attend.

2. OPEN SESSION. The CoA is authorized to conduct business in a specifically designated open session on certain occasions when information from other sources within or outside of APA would be of benefit to CoA members or on those occasions in which the CoA wishes to provide information to other individuals or groups. Open sessions include any individual who requests admittance, invited guests, and any APA members as well as APA staff. In general most CoA deliberations other than program accreditation reviews are conducted in open session.

3. MEETING TIMES. Meeting times will be arranged by the full CoA with decisions determined by majority vote. Changes in meeting times or arrangements for additional meetings will be arranged by Executive Committee in consultation with APA Office of Program Consultation and Accreditation staff. Issues relevant to these arrangements will be budget, CoA member availability, and factors related to availability of meeting facilities.

4. ATTENDANCE. Members are expected to attend all scheduled meetings of the CoA in their entirety. A member who is absent for one entire meeting will be contacted by the Chair of the CoA to determine whether the absent CoA member can attend future meetings regularly. Failure to attend a second meeting during the members' term of service will constitute resignation from the CoA. Any Commission member missing more than a half a day of a meeting will be deemed to have missed the entire meeting. Extenuating circumstances will be considered by the CoA.

5. QUORUM. In accordance with the *Accreditation Operating Procedures*, two-thirds of the members shall constitute a quorum for the purpose of making a decision on a program. When a CoA member has withdrawn from a portion of the meeting (e.g., as in a real or perceived conflict of interest situation), that position will not be counted in determining a quorum. The vote of the majority of the CoA members at a meeting at which a quorum is present shall be required to make a program decision.

6. LIAISON. The role of the BEA and the Board of Directors liaisons is to (a) share with the CoA perspectives on educational and training issues, generally; (b) observe the operations of the CoA in the context of its procedures; (c) function only as observers, without voice, during sessions in which accreditation reviews and decisions are being made about specific programs and (d) share with the BEA and Board of Directors, respectively, general policy issues of concern to the CoA.

7. AGENDA. Agenda items cover areas of CoA responsibility as outlined in “Policies for Accreditation Governance” (section 2). No formal action will be taken on any matter of business that is not an official part of the CoA agenda at a particular meeting. Agenda items of the highest priority will be those pertaining to program accreditation decisions and such other matters as may affect the status of accredited programs.

8. AGENDA ITEMS PRESENTERS. In consultation with the CoA Chair, APA Office of Program Consultation and Accreditation staff assign primary responsibility for study and presentation of particular agenda items to individual CoA member(s) by means of written notification in the regular agenda mailing, with the exception of program review. These items will be assigned by the Associate Chair for Program Review. All assignments are subject to change, should a CoA member be in conflict of interest with the program being considered.

9. AVOIDANCE OF CONFLICT OF INTEREST.

a. CoA members. Should a member of the CoA be in a real or perceived possible conflict of interest with respect to any program scheduled for review by the CoA at any particular meeting, that member will be excused during discussion and decision on that program. Further, the CoA may determine that a member is in possible conflict of interest and ask that member to abstain or be recused from discussion and decision on a particular program. CoA members shall adhere to their published conflict of interest policy [see Section E3-1 of this regulations document].

b. BEA/Board of Directors liaisons. Should one of the CoA’s BEA/Board of Directors liaisons be in a real or perceived possible conflict of interest with respect to any program scheduled for review by the CoA at any particular meeting, that liaison will be excused during discussion and decision on that program. Further, the CoA may determine that a liaison is in possible conflict of interest and ask that liaison to be recused from discussion and decision on a particular program. CoA liaisons shall adhere to their published conflict of interest policy [see Section E3-4 of this regulations document].

c. Program Review Consultants. Should a program review consultant be in a real or perceived possible conflict of interest with respect to any program scheduled for review by the CoA at any particular meeting, that individual will be excused during any discussion and decision on that program. Further, the CoA may determine that a consultant is in possible conflict of interest and ask that consultant to abstain or be recused from any discussion and decision on a particular program. Program review consultants shall adhere to their published conflict of interest policy [see Section E3-5 of this regulations document].

10. CoA ACTIONS. CoA actions on any agenda item are not considered final until the adjournment of a regularly scheduled meeting. CoA decisions regarding program review are made in accordance with the *Guidelines and Principles for Accreditation of Programs in Professional Psychology* and the *Accreditation Operating Procedures*.

11. CONFIDENTIALITY. CoA members, Program Review Consultants and the BEA and Board of Directors liaisons will maintain the confidentiality of the program review materials presented at each meeting, the discussions of programs and related materials by CoA members, and the decisions reached regarding any program in the accreditation process with the following exceptions: (a) a list of all accredited doctoral programs, internship training programs, and postdoctoral residency programs shall be published in the *American Psychologist* and CoA decisions will be available on the APA website; (b) disclosure shall be made in those instances when the APA is legally required to disclose such information; (c) at the request of the chief executive officer of the institution where a doctoral program is housed or the administrative head of an internship or postdoctoral residency program, or with his or her consent, information on a specific program may be made available upon request to other accrediting agencies by which the institution has been accredited or whose accreditation it is seeking; (d) as necessary

to represent CoA in the accreditation appeal process or related legal proceedings or (e) as otherwise provided in the CoA Implementing Regulations. The confidentiality requirements of this provision are permanent and continue after service with CoA has ended.

12. DUE DILIGENCE. CoA members must exercise reasonable care in the performance of their duties and must maintain the confidentiality of information relating to the accreditation process and deliberations. If a member fails to do so, and this cannot appropriately be addressed through training, additional actions may be taken by the CoA Chair with the advice and consent of the Executive Committee.

13. CoA MEMBER SITE VISIT.

a. Regular site visits. CoA members shall be removed from the regular pool of site visitors during their tenure on the CoA. In special circumstances (e.g., for unusual or extremely difficult accreditation decisions or for CoA members' training purposes), this rule may be temporarily suspended and a CoA member may serve as a site visitor in a specific instance. Such members may not be an official member of the site team and shall not participate or vote on the CoA's review and action on the program. Program review consultants shall also be removed from the regular pool of site visitors while consulting with the CoA.

b. Special site visits. The CoA may conduct special site visits either in the investigation of formal complaints or of specific G&P-related concerns that require further review. The CoA may appoint one or more of its members to conduct these site visits. These site visitors will produce a detailed written report including any issues that arose during the visit. They also may make themselves available to answer any questions that the primary/secondary reviewers and the review panel may have in formulating a recommendation for the full CoA. Members on special site visits are not required to be recused from participating on the CoA's decision regarding the program in question.

14. CONSULTATION SERVICES. During the term of his/her appointment to the CoA, and for a period of one year thereafter, no CoA member shall offer consultation services to programs (reimbursed or non-reimbursed) for the purpose of assisting them to seek or maintain their accreditation status. The liaisons to the CoA appointed by the BEA and Board of Directors, as well as any program review consultants, shall follow the same procedure. When consulting with a program after the one-year period, the Permanent confidentiality provisions of Section 11 remain in effect. By serving on CoA, members are precluded from testifying in an adversarial proceeding against CoA or APA on behalf of any program that was reviewed during the period the member served on CoA until the program begins its next review cycle. Program review consultants are similarly precluded from testifying.

15. AVOIDANCE OF ANTITRUST LIABILITY. Each CoA member shall be familiar with and adhere to "Guidelines for Board/Commission Members on Avoiding Antitrust Liability." Program review consultants, although not members of the CoA, shall also be familiar with and adhere to such Guidelines.

16. ANNUAL REPORT. The CoA, with assistance of Office of Program Consultation and Accreditation staff, shall prepare a non-confidential annual report of its activities for the BEA, the APA governance, and the general public.

E2-1(a). Procedures for Panel Review of Programs at CoA Meetings
(Commission on Accreditation, January 2006)

Each program to be reviewed is assigned two readers who are independently responsible for preparing a presentation in advance of the CoA meeting based upon the self-study report (provided to the primary reader in advance of the meeting and to the secondary reader upon request), the preliminary review letter and program response, the site visit report and program response, as well as any other information provided by the program during the course of review. The presentation of each reader is made first to a review panel (one of the subsets of the CoA formed on an *ad hoc* basis for a particular CoA meeting); on the basis of that presentation, the review panel forms a recommendation to present to the entire CoA. Although the primary and secondary readers are expected to review that program's materials thoroughly, each program's review materials, with the exception of the self-study report, are provided to all CoA members prior to the meeting. All program self-study reports are made available upon request to all CoA members during the meeting. In the case of programs that have been invited to "show cause" why an adverse decision should not be made, both the primary and secondary readers are provided with the entire self-study in advance of the meeting. In using this system of review, the CoA has sought to ensure the reliability of the review by assigning major review responsibility for a program to more than one reader, while streamlining the process of program review.

E2-2. Nomination and Election Procedures for CoA Chair/Associate Chairs
(Commission on Accreditation, November 2003; revised July 2007)

Nomination Procedures

- The CoA Nominations Committee (NC) will be appointed annually by the Commission on Accreditation Chairperson. The NC will consist of at least three (3) members who are going off the CoA at the end of the year and/or who are willing to exempt themselves from the pool of candidates for Chair, Associate Chair for Program Review and Associate Chair for Quality Assurance.
- A call for nominations will go out on September 1, along with a description outlining the scope of the Chair's and Associate Chairs' responsibilities. The NC will accept nominations from September 1 to October 1.
- All CoA members are encouraged to make nominations for CoA Chair, Associate Chair for Program Review and Associate Chair for Quality Assurance. Self-nominations are welcome. Those nominating others must assure that the candidate agrees to serve if elected. Individuals may be nominated for more than 1 of the positions.
- You can submit your nomination to any member of the NC. All nominations will be forwarded to the NC chair for compiling. The NC itself will not make nominations, but members of the NC may make nominations as individuals. Members of the NC are either ineligible to serve as chair, because they are rotating off the Commission, or they have declared their ineligibility for chair by agreeing to serve on the NC. Hence members of the NC are not eligible for nomination for chair. All other members of CoA are qualified to be nominated except the student member.
- Through consultation with the office and the current and recent former chairs, the NC will review the description of the scope of the Chair's and Associate Chairs' responsibilities. The NC will distribute the description of the Chair's and Associate Chairs' responsibilities with its Call for Nominations.
- Nominations will close on October 1. All nominees who indicate a willingness to serve will be put on the designated slate. The slates will be announced 2 weeks prior to the start of the fall CoA meeting. All nominees will be asked to make statements prior to elections at the fall meeting.

Election Procedures

- The elections will be directed by the Chair of the NC.
- At the fall meeting, the floor will be opened for any additional nominations for each position.
- After nominations have been closed, the election will be held by secret ballot.
- The Chair will be elected first, followed by the Associate Chair for Program Review, followed by the Associate Chair for Quality Assurance.
- Candidates appearing on more than 1 ballot will be removed from subsequent ballots after being elected to another position.
- Voting – “Low Total” Plan: Each CoA member will rank the nominees according to preference. The choices for each nominee will be added and the nominee with the lowest total votes will be the winner.
- Votes will be tallied by the NC.

E2-3. CoA Chair and Associate Chair Responsibilities

(Commission on Accreditation, November 2003; revised January 2007; July 2007; October 2008)

Effective January 1, 2008

From IR, A-1: Policies for Accreditation Governance, Section 6, Policy and Procedural Authority, d., "...On an annual basis, the Commission shall elect its own chair."

The duties of the Chair are as follows:

Internal to the Commission:

- a. Chair the regular and Executive Committee meetings of the Commission. The Chair is responsible for moving items through the Commission and Executive Committee by summarizing discussions and calling for votes, as appropriate.
- b. Appoint the members of the Executive Committee according to the specifications of the internal Implementing Regulations.
- c. Work with appropriate staff to prepare an agenda for all meetings which shall be distributed among the Commission members.
- d. Work with staff and the Research Committee to prepare an annual report for review of all constituencies.
- e. Oversee all CoA-appointed task forces and liaisons of the Commission.
- f. Work with Associate Chair for Quality Assurance in the training of new Commission members, site visitors, and training directors.
- g. Appoint special site visit teams and CoA appeals teams.
- h. Appoint members to liaisons, task forces, and committees both within the Commission and APA and externally, this includes inter-organizational groups such as CCTC, CCOPP, and CoS.
- i. Work with Associate Chair for Program Review on program review process, including ensuring high quality communication with the programs, e.g., providing final approval of written communication to programs (in collaboration with legal review).
- j. Facilitate problem resolution and communication regarding the full range of issues related to the accreditation process and the business of the Commission.
- k. Work with the Executive Committee or a sub-group within the Executive Committee to review extension and delay of cycle requests from programs.
- l. Function as a member of the Commission on Accreditation.
- m. Work with the Director in coordinating and integrating the work of the Commission on Accreditation and the Office of Program Consultation and Accreditation.

- n. Oversee the work of the Associate Chairs and appoint other CoA members to assist those individuals as appropriate.

External to the Commission:

- a. Be responsible for the representation of the Commission to APA Governance groups including the Council of Representatives, Board of Directors, Board of Educational Affairs, and appropriate Boards and Committees.
- b. Be responsible for the representation of the Commission to other external non-psychological organizations that interface with the work of the Commission, including CHEA and the U. S. Department of Education.
- c. Serve as the interface between the Commission and the Office of Program Consultation and Accreditation.
- d. Serve as the representative of the Commission to constituent groups at their annual meetings or by invitation from those groups, or appoint other CoA members as appropriate to serve in this capacity.
- e. Serve as the representative of the Commission in other psychology professional public forums, or appoint other CoA members as appropriate to serve in this capacity.

The duties of the Associate Chair for Program Review are as follows:

- a. Coordinate program review, flag review, and panel assignments of members of the Commission on Accreditation in consultation with the CoA Chair and relevant staff of the Office of Program Consultation and Accreditation.
- b. Oversee staff preliminary reviews of applicant programs. The Associate Chair for Program Review will conduct a thoughtful evaluation of staff recommendations and determine whether the program is ready for a site visit, should be asked for additional information, or should be sent to CoA for further review.
- c. Lead CoA self-evaluation and enhancement efforts on program review in consultation with the Associate Chair for Quality Assurance.
- d. Manage the voting process for program review.
- e. Oversee the work of CoA sub-committees as assigned by the Chair, including the group(s) responsible for the annual revision of self-study instructions.
- f. Chair CoA meetings in the absence of the Chair.
- g. Serve as a member of the Executive Committee of the Commission on Accreditation.
- h. Assist the Chair and the Office Director in coordinating and integrating the work of the Commission on Accreditation and the Office of Program Consultation and Accreditation.

- i. Function as a member of the Commission on Accreditation.

The duties of the Associate Chair for Quality Assurance are as follows:

- a. Coordinate training workshops and related training activities for new members of the Commission on Accreditation, site visitors, and training directors. Prepare and revise training materials as needed, and monitor the assignment of CoA members conducting the trainings.
- b. Meet with external groups and fulfill various administrative assignments as requested by the Chair.
- c. Oversee the work of all work groups and policy panels, including but not limited to the Complaints and Research subcommittees. Know and understand the progress of each group in relation to current tasks and projects. Facilitate discussion within and between groups, and ensure that tasks and relevant issues move forward in an efficient manner.
- d. Oversee CoA self-assessment and research projects. The Associate Chair for Quality Assurance will develop mechanisms to obtain feedback from current CoA members as necessary.
- e. Work with the Chair and Office staff in addressing problematic CoA reviewers and site visitors and mechanisms to improve the process.
- f. Serve as a member of the Executive Committee of the Commission on Accreditation.
- g. Assist the Chair and the Office Director in coordinating and integrating the work of the Commission on Accreditation and the Office of Program Consultation and Accreditation.
- h. Function as a member of the Commission on Accreditation.
- i. Chair CoA meetings in the absence of the Chair and Associate Chair for Program Review.
- j. Serve as CoA Parliamentarian, or appoint other CoA members as appropriate to serve in this capacity.

Note: As appropriate, the Chair will ensure that the Chair and Associate Chairs will have reduced program review workloads.

E3. Regulations related to conflict of interest

E3-1. Conflict of Interest Policy for Commission on Accreditation Members (Commission on Accreditation, April 1993; revised December 1998; January 2001)

Members of the Commission on Accreditation participate in a range of decisions regarding applicant and accredited programs. It is essential that these decisions appear to third parties and in fact are fair, based on accurate data, and are guided by the Commission members' best judgment. These qualities—fairness, expertise, and accuracy—can be eroded if Commission members vote on program decisions in which they have an actual or potential conflict of interest. For purposes of this policy, “potential conflict of interest” means circumstances that could be perceived by a reasonable third party as creating an apparent conflict of interest.

Because members of the Commission on Accreditation are chosen based on active involvement in the profession of psychology, it is likely that program decisions occasionally will be made by the Commission for which the member holds a dual interest. Since the Commission may not know fully the previous experience of its members, it is incumbent that Commission member exercise good faith and avoid participating in program decisions where an actual or perceived conflict of interest exists. Examples of relationships that pose conflict of interest concerns include: (1) the member has had or has a working relationship with the institution; (2) a former advisee directs the doctoral program; (3) a Commission member's doctoral student is in an internship program under review; or (4) the member has had a consulting relationship with the training program.

In addition, there are broader issues of conflict of interest which apply to consideration of policy and procedure. Commission members may experience a conflict of interest when they serve on more than one board or committee within the APA or within more than one organization. The Commission on Accreditation and its constituencies assume that Commission members will discharge their duties in good faith recognizing their fiduciary duty to the Commission on Accreditation and with the care that an ordinarily prudent person in like position under similar circumstances would exercise. Therefore, Commission members serving on other committees or boards in the APA or in other associations with overlapping interests in accreditation must be attentive to instances of possible conflict of interest due to dual service.

The decision regarding whether a member should be recused from participating in a given decision belongs to the Commission. Any Commission member who is aware of circumstances that he or she believes could pose a conflict of interest either for themselves or for another Commission member should inform the chair of the Commission of the underlying facts and his or her assessment of the appropriate resolution of the potential or actual conflict. If the Commission member who has the potential or actual conflict advises the Chair that he or she wishes to be recused from the decision making process, the Chair will honor the member's decision and the recusal will be noted in the minutes. If the Commission member is uncertain about the appropriate resolution or believes he or she can make an unbiased decision despite the appearance of conflict of interest, the Chair shall refer the matter to the full Commission on Accreditation for resolution. If it is determined that there is an actual or potential conflict of interest regarding a Commission decision, the member will be recused during discussion and decision making. The minutes of the meeting will reflect any decision regarding a possible conflict of interest. When there is any doubt in the member's mind as to whether a conflict exists or may appear to exist, the member should refer the issue to the Commission or Commission Chair. In addition to recusal, a Commission member may abstain from voting on a matter at any time.

There may be other times when nonparticipation in program decisions is called for, even when conflict of interest is not involved. For example, Commission members may receive *ex parte* communications by a program or by others on the program's behalf presenting material that is beyond the record. Voting on the program after receiving these communications would be inappropriate.

In summary, Commission members should conduct themselves in a manner that avoids any appearance of partiality or bias and should deal with ambiguous situations in a manner that avoids the potential conflict. It is essential that the process at every level be conducted honestly, objectively, and fairly and that the perception of external parties is congruent with this high standard.

E3-2. Conflict of Interest Policy for Site Visitors

(Site Visitor Workbook, 1997; Commission on Accreditation, date unknown; revised January 2001)

In preparing lists of site visitors, the CoA and Program Consultation and Accreditation staff attempt to avoid even the appearance of a conflict of interest with the program being visited. This is absolutely necessary to maintain the credibility of the accreditation process. However, all relationships between individuals and programs cannot be known by the CoA and staff. **The responsibility to determine any possible conflict, actual or apparent, lies equally with the program and the site visitors.**

Possible conflicts for site visitors include:

- former employment by the program
- former student in the program
- family connection with the program
- having an “old” friend associated with the program
- having a former classmate on staff at the program
- having a close professional or personal relationship with a member of the staff at the program
- being a previous site visitor to the program
- where a staff member of a program an individual is asked to visit was a member of the site visiting team to his/her program

The Commission is committed to avoiding even the appearance of a conflict of interest and maintaining the integrity and credibility of the accreditation process. It will not consider a site visit report in which it detects an appearance of or an actual conflict of interest.

E3-3. Conflict of Interest Policy for Staff of the Office of Program Consultation and Accreditation
(Commission on Accreditation April 1999; revised January 2001)

Permanent staff of the Program Consultation and Accreditation Office do not have direct involvement in decision-making regarding applicant and accredited programs (e.g., they do not participate directly in site visits nor do they take part in discussing and voting on accredited and applicant programs). Staff, however, do provide consultation to programs and individuals on matters such as developing applications and filing complaints; conducting preliminary reviews of program self-study reports; and attending program review and decision making meetings of the CoA. It is possible that a staff member, in the course of her or his work, may be involved with a program for which that staff member holds a dual interest. Examples of such situations include former employment at the program (including consulting); currently a student *in* the program or made application to the program; family connection with the program; having a close professional or personal relationship with a program staff member; and having an adverse relationship with the program or its personnel.

Temporary staff (e.g., interns, administrative temps, and consultants) have very limited interaction with representatives of accredited programs in matters concerning the accreditation process, and they have no access to confidential program information (except for research interns, who may be granted supervised access to confidential information to enable them to perform their duties). Situations may arise, however, in which temporary staff may be privy to accreditation information that may lead to or create an undue advantage for that staff member. Such situations might occur, for instance, when a temporary staff member is in the process of applying for admission to, or is seeking permanent employment in, doctoral or internship programs or postdoctoral residencies.

It is essential that the accreditation process be fair, unbiased, and based on accurate data in both actuality and appearance. Since the CoA or other office staff may not know fully the previous experience of each staff member, it is incumbent on the staff member, whether permanent or temporary, to avoid participating in any accreditation-related activity regarding a program where there is an actual or perceived conflict of interest. When there is any doubt in the staff member's mind as to whether a conflict exists, or may appear to exist, he or she should refer the issue to their immediate supervisor or to the Director of the Program Consultation and Accreditation Office.

If an actual or perceived conflict of interest exists, staff will take appropriate steps to avoid involvement with the relevant program's interaction with the CoA or the Program Consultation and Accreditation Office, including leaving the room when the program is being discussed/and or a decision is being made with regard to the program.

E3-4. Conflict of Interest Policy for Officially-Designated Liaisons to the Commission on Accreditation

(Commission on Accreditation January 2000; revised January 2001)

Pursuant to the Board of Directors/Committee (Commission) on Accreditation agreement approved by the Board in December 1999 and to the "Policies for Accreditation Governance" dated August 18, 1991 and amended February 18, 1996), official liaisons to the Commission on Accreditation from the APA Board of Directors and the Board of Educational Affairs are permitted to attend both open and closed sessions of CoA meetings. They may be present during review and decision making regarding applicant and accredited programs and will be privy to information of a confidential nature. It is possible that a liaison, in the course of his or her involvement, may be party to a discussion on a program for which that liaison holds a dual interest. Examples of such situations include (1) current or former employment at the program (including consulting); (2) a liaison's doctoral student is in an internship program under review; (3) family connection with the program; (4) having a close professional or personal relationship with a member of the staff of the program; and (5) having an adverse relationship with the program or its personnel.

It is essential that the accreditation process be fair, unbiased, and based on accurate data in both actuality and appearance. Since the CoA or staff of the Program Consultation and Accreditation Office may not know fully the previous experience of each liaison, it is incumbent on the liaison to not be present during any accreditation-related activity regarding a program where there is an actual or perceived conflict of interest. If an actual or perceived conflict of interest exists, liaisons will take appropriate steps to avoid involvement with any aspect of the relevant program's interaction with the CoA or the Program Consultation and Accreditation Office. When there is any doubt in the liaison's mind as to whether a conflict exists or may appear to exist, he or she should refer the issue to the Chair of the Commission on Accreditation or to the Director of the Program Consultation and Accreditation Office.

Furthermore, consistent with the CoA meeting procedures regarding consultation services, no CoA liaison who participates in closed sessions shall offer consultation services to programs (reimbursed or non-reimbursed) for the purpose of assisting them to seek or maintain their accreditation status. Each liaison will refrain from such activity during the term of his/her appointment as a liaison and for a period of one year thereafter.

E3-5. Conflict of Interest Policy for Program Review Consultants
(Commission on Accreditation, April 2006)

Program Review Consultants to the Commission on Accreditation (CoA) participate in the review panels during program review meetings and participate in providing expertise to assist the CoA in reaching accreditation actions regarding applicant and accredited programs. It is essential that the reviews conducted by these consultants appear to third parties and in fact are fair, based on accurate data, and are guided by the Program Review Consultants' best judgment. These qualities—fairness, expertise, and accuracy—can be eroded if Program Review Consultants participate in the discussion on program with which they have an actual or potential conflict of interest. For purposes of this policy, “potential conflict of interest” means circumstances that could be perceived by a reasonable third party as creating an apparent conflict of interest.

Since the Commission may not know fully the previous experience of its Consultants, it is incumbent that all Consultants exercise good faith and avoid participating in program discussions where an actual or perceived conflict of interest exists. Examples of relationships that pose conflict of interest concerns include:

- former employment by the program
- former student in the program
- family connection with the program
- having an “old” friend associated with the program
- having a former classmate on staff at the program
- having a close professional or personal relationship with a member of the staff at the program
- being a previous site visitor to the program
- where a staff member of a program an individual is asked to read was a member of the site visiting team to his/her program

The Commission is committed to avoiding even the appearance of a conflict of interest and maintaining the integrity and credibility of the accreditation process. It will not consider a review in which it detects an appearance of or an actual conflict of interest.