**APA CoA Verification (In-Person) Site Visit**

**Postdoctoral Template**

All programs undergoing a virtual site visit must be site visited in-person when practicable. The in-person site visit will not replicate the virtual visit, or elements thereof, and will be conducted through a limited visit (1/2 day) performed by a single site visitor (Note: Multi-site programs may require more time/visitors). The purpose of the visit is to *verify* that records and facilities/resources are consistent with that which was reported during the virtual visit. The in-person site visit only needs to address the verification questions/items identified in this template.

Please note that the verification visit should not add new information to the record, but rather *confirm* the information specific to records/facilities/resources that were reported as part of the virtual site visit. The verification visit must not consist of additional interviews with administration, supervisors, or interns. Changes occurring since the virtual site visit must be reported to CoA via the substantive change process (IR C-20 P); and should not be incorporated into the verification review.

**\*\*\*\***

**Opening Summary:** *Please identify the program name/type, dates of the visit, member/s of visit team, timing of the visit (e.g. 3 hours), and who guided you during the visit. Please also identify any other relevant logistics of the visit.*

**Verification Report:** *Please verify each item by checking the appropriate box and provide at least 1 to 2 sentences of narrative for each standard.*

**Standard I.B.2.c** *(If applicable)*

*A postdoctoral training program may consist of, or be located under, a single administrative entity (e.g., institution, agency, school, or department) or may take the form of a consortium.*

**Verification:**

*If the program is a consortium:*

**Visit each (current) participating member of the consortium and verify resources available**

**as identified in I.B.5 [see below], including ADA compliance of *all* member sites.**

**Site Visitor Comment** *(N/A if not a consortium):*

**Standard I.B.5**

***Training Resources and Support Services***

1. *The program provides sufficient and appropriate resources to fulfill the aims of the program (e.g., office space, supplies, computers, clerical support, library, and test equipment).*
2. *These resources and facilities must be compliant with the Americans with Disabilities Act.*

**Verification:**

**Verify availability of resources such as computers, space, testing materials, and clerical and technical support.**

**Verify that all facilities and resources are compliant with the Americans with Disabilities**

**Act.**

**Site Visitor Comment:**

**Standard I.C.2**

**Resident Evaluation**

*Residents must receive written feedback on the extent to which they are meeting performance requirements at least semiannually (or more often as the need arises).*

**Verification:**

**Check resident files for evidence of written feedback regarding performance, and ensure**

**they are signed by both the resident and supervisor.**

**Review files for residents who have gone through corrective actions.**

**Site Visitor Comment:**

**Standard I.C.5**

***Record Keeping***

* 1. *The program documents and permanently maintains accurate records of the residents' supervised training experiences and evaluations for future reference, certification, licensing, and credentialing purposes.*
  2. *Each program is responsible for maintaining records of all formal complaints and grievances against the program of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of residents' complaints as part of its periodic review of the program.*

**Verification:**

**If remediation and or program terminations have taken place, confirm there is evidence in**

**resident files that the program has followed its own policies.**

**Confirm evidence of the assessment of resident performance (training experiences,**

**evaluations, certificates of completion) in resident records.**

**Verify how/where grievances are stored and how privacy and confidentiality maintained.**

**Site Visitor Comment:**

**Standard V.B.2**

***Communication***

*The program informs the accrediting body in a timely manner of changes in its environment, plans, resources, or operations that could alter the program's quality. This includes notification of any potential substantive changes in the program, such as changes in sequence of experiential training, faculty/staff changes, or changes in administration.*

**Did the program report any new/updated information regarding the program?**

Yes No

**If yes:** Did the program confirm the information had been submitted as a formal substantive change to the CoA?

Yes No

**Site Visitor Comment:**

**Verification Site Visit Schedule**

**Program Name:**

**Site Visitor:**

**Date/Time:**

|  |  |
| --- | --- |
| Time  (30 minutes) | Meet with Program Director: Name  [add others, if applicable]   * Introductions/Brief Overview of Verification Visit Process |
| Time  (45 minutes) | Facility Tour to include:   * Trainee workspace; * Clinical rooms/space; * Educational materials, including equipment; * Computers and other technology dedicated to trainees and program operations; and, * Space and facility needs for faculty/supervisory staff. * [Other?]   Tour conducted by: [Name/s] |
| Time  (15 minutes) | BREAK |
| Time  (60 minutes) | Record Review to include:   * Grievances and complaints from last 10 years * Trainee files from all cohorts over the past 10 years (or since program’s inception) |
| Time  (30 minutes) | Meet with Program Director: Name  [add others, if applicable]   * Closing/Final Questions |