COMMISSION ON ACCREDITATION

IMPLEMENTING REGULATIONS

Section C:
IRs Related to the *Standards of Accreditation for Master's Programs*

Section C: Master's Programs

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C-1 M. Conduct of Master's Reviews
(Commission on Accreditation, April 2023)

Master's programs complete both *periodic review* and *annual review* to obtain and maintain annual accreditation or re-accreditation. This IR clarifies how the CoA reviews key markers of student progress that are assessed _both_ at the time of the full CoA review as reflected in decision letters and during the annual review process based upon data provided by programs in completing the Annual Report Online (ARO). The key markers of student progress are: IR C-19 M: Expected Outcomes in Licensure and/or Employment; IR C-20 M: Student Selection and Admission; and IR C-22 M: Student Attrition.

For each of these issues, the CoA reviews programs for their quality in a comprehensive manner through the review of the self-study and site visit, as well as monitoring continued adherence to providing educational quality. These two review processes are discussed below.

Periodic review - In reaching a decision about the accreditation status of a program, the CoA does not have a set number of issues or concerns that automatically leads to an adverse decision; rather the professional judgment of the Commission is based on the overall review of the program's adherence to the accreditation standards - the SoA and related Implementing Regulations. In making an accreditation decision, the CoA looks at the program's entire record to determine whether or not, as a whole, the program achieves an appropriate level of quality to be accredited, and that it meets its own stated aim(s).

The SoA does allow for some flexibility in the professional judgment of the CoA based upon the program's stated aim(s). However, the purpose of the CoA's accreditation review at the master's level is to evaluate "preparation for entry-level practice in health service psychology", regardless of the program's aims. At this time, "entrance to the profession" involves the completion of the master's program in a timely manner and attainment of licensure (or appropriate credential to practice at the master's level). In addition, review of licensure or credentialing rates is required by the U.S. Department of Education. As a result, for the purposes of evaluating entrance to the profession, the CoA evaluates the proportion of students entering a master's program who complete it, the time-to-degree, and the proportion of students completing the master's program who attain licensure or credentials.

Annual review - In its annual monitoring of accredited master's programs (as articulated in Implementing Regulation D 4.7), the CoA has set a series of parameters by which it annually reviews programs' adherence to general quality assurance indicators each year. At this time these include: the degree to which expected outcomes in terms of its graduates' careers are consistent with the actual outcomes (e.g., HSP job placement and licensure); time to degree; annual attrition within the student body; and changes in core faculty as related to total students in the program. The CoA requires programs to provide annual report data each year and uses these data to monitor program quality indicators during those years the program is not engaged in periodic review. Thus, if a program meets the IR D.4-7 threshold as determined by the Annual Report Online ("ARO") in a given year, it means that the program does not need to provide additional reports on that specific threshold in that year. It is important to understand that meeting these thresholds simply means that the program's reported data will not trigger a fuller review in connection with the annual report. This does not mean that these outcome data will dictate reaccreditation during the periodic review, which is based on a more comprehensive analysis of the program, including a broader review of the data, the program's outcomes, and other factors bearing on the program's consistency with the *Standards of Accreditation*.

**C-2 M. Definition of "Practice Areas" for Master's Programs
and the Process by which Areas May be Identified as Such**
(Commission on Accreditation, April 2023)

Scope of Accreditation for Master's Programs:

The Commission on Accreditation reviews master's programs in psychology that provide training in clinical psychology, counseling psychology, school psychology and other practice areas (e.g., addiction, forensic, marriage and family therapy, rehabilitation, etc.). The CoA also reviews programs that combine two or three of the above-listed practice areas.

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 master's educational and training guidelines consistent with the SoA;
- 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 more information about changes in the scope of accreditation)

C-3 M. Review of Applications for the Recognition of Practice Areas
(Commission on Accreditation, April 2023)

A program cannot be reviewed for accreditation in a 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 master's degree level before programs will be recognized in that area.

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 accreditation.apa.org/important-dates. Applications received after that deadline will be reviewed during the next meeting that has availability on the agenda.

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-2 M, then the CoA will invite public comment on inclusion of the area in the scope of accreditation as a developed practice area.

After reviewing any received 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-4 M. Appeal of Decisions for Areas Seeking to be added to the Scope of Accreditation as Developed Practice Areas
(Board of Educational Affairs, April 2023)

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 D.5-1 and D.5-2).

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-1 M. 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 is 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.

<u>Decision and Report of Appeal Panel</u>

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-6 M. Record of Student Complaints in CoA Periodic Review
(Commission on Accreditation, April 2023)

Standard III.B.2 of the *Standards of Accreditation* for master's programs addresses the need for accredited programs to recognize the rights of students 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.

In accordance with Standard III.B.2 of the *Standards of Accreditation* for master's programs*,* 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. The site visitors shall review the full record of program materials on any or all of the filed complaints/grievances.

C-7 M. Discipline-Specific Knowledge
(Commission on Accreditation, April 2023)

Discipline-specific knowledge serves as a cornerstone of identity as a psychologist and orientation to health service psychology. Therefore, all students in accredited master's programs shall demonstrate knowledge, broadly construed, in the discipline of psychology. This discipline-specific knowledge (DSK) base shall include basic content areas in scientific psychology and considerations specific to research and psychometrics.

Discipline-specific knowledge, as it is articulated in the *Standards of Accreditation for Master's Programs*, Standard II.B.1.a., includes two categories.

Category 1: Basic content areas in scientific psychology *(undergraduate or graduate level)*
Programs may elect to meet the following areas of knowledge at either the undergraduate- or graduate-level
  (a) **Affective Aspects of Behavior**, *including topics such as affect, mood, and emotion. Psychopathology and mood disorders do not by themselves fulfill this category.*
  (b) **Biological Aspects of Behavior**, *including multiple biological underpinnings of behavior, such as neural, physiological, anatomical, and genetic aspects of behavior. Although neuropsychological assessment and psychopharmacology can be included in this category, they do not, by themselves, fulfill this category.*
  (c) **Cognitive Aspects of Behavior**, *including topics such as learning, memory, thought processes, and decision-making. Cognitive testing and cognitive therapy do not, by themselves, fulfill this category.*
  (d) **Developmental Aspects of Behavior**, *including transitions, growth, and development across an individual's life. Coverage limited to one developmental period (e.g., infancy, childhood, adolescence, adulthood, or late life) is not sufficient to fulfill this category.*
  (e) **Social Aspects of Behavior**, *including topics such as group processes, attributions, discrimination, and attitudes. Individual and cultural diversity and group or family therapy do not, by themselves, fulfill this category.*

Category 2: *Research and Psychometrics (graduate level only)*
Programs must cover the following areas of knowledge at the graduate level
  (a) **Consumption of research,** *including the reading and interpretation of primary source literature, attending to trustworthiness in qualitative and validity in quantitative research with an understanding of sampling issues, parametric assumptions, design confounds, and meta-analyses.*
  (b) **Research related to practice**, *including topics such as qualitative inquiry, single-case designs, quantitatively describing outcomes, statistical description, logic models, and basic inferential statistics.*
  (c) **Psychometrics**, *including topics such as theory and techniques of psychological measurement, scale and inventory construction, reliability, validity, evaluation of measurement quality, classical and contemporary measurement theory, and standardization.*

Overarching considerations that apply to all aspects of DSK

Several aspects of this IR are intentionally written broadly to allow programs to design curricula that are consistent with their aims, the training needs of their students, and evolutions in the field. The narrative descriptions provided in the bullet points above for each of the discipline-specific content areas are ***not*** checklists of required topics; rather, they are ***examples*** of the sorts of topics that may be included. For example, under Category 2, all programs are expected to provide evaluated-level experience in research methods and psychometrics; however, different programs may elect to include customized topics within those broad headings.

Coverage of discipline-specific knowledge within an accredited program may be provided through coursework (e.g., individual courses or material infused across multiple courses) or through other evaluated educational experiences.

Considerations specific to Category 1: *Basic Content Areas in Scientific Psychology*

The basic content areas in scientific psychology may be accomplished before matriculation into the master's program and/or through undergraduate-level work after matriculation into the master's program. Alternatively, programs may choose to cover this domain of knowledge at the graduate rather than the undergraduate level. Refer to the section below entitled *Foundational knowledge attained outside of the master's program* for information about evaluation of these types of educational experiences.

Programs must describe how they determine whether courses are graduate level.

If programs offer coverage of these areas at a graduate level, then the training must be consistent with *graduate-level training* as defined below in this IR.

It is not consistent with the SoA for the entirety of a student's education in the DSK to occur before matriculation into the master's program or through undergraduate coursework following matriculation into the master's program.

Considerations specific to Category 2: *Research and Psychometrics*

As required by the SoA, programs must demonstrate that students are provided the opportunity to acquire and be evaluated on Category 2 areas of discipline-specific knowledge at the graduate level. In evaluating whether a program has provided sufficient coverage of the DSK, the CoA will require documentation that, *at program completion,* each of its students has demonstrated sufficient knowledge *in each research and psychometrics area* to allow 1) *graduate-level* interaction with the scientific literature that draws on these categories and 2) an understanding of the scientific foundations of the Profession-Wide Competencies. Refer to the section below entitled *Graduate-Level Training* for information about how the curriculum will be evaluated by CoA to ensure sufficient graduate-level coverage.

Regardless of the method by which a program chooses to satisfy the DSK requirement, the program must document how *each* student demonstrates graduate-level knowledge in the relevant content areas. The program must also document procedures for ensuring the curriculum plan in these content areas are developed, provided, and evaluated by faculty who are well qualified in the content areas as specified in IR C-23 M.

Evaluating graduate-level training

Graduate-level training must include evidence of graduate students' exposure to knowledge through a curricular experience that utilizes primary source materials (including original empirical work that represents the current state of the area), emphasizes critical thinking and communication at an advanced level, and facilitates integration of DSK with the program's substantive area(s) of practice. It is not required that coverage of Statistical Analysis or Psychometrics include original source materials.

As programs work to confirm that their graduate-level training and evaluation is sufficient to meet these criteria, they are advised to ensure that students are interacting with current primary source materials and that they are evaluated in part on their ability to communicate critical thinking at an advanced level.

Evaluating discipline-specific knowledge attained outside of the master's program

Programs that permit the attainment of basic content areas in scientific psychology through experiences that were not acquired within the accredited program bear a significant responsibility for documenting the quality/rigor, currency, standardization, and fairness of the method for establishing students' knowledge.

If programs permit students to attain mastery of research and psychometric knowledge of DSK outside their master's level training (i.e., before matriculation or through undergraduate coursework they may enroll in while they are also master's students), it is incumbent upon programs to develop and implement systematic processes to evaluate *each individual student's DSK*. The CoA will assess the extent to which these systematic processes are:

- Sufficiently rigorous to demonstrate students' substantial understanding of DSK.
- Appropriate for the program's intended use.
- Free from discrimination on bases irrelevant to success in the master's program.
- Based on a substantial educational experience that included evaluation of knowledge contemporaneous with the experience (e.g., a course for which the instructor assigned a grade at course completion, rather than an activity completed in the remote past that was evaluated *post hoc* by a member of the master's program's faculty).

At times a program may determine that its evaluation methods or minimum criteria could inadvertently discriminate against an individual student on the basis of issues irrelevant to success in the master's program. In this case, the program should utilize alternative methods and corresponding criteria and document this determination process and the specific criteria used.

C-8 M. Profession-Wide Competencies
(Commission on Accreditation, April 2023)

The Commission on Accreditation (CoA) requires that all trainees who complete accredited training programs, regardless of substantive practice area, degree type, or level of training, develop certain competencies as part of their preparation for practice in health service psychology (HSP). The CoA evaluates a program's adherence to this standard in the context of the SoA sections that articulate profession-wide competencies at the master's (Section II.B.1.b), doctoral (Section II.B.1.b), internship (Section II.A.2), and postdoctoral (Section II.B.1) levels.

This Implementing Regulation refers specifically to aspects of a program's curriculum or training relevant to acquisition and demonstration of the profession-wide competencies required in all accredited programs. The CoA acknowledges that programs may use a variety of methods to ensure trainee competence, consistent with their program aim(s), degree type, and level of training. However, all programs must adhere to the following training requirements:

- ***Consistency with the professional value of individual and cultural diversity*** (SoA Introduction, Section II.B). Although Individual and Cultural Diversity is a profession-wide competency, the CoA expects that appropriate training and attention to diversity will also be incorporated into each of the other profession-wide competencies, consistent with SoA Introduction, Section II.B.2.a.

- ***Consistency with the existing and evolving body of general knowledge and methods in the science and practice of psychology*** (SoA Introduction, Section II.B.2.d). The CoA expects that all profession-wide competencies will be grounded, to the greatest extent possible, in the existing empirical literature and in a scientific orientation toward psychological knowledge and methods.

- ***Level-appropriate training***. The CoA expects that training in profession-wide competencies at the master's level will provide preparation for entry level practice and licensure (or appropriate credential to practice at the master's level) consistent with the program's aims.

- ***Level-appropriate expectations***. The CoA expects that programs will require trainee demonstrations of profession-wide competencies that differ according to the level of training provided (i.e., master's, doctoral, internship, postdoctoral). In general, trainees are expected to demonstrate each profession-wide competency with increasing levels of independence and complexity as they progress across levels of training.

- ***Evaluation of trainee competence***. The CoA expects that evaluation of trainees' competence in each required profession-wide competency area will be an integral part of the curriculum, with evaluation methods and minimum levels of performance that are consistent with the SoA (e.g., for clinical competencies, evaluations are based at least in part on direct observation; evaluations are consistent with best practices in student competency evaluation).

I. Integration of Psychological Science and Practice

The CoA recognizes science as the foundation of HSP. Individuals who successfully complete master's-level programs accredited in HSP must demonstrate knowledge about how to be good consumers of research to inform practice, this includes the ability to critically evaluate and use existing knowledge to solve problems. This area of competence requires knowledge of scientific methods, procedures, and practices. Trainees are expected to:

- demonstrate the ability to understand and critically evaluate research and other scholarly works (e.g., peer-reviewed review articles);

- utilize research methods to support quality improvement of individual treatment outcomes; and

- demonstrate knowledge that issues of equity, diversity, and inclusion should be considered when critically evaluating psychological research.

II. Ethical and legal standards

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training. Trainees are expected to demonstrate competency in each of the following areas:

- be knowledgeable of and act in accordance with each of the following:

    o the current version of the APA Ethical Principles of Psychologists and Code of Conduct;

    o relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and

    o relevant professional standards and guidelines;

- recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas; and

- conduct self in an ethical manner in all professional activities.

III. Individual and cultural diversity

Effectiveness in health service psychology requires that trainees develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, trainees must demonstrate cultural humility, knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal identities, background and characteristics. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, socioeconomic status, and their intersectionality. The CoA recognizes that development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. Trainees are expected to demonstrate:

- ongoing engagement through critical self-reflection of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;

- knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities, including research, training, supervision/consultation, and service;

- the ability to integrate awareness and knowledge of individual, historical, and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose identities, group membership, demographic characteristics, and/or worldviews are different from their own.

- the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups and apply this approach effectively in their professional work.

- knowledge of factors that may impact equity and inclusion such as oppression, privilege, institutional prejudice, and intersectionality;

- knowledge of the role of social justice, including racial justice, in increasing equitable access to behavioral health care; and

- the ability to function as an advocate to address social inequities and injustices impacting one's patient population.

IV. Professional values and attitudes

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training. Trainees are expected to:

- behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, commitment to integration of science and practice, lifelong learning, and concern for the welfare of others;

- engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness; and

- actively seek and demonstrate openness and responsiveness to feedback and supervision.

V. Communication and interpersonal skills

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

The CoA views communication and interpersonal skills as foundational to education, training, and practice in health service psychology. These skills are essential for any service delivery/activity/interaction and are evident across the program's expected competencies. Trainees are expected to:

- develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services;

- produce and comprehend oral, nonverbal, and written communications that are respectful, accessible, informative and well-integrated; demonstrate a thorough grasp of professional language and concepts;

- demonstrate effective interpersonal skills and the ability to manage difficult communication well; and

- communicate in culturally responsive ways that respect the diversity of perspectives and communication styles of others (e.g., marginalized, privileged, individualist, collectivistic, generational)

VI. Assessment

Trainees demonstrate competence in conducting evidence-based assessment consistent with the scope of the program aims within Health Service Psychology practice areas. Assessment is an essential competency at all graduate levels of HSP, as it contributes to sound decision-making and treatment planning.

At the level of the master's degree, programs must ensure that trainees have the skills required to engage in assessment methods designed to ascertain psychological concerns and functional behaviors. Programs are expected to ensure that trainees understand how to conduct clinical interviews, evaluate behavior in a social and cultural context, and use diagnostic classification systems. Trainees are expected to use this information in conjunction with professional literature to make informed and evidence-based intervention plans. Trainees are expected to:

- demonstrate current knowledge of diagnostic classification systems across different contexts and settings (e.g., schools), functional and dysfunctional behaviors, including consideration of client strengths and psychopathology;

- demonstrate understanding of human behavior within its relevant context (e.g., family, educational/school, social, societal, historical, and cultural);

- demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process;

- critically evaluate, select, and apply assessment methods consistent with the aims of the program that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient;

- understand assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective; and

- communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

VII. Intervention

Trainees demonstrate competence in evidence-based interventions consistent with the scope of the program aims within health service psychology practice areas. Intervention is being defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, an organization, a community, a population, or other systems. Trainees are expected to demonstrate the ability to:

- establish and maintain effective relationships with the recipients of psychological services in settings and context appropriate to meet program aims;

- develop evidence-based intervention plans specific to the service delivery goals;

- implement interventions informed by the current scientific literature, assessment findings, cultural efficacy and appropriateness, and contextual variables;

- evaluate intervention outcomes, and adapt as needed, as part of ongoing progress monitoring; and
- use information relevant to equity, diversity, and inclusion to educate stakeholders about the determinants of health, about effective strategies for promoting health and well-being outcomes, and about ways to access health care and other psychological services.

VIII. Supervision

The CoA views supervision as grounded in science and integral to the activities of health service psychology. Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee. Trainees are expected to:

- demonstrate knowledge of supervision roles; and

- demonstrate an understanding of relevant supervision requirements for one's level and form of practice.

IX. Consultation and interprofessional/interdisciplinary skills

The CoA views consultation and interprofessional/interdisciplinary interaction as integral to the activities of health service psychology. Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Trainees are expected to:

- demonstrate the ability to work as part of integrative teams with members from diverse backgrounds, such as other types of mental health professionals, client family members, or others from different backgrounds; and

- demonstrate knowledge and respect for the roles and perspectives of other professionals.

C-9 M. Diversity Education and Training
(Commission on Accreditation, April 2023)

In accordance with Standard II.B.1.b of the master's *Standards of Accreditation* (SoA)*,* a program has and implements a thoughtful and coherent plan to provide students with relevant knowledge and experiences about the role of cultural and individual diversity in psychological phenomena and professional practice. Although the Commission asks for demographic information about faculty/staff and students in the tables of the self-study and annual report, the information requested is limited to the data collected in federal reports, which is not sufficient in demonstrating a program's compliance with Standard II.B.1.b. Consistent with Standard I.B.2, as described in the master's program SoA, cultural and individual diversity includes but is not limited to age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.

An accredited program is expected to articulate and implement a specific plan for integrating diversity into its didactic and experiential training. This training should be based on the multicultural conceptual and theoretical frameworks of worldview, identity, and acculturation, rooted in the diverse social, cultural, and political contexts of society, and integrated into the science and practice of psychology. Programs are expected to train students/interns/residents to respect diversity and be competent in addressing diversity in all professional activities including research, training, supervision/consultation, and service. Programs are expected to train students to be competent not only for serving diverse individuals present in their local community and training setting, but also for working with diverse individuals they may encounter when they move to other locations after completion of their training. The program should demonstrate that it examines the effectiveness of its education and training efforts in this area. Steps to revise/enhance its strategies as needed should be documented.

C-10 M. Distance Education
(Commission on Accreditation, April 2023; revised July 2025)

Distance education utilizes technologies, such as the internet, transmissions through communication devices such as video teleconferencing or audioconferencing, distribution or receipt of recorded media, to provide instruction to students who are not in the same classroom or other in-person setting as the instructor or clinical supervisor. While such distance education may occur synchronously or asynchronously, it must involve *regular and substantive interactions* with the instructor or supervisor to constitute distance education (see ED 34 CFR 600.2)[1]. Correspondence courses are not distance education and cannot be used to satisfy the curricular and other requirements of the Standards of Accreditation. A correspondence course offers educational experiences to students who are at different location separated from the instructor that does not involve regular and substantive interaction with the instructor.

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[1] *ED - §600.2 Definitions.*
The following definitions apply to terms used in this part:
Academic engagement*: Active participation by a student in an instructional activity related to the student's course of study that –*
  (1) Is defined by the institution in accordance with any applicable requirements of its State or accrediting agency;
  (2) Includes, but it not limited to –
      (i)   Attending a synchronous class, lecture, recitation, or field or laboratory activity, physically or online, where there is an opportunity for interaction between the instructor and students;
      (ii)   Submitting an academic assignment;
      (iii)   Taking an assessment or an exam;
      (iv)   Participating in an interactive tutorial, webinar, or other interactive computer-assisted instruction;
      (v)   Participating in a study group, group project, or an online discussion that is assigned by the institution; or
  (3) Does not include, for example –
      (i)   Living in institutional housing;
      (ii)   Participating in the institution's meal plan;
      (iii)   Logging into an online class or tutorial without any further participation; or
      (iv)   Participating in academic counseling or advisement.
Distance education:
  (1) Education that uses one or more of the technologies listed in paragraphs (2)(i) through (iv) of this definition to deliver instruction to students who are separated from the instructor or instructors and to support regular and substantive interaction between the students and the instructor or instructors, either synchronously or asynchronously.
  (2) The technologies that may be used to offer distance education include—
    (i) The internet;
    (ii) One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
    (iii) Audio conference; or
    (iv) Other media used in a course in conjunction with any of the technologies listed in paragraphs (2)(i) through (iii) of this definition.
  (3) For purposes of this definition, an instructor is an individual responsible for delivering course content and who meets the qualifications for instruction established by an institution's accrediting agency.
  (4) For purposes of this definition, substantive interaction is engaging students in teaching, learning, and assessment, consistent with the content under discussion, and also includes at least two of the following—
    (i) Providing direct instruction;
    (ii) Assessing or providing feedback on a student's coursework;
    (iii) Providing information or responding to questions about the content of a course or competency;
    (iv) Facilitating a group discussion regarding the content of a course or competency; or
    (v) Other instructional activities approved by the institution's or program's accrediting agency.

Programs that offer any portion of their program through distance education must demonstrate compliance with all the Standards of Accreditation for masters' programs in its distance education components just as it must with education offered through any other modality. Depending on the way that distance education is offered, this may require unique, additional information over what a program provides for how it complies with the standards in any traditionally, face-to-face education it offers. Programs utilizing distance education must include in their self-studies sufficient information for CoA to determine how the standards are being satisfied in this modality. This information includes, but is not limited to, information in the following areas:

<u>Authorization to Provide Distance Education</u>: Programs that provide education by distance to students must attest that they are authorized to so by (1) their institutional accreditor, and (2) any pertinent jurisdictional authority such a state or province. Jurisdictional authorization is typically required when distance education is offered to students residing in states other than the one in which the program is located.

<u>Verification of Student Identity</u>: The program must (1) report the method, processes, and/or mechanisms it uses to verify the identity of students participating in distance education, and (2) describe how its student verification procedure protects student privacy.

<u>Evaluation of Distance Education</u>: All programs are expected to evaluate the effectiveness of any distance education modalities it uses to ensure that student learning outcomes are comparable with in person or other non-distance education modalities.

<u>Nature and Sufficiency of Regular and Substantive Interactions</u>: The program must describe in its self-study how it provides and ensures regular and substantive interaction with students in any distance education experiences. This description must be sufficient for the CoA to determine the experience qualifies as distance education (as opposed to correspondence learning) and fulfills pertinent standards and program aims.

<u>Faculty Qualifications for Distance Education</u>: In addition to the faculty qualifications in IR C-23 M, programs must indicate how its faculty are appropriately prepared and qualified to offer the distance education experiences they provide.

<u>Program Disclosures Regarding Distance Education</u>: The program must indicate how it clearly discloses to students all pertinent information regarding its distance education. Such disclosures must be sufficient for students to make informed decisions about the program. Examples of required disclosures include: the jurisdictions where the program is authorized to provide distance education, the method of verifying student identity in distance education experiences, and an explanation of any fees or other costs specific to the modality.

In accordance with the master's *Standards of Accreditation*, the CoA recognizes that some accredited master's program may elect to utilize distance and electronically mediated delivery formats (Section I.C.2). A master's program is a *distance program* if a student can complete over 50% of its curriculum through distance education. Distance programs, like all master's programs, must demonstrate that all the Standards of Accreditation for master's programs are met.

The following elements are specifically noted for all accredited and applicant master's programs:
- The CoA recognizes that the use of telehealth services in practicum settings may provide a valuable adjunct training experience for students. Telehealth practicum training is governed by both Implementing Regulation C-10 M (Distance Education) and Implementing Regulation C-12 M: Clinical Experiences Guidelines for Master's Programs.

- Telesupervision of students within practicum experiences is governed through Implementing Regulation C-13 M: Telesupervision;
- All programs are expected to follow generally accepted best practices and utilize evidence-based methods in distance education.

C-12 M. Clinical Experiences Guidelines for Master's Programs
(Commission on Accreditation, April 2023)

Standard II.B.3 of the *Standards of Accreditation for Health Service Psychology* (SoA) for master's graduate programs identifies clinical experiences as a required training element, such as clinical experience, field experience, or master's-level internship.

In reviewing clinical experiences within master's programs, the CoA looks to determine that the program is responsible for identifying how the clinical experience helps to realize the educational aims identified in the program's curriculum plan. This curriculum plan should:

1. Include a clear statement of how clinical experience training provides opportunities for students to achieve and demonstrate profession-wide competencies, as well any program-specific competencies for which clinical experience is a relevant curricular element.
2. Document outcome measures used within clinical experiences and training to evaluate profession-wide and any relevant program-specific competencies; and

Specify how clinical experience is clearly integrated with other elements of the program. This includes a description of how academic knowledge is integrated with practical experience through forums led by psychologists for the discussion of the clinical experience.

Further, each accredited master's program is expected to have clearly defined administrative policies and procedures in place for all clinical experience settings, both internal and external to the program.

The guidelines below clarify the CoA's expectations as to how programs demonstrate and provide documentation of adherence to the required clinical experience training elements specified in Standard II.B.3 of the SoA during periodic program review (i.e., review of the program since its last self-study).

- The CoA recognizes that clinical training and experiences can include psychological interventions, testing, consultation, program development, outreach, and advocacy, as well as the identification and use of evidence-based practice procedures. The CoA also recognizes that not all interventions that may occur during clinical experiences meets the definition of "empirically supported."
- When students are not being supervised on site by licensed psychologists, the program must provide on-going weekly opportunities for students to discuss their clinical work with a psychologist licensed to practice in the jurisdiction in which the program is located.
- It is recognized that supervision on site can be provided by master's level practitioners in health service psychology who are appropriately credentialed for the jurisdiction, doctoral interns or post-doctoral fellows in psychology, under the supervision of a psychologist appropriately credentialed for the jurisdiction.
- The program should document how the program ensures the quality of the clinical experience sites, including regularly scheduled site reviews.
- The program should document the use of evaluation procedures for clinical experiences, methods for identifying strengths and weaknesses of clinical settings, and how a problem with a site is managed.
- The program should identify the administrative methods used to ensure that clinical placements meet these criteria and discuss how students are matched to these sites.
- The program should demonstrate how training and educational experiences are conducted in ways that integrate science and practice.
- The program's curriculum plan should provide clear evidence that clinical experience is integrated with other elements of the program.

- The program should discuss how it regularly evaluates the forum for the discussion of the clinical experience.
- The program should include a description of how it uses feedback from the clinical supervisors to address the progress, development, and competencies of the clinical experience student.
- The program should identify how the minimum acceptable level of achievement is defined and assessed and identify policies for remediation or dismissal from a clinical experience site when this level of achievement is not met.
- The program should identify how the required clinical experiences are sufficient to prepare the students for entry-level practice.

C-13 M. Telesupervision
(Commission on Accreditation, April 2023)

The CoA recognizes that accredited programs may utilize telesupervision in their clinical training. At the same time, the CoA recognizes there are unique benefits to in-person supervision. Benefits to in-person supervision include but are not limited to: opportunities for professional socialization and assessment of trainee competence, recognition and processing of subtle, nonverbal, and emotional or affective cues and interactions in supervision, all of which are essential aspects of professional development, ensuring quality, and protecting the public. Therefore, the CoA recognizes that there must be guidelines and limits on the use of telesupervision in accredited programs.

The following applies only to the MINIMUM number of required hours of supervision. At the master's level, these are the minimal supervision requirements for each clinical experience site, as defined by the master's program. Supervision beyond the minimum number of required hours may utilize methods or modalities that are deemed appropriate by the accredited program. Nothing in this Implementing Regulation contravenes other requirements in the *Standards of Accreditation* (SoA). It only clarifies the utilization of telesupervision at the master's clinical experience level.

Definitions:

> **Telesupervision** is supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical facility as the trainee. (See the definition of supervision as noted in the Glossary)

> **In-person supervision** is supervision of psychological services where the supervisor is physically in the same room as the trainee. (See the definition of supervision as noted in the Glossary)

Guidelines and Limits:
- Telesupervision may not account for more than 50% of the total supervision at a given clinical experience site. Furthermore, it is the master's program's responsibility to ensure that the student has had sufficient experience and in-person supervision in intervention at the master's level and possesses a level of competence to justify this modality of supervision in a student's sequence of training.

Programs that utilize telesupervision are expected to address generally accepted best practices. Furthermore, as with all accredited programs, programs that utilize telesupervision must demonstrate how they meet all standards of the SoA.

Programs utilizing ANY amount of telesupervision need to have a *formal policy* addressing their utilization of this supervision modality, including but not limited to:
- An explicit rationale for using telesupervision;
- How telesupervision is consistent with their overall aims and training outcomes;
- How and when telesupervision is utilized in clinical training;
- How it is determined which trainees can participate in telesupervision;
- How the program ensures that relationships between supervisors and trainees are established at the onset of the supervisory experience;
- How an off-site supervisor maintains full professional responsibility for clinical cases;
- How non-scheduled consultation and crisis coverage are managed;
- How privacy and confidentiality of the client and trainees are assured; and
- The technology and quality requirements and any education in the use of this technology that is required by either trainee or supervisor.

C-14 M. Direct Observation
(Commission on Accreditation, April 2023)

This IR is intended to clarify the expectations of the CoA with regard to "direct observation" as described in Standard II.B.3.d of the Master's *Standards of Accreditation* (SoA) as follows:

> *As part of a program's ongoing commitment to ensuring the quality of their graduates, each clinical training evaluation must be based in part on direct observation of the clinical training experience of students (either live or electronically) and their developing skills as a clinician.*

Direct observation provides essential information regarding trainees' development of competencies, as well as the quality of the services provided, that cannot be obtained through other methods. Direct observation allows supervisors to provide a more accurate assessment and evaluation of observable aspects of trainees' competency development regarding one or more profession-wide and program-specific (if any) competencies associated with that training experience.

The direct observation requirement described in this IR applies to all training experiences that fall under the program's application of clinical experience training in IR C-12 M. At minimum, programs are required to conduct one direct observation per evaluation period as described below. In situations in which students complete an extra, elective, non-required clinical experience, or placement and this experience is considered in the evaluation of a required competency, the training experience must include a direct observation as a part of the evaluation of the experience.

Definitions and Guidelines:

Direct observation includes in-person observation (e.g., in-room or one-way mirror observation of direct service contact), live simultaneous audio-video streaming, or audio or video recording. A training site that does not permit live observation, audio or video recording by policy is not a sufficiently unique circumstance to circumvent this requirement.

The supervisor who is evaluating the trainee's performance must base part of that evaluation on direct observation. Supervisors conducting direct observation must be appropriately trained, credentialed, and prepared in their discipline and in the health service psychology activities being supervised, legally authorized for independent practice in their jurisdiction, and legally responsible for the direct service being provided. Supervisors who perform the direct observation *must be* competent in performing the supervised activity, as well as in providing supervision.

Direct observation is required for each clinical experience evaluation completed. All accredited programs must verify on the evaluation form that direct observation occurs for each evaluation period as defined by the program. In a given evaluation period, a student may complete more than one clinical experience (e.g., separate rotations within a single-semester clinical experience; student completing two different clinical experiences during the same semester). If a separate evaluation is completed for each rotation or setting, each evaluation must include direct observation. If a single evaluation covers all rotations or settings, then a minimum of one direct observation is required.

Per IR C-12 M, it is recognized that supervision on site can be provided by a master's level health service psychology professional appropriately credentialed in the jurisdiction, doctoral interns, or postdoctoral residents in health service psychology under the supervision of a psychologist appropriately credentialed in the jurisdiction. In these situations, the direct observation requirement may only be met by having the appropriately credentialed supervisor(s), legally responsible for the direct service being provided, conduct

the observation and evaluation. This does not preclude doctoral interns or postdoctoral residents from contributing to the direct observation or evaluation process.

It is not expected that all of the individual competencies (profession-wide or program-specific) would be directly observed during every clinical experience, but rather that the scope of the direct observation would be sufficient to contribute meaningfully to an evaluation of student performance in competencies relevant to that clinical placement.

C-18 M. Outcome Data for Master's Programs
(Commission on Accreditation, April 2023)

This Implementing Regulation clarifies the type of data the CoA needs to make an accreditation decision on master's programs.

The CoA requires all accredited programs to provide outcome data on the extent to which the program is effective in achieving its aim(s) and demonstrating student attainment of required discipline-specific knowledge, profession-wide competences, and program-specific competencies (if any).

As stated in the *Standards of Accreditation* (SoA) and the accompanying Implementing Regulation (IR) for master's programs, discipline-specific knowledge serves as a cornerstone for the establishment of identity in and orientation to health service psychology. Programs are required to demonstrate discipline-specific knowledge of its students (Standard II.B.1.a M).

In addition to demonstrating that students obtain discipline-specific knowledge, programs must evaluate profession-wide and program-specific (if any) competencies. As stated in the SoA for master's programs relevant to student profession-wide and program-specific competencies (II.D.1):

    a.   *The program must evaluate students' competencies in both profession-defined and program-defined areas. By the time of degree completion, each student must demonstrate achievement of both the profession-wide competencies and those required by the program. Thus, for each competency, the program must:*
        i.   *Specify how it evaluates student performance, and the minimum level of achievement or performance required of the student to demonstrate competency. Programs must demonstrate how their evaluation methods and minimum levels of achievement are appropriate for the measurement of each competency. The level of achievement expected should reflect the current standards for the profession.*
        ii.   *Provide outcome data that clearly demonstrate that by the time of degree completion, all students have reached the appropriate level of achievement in each profession-wide competency as well as in each program-defined competency. While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with best practices in student competency evaluation.*
        iii.   *Present formative and summative evaluations linked to exit criteria, as well as data demonstrating achievement of competencies, for each student in the program.*
    b.   *For program graduates, the program must provide distal evidence of students' competencies and program effectiveness and must evaluate graduates' career paths in health service psychology after they have left the program.*
        i.   *Two years after graduation, the program must provide data on how well the program prepared students in each profession-wide and program-specific competency.*
        ii.   *At 5 years post-graduation, the program must provide data on graduates, including data on graduates' licensure, certification, and employment.*

In addition, the United States Department of Education (USDE) requires recognized accrediting bodies (such as the CoA) to collect and monitor data-driven outcomes, especially as they relate to student achievement. In making an accreditation decision on a program, CoA must demonstrate that it reviews student achievement through review of the program's outcome data.

All accredited programs are required to demonstrate an educational/training curriculum that is consistent with program aim(s) and is designed to foster student development of required profession-wide competencies and program-specific competencies (if any). Expected minimal levels of achievements must

be specified for all profession-wide competencies and program-specific competencies (if any). It is each program's responsibility to collect, present, and utilize aggregated proximal and distal outcome data that are directly tied to profession-wide competencies and program-specific competencies (if any).

Definitions

Proximal data are defined as outcomes on students as they progress through and complete the program, which are tied to the required profession-wide competencies and program-specific competencies (if any).

- Proximal data at a minimum must include evaluations of students' performance by those who are responsible for their training (e.g., by course instructors, supervisors, etc.).
- Completion of an unevaluated activity (attendance at a class or seminar, completion of clinical experience hours) is not considered sufficient proximal outcome data. Rather, the program must utilize evaluative data (e.g., course outcomes/grades, supervisor evaluation of clinical experience performance, etc.) that demonstrate the program's success in students' meeting minimal levels of achievement in Category 1 and Category 2 discipline-specific knowledge areas, profession-wide competencies and program-specific competencies (if any).
- Proximal data are required for all profession-wide competencies. Students who do not have evaluated experiences (e.g., "N/A" on ratings) would not be counted in proximal data.
- While student *self-ratings, ratings of satisfaction with training, or ratings by others (e.g., peers)* may be a part of proximal assessment, they are not considered sufficient outcome data in this context.

Distal data are defined as outcomes on students after they have completed the program, which are tied to the profession-wide competencies and program-specific competencies (if any).

- Distal data typically include information obtained from alumni surveys addressing former students' perceived assessments of the degree to which the program promoted mastery of profession-wide competencies and program-specific competencies (if any).
- Distal data reflecting completion of professional activities and accomplishments (e.g., licensure or appropriate credential to practice at the master's level, employment, memberships, and affiliations), such as those found in the self-study tables, are important examples of distal outcomes but alone are not sufficient because they do not fully reflect achievement of all expected competencies.
- Although alumni surveys assessing former students' overall *satisfaction* with the training program (including the degree to which the education and training is relevant) may be an important component of a program's ongoing self-study process, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting expected competencies.

Distal data must be collected annually on alumni who are 2 years and 5 years post-graduation in that year. Although programs are expected to contact as many of these alumni as possible, it is recognized that not all graduates will be reachable. If response rates are particularly low, the program should explain low response rates and describe efforts to contact its graduates.

Level of Specificity

Discipline-Specific Knowledge
According to the Standards of Accreditation (Standard II.B.1.a M), accredited programs are required to demonstrate that their students attain requisite core knowledge of psychology.

Consistent with IR C-7 M, accredited programs are required to identify minimum levels of achievement that are acceptable to demonstrate students' discipline-specific knowledge, to assess all required content

areas within Categories 1 and 2 discipline-specific knowledge areas for each student (e.g. affective aspects of behavior; biological aspects of behavior; cognitive aspects of behavior; developmental aspects of behavior; social aspects of behavior; research methods; quantitative methods; psychometrics), and to provide data to CoA that document that by the time of graduation, all students have attained the required minimum levels of achievement for each required area of discipline-specific knowledge.

Programs must demonstrate that students have attained discipline-specific knowledge in all content areas of each category prior to graduation. This demonstration may include but is not limited to: course grades in graduate-level courses, scores on exams in discipline-specific knowledge areas, or other evaluated learning experiences. The program must set a minimum level of achievement for demonstration of student attainment of discipline-specific knowledge in each area. Because discipline-specific knowledge serves as the foundation to further training in health service psychology, data regarding discipline-specific knowledge need only be presented at the proximal level; distal data are not required for discipline-specific knowledge.

Profession-Wide Competencies
According to the Standards of Accreditation (Standard II.B.1.b M), accredited programs are required to provide a training/educational curriculum that fosters the development of nine profession-wide competencies. Accredited programs are required to operationalize competencies in terms of multiple elements. At a minimum, those elements must reflect the content description of each PWC defined in IR C-8 M, including the bulleted content, and must be consistent with the program aim(s). It is incumbent upon the program to demonstrate that there is a sufficient number of elements articulated for each PWC so as to demonstrate adequate trainee attainment of competence. Programs must assess student performance at the level of the elements using multiple methods and within time frames appropriate for each PWC, give feedback to students at the level of elements, but report to CoA at the level of the superordinate competency.

Program Specific Competencies (PSCs)
Programs are not required to have program-specific competencies. However, any competency outside the PWCs that is required of all students must be identified as a PSC, and data must be provided. These PSCs should be consistent with the program's aim(s) and the professional standards and practices of health service psychology. Further, programs must demonstrate education/training to facilitate development of these competencies, appropriate mechanisms to assess student performance on these competencies (including expected minimal levels of achievement for successful completion of the program), and its success in ensuring that students reach expected levels of performance.

Similar to the expectations for profession-wide competencies, programs that choose to have program-specific competencies are expected to assess student performance at the level of the competency elements and give feedback to students at the level of elements, but report to CoA at the level of the superordinate competency.

Aggregation of Data

Aggregated data are compilations of proximal or distal data across students, which may be broken down by cohort, program year, or academic year. Aggregate data are used to demonstrate the effectiveness of the program as a whole in accomplishing its Aims and Competencies, rather than the accomplishment of an individual student over time. Under-aggregation (reporting on individual students) focuses on individual rather than program outcomes. Over-aggregation (collapsing multiple cohorts into a single data point) of data can obscure differences that are important for the program to recognize in evaluating its effectiveness over time. To the extent possible, data should be presented in table form using basic descriptive statistics (e.g., % meeting the minimum level of achievement, N). The program should choose statistics that allow for evaluation of whether all students are acquiring competencies in relation to its defined minimal levels of achievement for all program competencies (i.e., discipline-specific knowledge, profession wide

competencies and any program-specific competencies). The program must provide meaningful data in such a way that the CoA can determine that by the time of program completion, all students have attained these minimal levels of achievement. If data presented indicate that in a particular year or cohort less than 100% of students have reached the minimum level of achievement for a content area, the program must describe how those students who did not meet the minimum level of achievement either did not continue to progress in the program or were able to remediate and later meet the minimum level of achievement.

Discipline-Specific Knowledge
When a program is reviewing its outcome data to evaluate its effectiveness in promoting discipline-specific knowledge, it is expected that multiple data points from multiple sources may be used, and that basic descriptive statistics (e.g., course grades or exam scores in discipline-specific knowledge areas), should be used. When presenting aggregated data to the CoA, it is expected that programs will present single data points for each discipline-specific knowledge area, demonstrating its overall outcomes of success in promoting student attainment of knowledge.

- If data are aggregated over a number of years (i.e., not by cohort or year), the program needs to explain how aggregating the data in this alternate way facilitates the program's self-improvement and demonstrates that all students meet the MLAs by the time of graduation.

Profession-Wide Competencies and Program Specific Competencies
When a program is reviewing its outcome data to evaluate its effectiveness in promoting profession-wide competencies and program-specific competencies (if any), multiple data points are expected from multiple sources for multiple elements, and that basic descriptive statistics for course grades, clinical experience evaluations ratings, alumni ratings of preparation for practice in competencies), will be used. When presenting aggregated data to the CoA, it is expected that programs will present single data points for each profession-wide competency and program-specific competency (if any), demonstrating its overall outcomes of success in promoting student attainment of competencies.

- Proximal data and distal data must be presented separately. For distal data, the presentation must clearly differentiate between data for those who are 2 years post-graduation and those 5 years post-graduation.
- If data are aggregated over a number of years (i.e., not by cohort or year), the program must explain how aggregating the data in this alternate way facilitates the program's self-improvement.

C-19 M. Licensure, Credentialing, and Employment Rates for Master's Programs
(Commission on Accreditation, July 2023)

Evaluation of Graduates' Licensure, Credentialing, and Employment Rates:
The Commission's accreditation of training programs is based on "preparation for entry-level practice in health service psychology" (see *Standards of Accreditation* Introduction). All master's programs, whether seeking accreditation or reaccreditation, are expected to achieve this objective of preparing students for entry-level practice. One tangible index of preparation for entry level practice is a program's success in preparing its graduates to be licensed (or appropriately credentialed to practice at the master's level) and employed in the field of health service psychology.

The CoA interprets the licensure, credentialing, and employment rates of program graduates within the context of: (1) the requirement that *all* accredited master's programs prepare students for entry-level practice; (2) each program's own stated educational aim(s); and (3) statements made by the program to the public. Because specific educational aims in the programs CoA accredits may differ, the CoA does not specify a threshold or minimum number when reviewing a program's licensure, credentialing, and employment rates. Rather, the CoA uses its professional judgment to determine if the program's licensure, credentialing, and employment rates, in combination with other factors such as the attrition of students from the program and their time to degree, demonstrates students' successful preparation for entry-level practice in professional psychology. This includes determining if program graduates' licensure, credentialing, and employment rates are consistent with the expressed or implied promises the program makes to the public and to CoA with respect to achieving its educational aim(s). In the process of periodic review, a program needs to discuss its licensure, credentialing, and employment data in terms of its educational aims and provide information to address discrepancies between those aims and the actual licensure, credentialing, and employment of students admitted to the program. All accredited master's programs are, however, expected to prepare students for entry-level practice and the program's achievement of this should be reflected in student success in achieving licensure, credentialing, and employment in the field of health service psychology after completion of the program.

An accredited master's program is also required to provide data on licensure, credentialing, and employment to the public consistent with Implementing Regulation C-26 M.

NOTE: The CoA also has to conduct its reviews in accordance with the regulations of the US Secretary of Education and the Council of Higher Education Accreditation (CHEA) requiring:

USDE - §602. 16 Accreditation and preaccreditation standards.
(a) *The agency must demonstrate that it has standards "for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits. The agency meets this requirement if-*
(1) The agency's accreditation standards set forth clear expectations for the institutions or programs it accredits in the following areas:
        (i) Success with respect to student achievement in relation to the institution's mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates.

CHEA -1. Academic Quality and Student Achievement (parts A, B, and C).

Advancement of academic quality and continuous improvement are at the core of accreditation. To be recognized, the accrediting organization provides evidence that it implements and enforces standards, policies, and procedures which:

1.A. Advance academic quality using quantitative and/or qualitative measures;

1.B. Detail how it supports the autonomy of an institution or program in determining academic quality as it relates to the mission of the institution or program;

1.C. Require resources specific to ensuring adequate student preparation and health and safety.

C-20 M. Selection and Admissions of Students into Accredited Master's Programs
(Commission on Accreditation, April 2023)

Standard III.A.1 of the Master's section of the *Standards of Accreditation* (SoA) states:

The program has an identifiable body of students at different levels of matriculation who are consistent with the following:
   a. *The students constitute a number that allows opportunities for meaningful peer interaction, support, and socialization.*
   b. *The students are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the Glossary.*
      i. *The program must implement specific activities, approaches, and initiatives to increase and maintain diversity among its students. It may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient.*
      ii. *The program should document the concrete actions it is taking to achieve diversity, identifying the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract a diverse student body and document any steps needed to revise/enhance its strategies.*
   c. *By prior achievement, students have demonstrated appropriate preparation for the program's aims as well as expectations for a master's program. The program has admission criteria and processes that ensure students' preparation for graduate-level education and training in psychology. The program will demonstrate how it evaluates the effectiveness of its admission criteria and processes with regard to maximizing student success.*
   d. *By interest and aptitude, students are prepared to meet the program's aims.*
   e. *The students reflect, through their intellectual and professional development and intended career paths, the program's aims and philosophy.*

Preparation for practice in health service psychology is a major educational goal for all accredited programs. Thus, the CoA expects that accredited programs will admit students who are appropriately prepared to succeed in master's education and training. The CoA expects programs will provide students with appropriate educational and training opportunities enabling admitted students to complete the program. The CoA also expects that students will demonstrate success in achieving the profession-wide and program specific competencies as assessed by the program.

To this end, the CoA expects programs to clearly define their admissions standards and to specify how these standards reflect their educational aims. Further, the program needs to discuss how its admissions and selection standards are adequate and appropriate for its educational aims. In compliance with Standard II.D, the program must demonstrate its effectiveness in meeting its educational aim(s) for students in the program and any program graduates. This effectiveness must be demonstrated relative to the program's stated educational aim(s) and must be consistent with Standard III.C.1, in that "program faculty engage in and document actions and procedures that *actively encourage timely completion of the program and maximize student success"* [emphasis added].

The CoA's review of master's student selection policies and procedures necessarily requires the exercise of professional judgment; programs must demonstrate that:

   1. They have and abide by written policies and procedures for student selection;
   2. Those written policies and procedures are consistent with their educational aims;

3. Those written policies and procedures are developed to ensure that students are well-prepared to succeed and that program graduates are prepared for entry to practice;

As part of CoA's evaluation of a program's student selection policies and procedures, the CoA will also consider the program's outcome data on program graduates, including attrition, time to degree, graduate rate, and licensure (or appropriate credential to practice at the master's level) data as indices of the program's effectiveness in selecting students who are able to complete a master's program and enter into practice.

The CoA recognizes that master's programs' student selection and admissions practices may be informed by their training aims or by institutional or program missions (e.g., that emphasize providing opportunities for enrollment of nontraditional graduate students, or that enroll students with very diverse prior educational experiences). However, the CoA reviews programs based only on educational preparation for entry-level practice consistent with the program's aims, integration of science and practice, and the program's philosophy and mission in relation to current professional standards and regional and national needs. Thus, selection and admissions practices must be consistent with effective training and outcomes in these areas.

C-21 M. Diversity Recruitment and Retention
(Commission on Accreditation, April 2023)

The Commission " defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status (Master's Standards of Accreditation (SoA), p. 2)."

Diversity is essential to science and quality education and training in health service psychology. The goals of diversity recruitment and retention include, but are not limited to, creating and maintaining inclusive environments and improving access to quality education and training. An inclusive environment is one in which the program creates an atmosphere that is welcoming, respectful and affirming of students', and faculty members' multiple identities.

In accordance with Standards I.B.2, III.A.1.b.i-ii, and IV.B.5 of the SoA for master's programs, an accredited master's program is responsible for making systematic, coherent, and long-term efforts to 1) attract (i.e., recruit) and 2) retain diverse students and faculty into the program. In addition, the *program* is responsible for assessing the effectiveness of both its recruitment and retention efforts and identifying areas of improvement. For both recruitment and retention of students and faculty, the *program* must provide *program*-level efforts and activities, in addition to any institutional, departmental, or other unit activities that are used. *Programs* are expected to seek and utilize generally accepted best practices in the field regarding recruitment and retention of diverse individuals.

In planning for the recruitment and retention of diverse individuals, accredited programs should consider the following:
- A program may include institutional-level initiatives addressing diversity, but these, in and of themselves, are not considered sufficient.
- The lack of faculty openings, or having existing faculty with strong representation of diversity, does not exempt the program from the responsibility of having a systematic, multi-year plan in place.
- Similarly, having an existing student body with strong representation of diversity does not exempt the program from the responsibility of having a systematic, multi-year plan in place.
- The demographic information about faculty and students in the tables of the self-study and annual report is not sufficient to demonstrate a program's compliance with Standards I.B.2, III.A.1.b.i-ii, and IV.B.5.

Recruitment
The program is expected to document that it has developed and implemented a systematic plan to recruit both students and faculty from diverse backgrounds.

Students
An accredited master's program should document and report in its self-study:
- that it has developed a systematic, multi-year, and multiple effort plan, implemented and sustained over time, to attract students from a range of diverse identities;
- the concrete and specific program-level activities, approaches, and initiatives it implements to increase diversity among its students;
- the areas of diversity recruitment in which it has had success, as well as the areas of diversity recruitment it is working to improve, recognizing the broad definition of diversity, and;
- how it examines the effectiveness of its efforts to attract diverse students, and the steps it has taken to revise/enhance its strategies.

Faculty

An accredited master's program should demonstrate and report in its self-study:

- that it has developed a systematic, multi-year, and multiple effort plan, implemented and sustained over time, to attract faculty from a range of diverse identities (i.e., when there are faculty openings);
- the concrete and specific program-level activities, approaches, and initiatives it implements to increase diversity among its faculty;
- the areas of diversity recruitment in which it has had success, as well as the areas of diversity recruitment it is working to improve, recognizing the broad definition of diversity, and;
- how it examines the effectiveness of its efforts to attract diverse faculty, and the steps it has taken to revise/enhance its strategies.

Retention

The program is expected to document that it has developed and implemented a systematic plan to retain both students and faculty from diverse backgrounds.

Students

An accredited master's program is expected to describe in its self-study:

- the specific activities, approaches, and initiatives it implements to maintain diversity among its students and ensure a supportive and inclusive environment for all students;
- concrete program-level actions to retain diverse students;
- how these efforts are broadly integrated across key aspects of the program;
- how the program examines the effectiveness of its efforts to retain diverse students, and the steps it has taken as needed to revise and/or enhance its retention strategies.

Faculty

An accredited master's program is expected to describe in its self-study:

- the specific activities, approaches, and initiatives it implements to maintain diversity among its faculty and ensure a supportive and inclusive work environment for its diverse faculty members.
- how the program examines the effectiveness of its efforts to maintain diversity among its faculty, and the steps it has taken to revise/enhance its strategies as needed.

C-22 M. Student Attrition Rates for Master's Programs
(Commission on Accreditation, April 2023)

Attrition during Initial or Periodic Review

In the initial or periodic review of a master's program, the CoA looks at a number of indicators of program success. Standard III.A.1 of the SoA states:

> *The program has an identifiable body of students at different levels of matriculation who are consistent with the following:*
> a. *The students constitute a number that allows opportunities for meaningful peer interaction, support, and socialization.*
> b. *The students are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the Glossary.*
>> i. *The program must implement specific activities, approaches, and initiatives to increase and maintain diversity among its students. It may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient.*
>> ii. *The program should document the concrete actions it is taking to achieve diversity, identifying the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract a diverse student body students who are diverse and document any steps needed to revise/enhance its strategies.*
> c. *By prior achievement, students have demonstrated appropriate preparation for the program's aims as well as expectations for a master's program. The program has admission criteria and processes that ensure students' preparation for graduate-level education and training in psychology. The program will demonstrate how it evaluates the effectiveness of its admission criteria and processes with regard to maximizing student success.*
> d. *By interest and aptitude, students are prepared to meet the program's aims.*
> e. *The students reflect, through their intellectual and professional development and intended career paths, the program's aims and philosophy.*

Further, in Standard III.B.1, the SoA states:

> *Program faculty are accessible to students and provide them with guidance and supervision. They serve as appropriate professional role models and engage in actions that promote the students' acquisition of knowledge, skills, and competencies consistent with the program's training aims.*

A master's program is expected to prepare students for entry-level to practice in health service psychology; an essential part of such preparation is the extent to which students successfully complete the master's program. During periodic review of the program, the CoA reviews self-study materials (including the narrative and tabular information) as well as program correspondence. The overall attrition rate ten years preceding the review is considered by the CoA to be an indicator of the effectiveness of the program's student selection criteria, the appropriateness and availability of faculty for mentoring students in the program, and the program's success in training students for entry into practice. Attrition data evaluated during periodic review include the proportion of admitted students who do not complete their degrees. As such, the attrition rate at the time of periodic review may be very different from the attrition rate submitted annually to the CoA within the Annual Report Online, in which students who have already departed the program are no longer included as part of either the numerator or the denominator. In addition to overall attrition rate, the CoA may consider attrition rates within cohorts (i.e., year of entry) and other aspects of the attrition data.

The CoA does not set specific percentages in determining acceptable cohort or overall attrition rates. The importance of contextual issues (i.e., evaluating the attrition rate in the context of the full record of information available about a program) makes it impossible to apply a "one-size-fits-all" metric in determining program quality. Thus, the review of the attrition data requires the professional judgment of the CoA to determine how the ten-year attrition rate (including the overall attrition rate and rates for specific cohorts) reported by a program is appropriate for the profession and for the program to maintain consistency with its public materials.

Annual Review Attrition Threshold

The attrition threshold based on annual review data (i.e., ARO data) is used as a broad indicator of changes in a program based upon the total number of students in the program, and the total number of students who leave the program during a year for any reason. For purposes of the annual review, the CoA uses an empirical metric to identify a level of attrition that leads to additional review, by using the mean of the most recent three years of overall attrition rates, as derived from ARO data provided by all master's programs as indicated in IR D.4-7. When a program's attrition rate prompts CoA to ask for additional information during annual reviews, that information is reviewed by the CoA to determine if additional review is necessary.

It is important to note that whether a program's three-year data have triggered a request for additional information during the annual review does not determine whether attrition will be the subject of more comprehensive analyses during the periodic review.

C-23 M. Faculty Qualifications
(Commission on Accreditation, April 2023)

Faculty qualifications. Individual faculty may fulfill multiple roles within a program. In terms of program policy, it is the program's responsibility to specify clearly articulated procedures for ensuring appropriate faculty training, current expertise, and effectiveness for each role they fulfill in the program. If such procedures exist in an administrative unit higher than the program, then the program must demonstrate how it has sufficient input or oversight to ensure training consistent with accreditation standards.

In terms of self-study content, it is *the program's responsibility* to provide clear and specific evidence in the self-study that faculty are appropriately qualified for *each role* that they hold in the program. That evidence must include current and relevant expertise (e.g., board certification, formal or other post-doctoral training, systematic study, ongoing professional development, research productivity, clinical competence, professional credential, academic degree/area of study, respecialization).

<u>**How the program describes itself**</u>:

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

Preferred:
- "Master's program in health service psychology"
- "Master's program in clinical psychology"

Examples with accurate accreditation status:
- "Accredited master's program in _____" (e.g., clinical or counseling psychology)
- "Master's program in health psychology, accredited as a program in clinical psychology"
- "Master's program in counseling, accredited as a program in counseling psychology"

C-25 M. Accreditation Status and CoA Contact Information
(Commission on Accreditation, April 2023; revised January 2026)

Standard V.A.1.b of the *Standards of Accreditation* (SoA) for master's programs states:

> *The program must disclose its status with regard to accreditation, including the specific academic program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program's accreditation status.*

Programs that are accredited by agencies recognized by the U.S. Department of Education (e.g., CoA) are required to provide contact information for the accrediting body when accreditation status is cited. The intent of this IR is to clarify how this information must be presented to ensure consistency across programs as well as provide useful information to the public.

Program disclosure of accreditation status will be monitored on at least an annual basis.

Accreditation status:
- For master's programs the only official accredited statuses are: "Accredited on contingency," "Accredited," "Accredited on probation," and "Accredited inactive,"
- Programs may indicate their appropriate status (see above) by referring to "APA" accredited or accredited "by the Commission on Accreditation of the American Psychological Association," For example, "APA-accredited," APA-accredited on contingency," "accredited by the Commission on Accreditation of the American Psychological Association, "accredited on contingency by the Commission on Accreditation of the American Psychological Association," etc.
- Programs should not use the term "APA-approved," since at APA this term is used to denote approved sponsors of continuing education rather than accreditation of academic/training programs.
- If there are multiple programs in the same department, institution, or agency, it should be clearly indicated in public materials which programs are APA-accredited. Multiple accredited programs should refer to their accredited status individually and in accordance with IR C-24 M.

CoA contact information:
- In ALL public documents, including the program's website (if applicable), where the program's accreditation status is cited as above, the name and contact information for the CoA must be provided.
- Information must include the address and <u>direct</u> telephone number for the APA Office of Program Consultation and Accreditation. Other information (i.e., website, e-mail address) may also be included.
- Programs should clarify that this contact information should be used for questions related to the program's accreditation status. In doing so, the program should also ensure that its <u>own</u> contact information is clearly indicated in its materials so that the public knows how to contact the program directly with any other questions.
- Programs are encouraged to use the following format to provide this information:

> *Questions related to the program's accredited status should be directed to the Commission on Accreditation:*
>
> *Office of Program Consultation and Accreditation*
> *American Psychological Association*
> *750 1ˢᵗ Street, NE, Washington, DC 20002*
> *Phone: (202) 336-5979 / E-mail: apaaccred@apa.org*
> *Web: www.apa.org/ed/accreditation*

C-26 M. Disclosure of Education/Training Outcomes and Information Allowing for Informed Decision-Making to Prospective Master's Students
(Commission on Accreditation, April 2023; revised February 2025)

Standard V of the *Standards of Accreditation* (SoA) requires that master's graduate programs provide potential students, current students, and the public with accurate information on the program and program expectations. This information is meant to describe the program accurately and completely, using the most up-to-date data on education and training outcomes, and be presented in a manner that allows applicants to make informed decisions about entering the program.

The CoA requires accredited programs to update the data tables annually and post the information in its public materials (e.g., website) by October 1 each year. Failure to update the information is as much of a concern as failure to provide the necessary information in the required format. After October 1, the Commission will review programs' compliance with the below requirements and that the data provided are consistent with the program's data from the Annual Report Online (ARO).

_____

Presentation of Required Information
To ensure that the required information for each program is available to the public in a consistent fashion, the following provisions are required:

- The information must all be located in a single place and be titled "Master's Student Admissions, Outcomes, and Other Data";
- If the program has a website, the information must be located no more than one-click away from the main/home master's program's landing page; and (see update to this provision below)
- The link from the main/home master's program's landing page to the required information must also be titled "Master's Student Admissions, Outcomes, and Other Data";
- Programs may choose to provide other data to supplement the requirements of this regulation, but these tables must be provided. If the program chooses to provide supplemental information, it should be provided below the corresponding required tables. Required information is described in this regulation, and a template for presenting it is available on the APA accreditation website.
- Table cells should not be left blank; instead, please enter a "0" if not applicable except where indicated in table

_____

Because the information required should include those education and training outcomes that will allow applicants to make informed and comparative decisions, the Commission requires that all master's programs minimally provide the following to prospective students in its public materials, **including its website**: 1) program disclosures; 2) admissions; 3) time to program completion; 4) program costs (tuition and fees) and any available funding; 5) student attrition rates; and 6) employment and licensure (or appropriate credential to practice at the master's level) outcomes. These are defined as follows:

1. Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and value.
Indicate Yes or No:

If yes, provide website link (or content from brochure) where this specific information is presented:

The program is offered as (check both options if separate programs are available in each format):
Indicate Primarily in person and/or Primarily distance education

Describe resources and facilities. If distance education is utilized, specify the types of learning technologies required:

If both program options are available, describe any differences in admissions, resources, or facilities available for each program:

Full-time Equivalent Faculty per Student Ratio:

Links to or description of relevant program information:
Administrative policies and procedures
Curriculum requirements
Type(s) of clinical training provided
Graduation requirements

2. Admissions

Number of applicants, number offered admission, number matriculated, and number with funding for ten years.

Describe admissions criteria and process to ensure preparation for graduate study:

3. Time to Completion

Time to completion must be presented in two ways:

- First, programs must provide the **mean** and the **median** number of years that students have taken to complete the program from the time of first matriculation. These data must be provided for all graduates[2] in each of the past ten (10) years.
- Second, the program must provide the percentage of students completing the program in two years, three years, four years, and five or more years.

In a text box below the table, programs must also note any admissions policies that allow students to enter with credit for prior graduate work and the expected implications for time to completion.

4. Program Costs

Programs are expected to make available the total costs per student for the current first year cohort. This information must include full-time student tuition, tuition per credit hour for part-time students, and any fees or costs required of students beyond tuition costs. For example, if a program requires students to travel to attend a mandatory component of the program, the estimated costs of this travel should be included as well. Programs may also provide information regarding current adjustments to tuition including, but not limited to: financial aid, grants, loans, tuition remission, assistantships, and fellowships. Even if program cost information is provided elsewhere on another university or other site, it must be provided in the master's program's materials as well.

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[2] Please refer to footnote on first page of this *Implementing Regulation* for definition of graduates.

NOTE: Please enter discrete dollar values in the Program Costs table and not percentages. For instance, if the program covers students' full costs within a category, please enter "$0" in that cell.

Any additional fees required for students to participate in distance education must also be included under the "additional estimated fees or costs to students".

5. Attrition

Programs must report the number and percentage of students who have failed to complete the program once enrolled. These data must 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 must be provided by cohort for all students who have left the program in the last ten (10) years or for all students who have left since the program became initially accredited, whichever time period is shorter.

6. Employment and Licensure

Reporting of program employment and 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. As such, programs must report the number and percentage of program graduates[2] who have obtained employment and licensure or appropriate credentials to practice at the master's level within the previous five years. In calculating this percentage:

- The denominator is the total number of program graduates between 2 and 5 years ago

- The numerator is the number of these graduates (between 2 and 5 years ago) who obtained full-time or part-time employment, pursued advanced education in health service psychology, and received licensure or appropriate credentials to practice at the master's level in the past 5 years

- The employment/licensure/credential percentage, then, is calculated by dividing the number of graduates (between 2 and 5 years ago) who became employed, sought advanced education in health service psychology, and licensed or appropriately credentialed to practice at the master's level in the past 5 years by the number of graduates during the 3-year span from 2 to 5 years ago. For example, the figures reported by a program for 2021 would be number of graduates from the program between 2014 and 2019 who have achieved employment/licensure in the past 5 years divided by the total number of students graduating from the program between 2014 and 2019.

Programs may clarify their licensure rate for the public in light of their training model and program aims. If other health service psychology credentials are listed, programs must include examples.

For Employment Setting, programs indicate the number and percentage of their graduates working in each setting. Programs utilizing other employment settings must list examples.

C-27 M. Notification of Changes to Accredited Programs
(Commission on Accreditation, April 2023)

In accordance with Standard V.B.2 of the *Standards of Accreditation* (SoA) and Section 8.7 M of the *Accreditation Operating Procedures* (AOP), all accredited programs 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 (CoA) must be informed in advance of major program changes such as changes in degree offered, policies/procedures, administrative structure, faculty resources, supervision resources, area of emphases, or tracks/rotations. In the case of master's programs, this includes changes in program specific competencies and training emphases.

Programs must submit to the Office of Program Consultation and Accreditation a detailed written description of the proposed change(s) and the potential impact upon the relevant accreditation standards. 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 SoA. 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; resources affected by a natural disaster). 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 SoA. The CoA will then proceed as above.

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

C-28 M. Initial Master's Program Accreditation
(Commission on Accreditation, April 2023)

There are two processes by which an unaccredited master's program may apply for initial accreditation: 1) apply first for "accredited, on contingency" status and later for full accreditation or 2) apply directly for full accreditation. Programs that seek accredited on contingency status prior to full accreditation are strongly advised to read this entire Implementing Regulation in detail before initiating their application. Programs that are applying for full accreditation may focus primarily on the Fully Accredited section below.

Accredited, On Contingency

> *Master's programs seeking "accredited, on contingency" must be reviewed on all aspects of the SoA, which involves submission of a self-study and a site visit. "Accredited, on contingency" is granted to a master's program when the program demonstrates initial evidence of educational quality consistent with the SoA and the capacity to meet all accreditation standards in the designated time frame." (AOP 6.1M)*

Initial Application for "Accredited, On Contingency"

Timeline
Programs that are Accredited, On Contingency are required to be awarded Full Accreditation within a specific timeline that is described below. The Commission *cannot* grant extensions of this required timeline, and programs that fail to achieve Full Accreditation within the prescribed time frame will lose their accredited status entirely. Therefore, it is critically important that applicant programs refrain from applying for Accredited, On Contingency status until they are certain that they 1) meet all eligibility criteria for on contingency status and 2) will meet all of the requirements to apply for Full Accreditation within the prescribed timeline below. Programs are strongly advised to consult with the Office of Program Consultation and Accreditation prior to applying for "accredited, on contingency" status, in order to ensure that they understand all requirements for this two-part sequence of applications for full accreditation.

As an accrediting body recognized by the U.S. Department of Education, the Commission on Accreditation (CoA) cannot permit a program to hold "accredited, on contingency" status for more than five years [*Section 602.16(a)(2) of the Criteria for Recognition by the U.S. Secretary of Education*]. By the end of this five-year window, programs that are accredited on contingency must either earn full accreditation or withdraw from accreditation. Therefore, master's programs seeking "accreditation, on contingency" status are again advised to carefully consider the complete timeline and eligibility criteria required to achieve both "accredited, on contingency" status and ultimately full accreditation status, as described below.

There are multiple steps in the review of applicant programs for Full Accreditation, as described in the Accreditation Operating Procedures of the Commission on Accreditation, some of which are tied to the Commission's annual calendar of meetings. In order to ensure that applicant programs have the opportunity to obtain full accreditation within 5 years of being placed on contingency status, it is mandatory that the program be ready to apply for full accreditation within 3 years of obtaining the "accredited, on contingency" status. If the application for full accreditation is not submitted within 3 years of the "accredited, on contingency" status being awarded; or if the program is denied full accreditation; or if full accreditation is not granted by CoA within 5 years of the program entering "accredited, on contingency" status, the program will be deemed to have withdrawn from accreditation.

A program that is accredited on contingency is an APA-accredited program, and students whose graduation date from the master's program falls during the period that this accreditation status is in place will be deemed to have graduated from an accredited master's program.

Because of the time-limited nature of the "accredited, on contingency" status, students in the program and the public must be kept informed of any change in the program's timeline that could negatively impact full accreditation. In addition, the program must publish the date of expiration of the "accredited, on contingency" status in its public materials by stating, "The program is accredited, on contingency through the following date: _____."

Process to Apply:

Eligibility
A master's program is eligible to submit a self-study to attain "accredited, on contingency" status after it has enrolled a minimum of two years of student cohorts, one of which must be engaged in clinical experience training. These two cohorts must be enrolled in two different academic years, rather than in two different semesters or quarters within the same academic year. At a minimum, aggregated proximal evaluation data (described in IR C-18M) for one clinical experience term must be provided by the time of the site visit. Should the program not have aggregated proximal evaluations for at least one clinical experience term by the time of the site visit, the program will be ineligible for "accredited, on contingency" status. If these proximal data are presented solely at the time of the site visit, rather than in the original self-study, the program is required to provide a copy of the outcome data to both the site visitors and the CoA. In the event that the program has already collected proximal and distal data for discipline-specific knowledge (DSK), profession-wide competencies, and program-specific competencies, those data must be submitted with the self-study, in accordance with the instruction in Implementing Regulation (IR) C-18-M. See below for more information on the self-study submission.

The Self-Study
The program applying for "accredited, on contingency" status must submit a self-study that is complete in all ways, with the exception of the proximal and distal outcome data required under Standard II.D.1 and IR C-18 M. For any outcome data that are not yet available, the self-study must include plans for how the program will collect and evaluate future proximal and distal outcomes required to demonstrate minimum levels of achievement in DSK, profession-wide and program-specific competencies (if any). In summary, the program is to submit all outcome data that are available at the time of the self-study, proximal clinical experience data (at the site visit or in the self-study), and plans and methods for complete future proximal and distal outcome data collection, as described in IR C-18 M (including samples of data collection tools as well as the methods by which data will be collected).

With the exception of the provision of complete outcome data (Standard II), each standard will be addressed with respect to the program's plans, policies, and procedures to meet the requirements of the SoA. At this stage, the program must submit syllabi for any required courses or evaluated learning experiences, including those that have not yet been offered. In the case of required courses or evaluated learning experiences that have not yet been taught, the instructor may be listed as 'to be determined'; however, the program must provide a plan to demonstrate how it will ensure that a qualified instructor will be identified to teach the given course, consistent with IR C-23 M (Faculty Qualifications). The program must describe faculty sufficiency to effectively administer the program as it exists at time of submission. In addition, the program must describe the plans for ensuring faculty sufficiency as the program grows to include students at all levels of matriculation and to meet the full implementation of the curriculum plan. Within three years of being granted "accredited, on contingency" status, the program is required to provide an application for full accreditation, as described below, and is required to have at least one program graduate.

Fully Accredited
> *Accredited (or "fully accredited") designates a program that, in the professional judgement of the CoA, is consistent, substantively and procedurally, with the SoA.*

Initial Application for Full Accreditation

Timeline

Contingent to full: To be eligible for full accreditation, the program must provide a new self-study, including proximal and distal outcome data, and have a second site visit, so that the Commission has complete materials on which to base an accreditation decision (*See AOP Section 6.1 M*). Programs accredited on contingency must meet all of the deadlines and criteria described below to apply for full accreditation. As described more fully above, a program that has not 1. Applied for full accreditation within three years of being accredited on contingency and 2. Been granted full accreditation within five years of being accredited on contingency will be deemed to have withdrawn from accreditation.

Full (without previous "contingency" status): A master's program may apply for review of its initial application for full accreditation when it meets all basic eligibility requirements below and the self-study is complete in all respects.

Process to Apply

Eligibility: Programs applying for initial full accreditation, with or without previous "accreditation, on contingency" status, are required to have an identifiable body of students at all levels of matriculation, including at least one program graduate.

The Self-Study: The program is required to submit a complete self-study that demonstrates compliance with all aspects of the SoA, including both proximal and distal outcome data (see IR C-18 M). Per the SoA, programs must provide distal evidence of students' competencies as well as data demonstrating program effectiveness in preparing students on the profession-wide competencies and any applicable program-specific competencies (Standard II.D.1.b). Note that in order to meet this requirement, a program must have at least one program graduate when it applies for full accreditation. Per IR C-18 M, accredited programs are required to collect distal data from program graduates when they are 2 years and 5 years post-graduation. Programs are permitted to collect distal data at additional time points if they choose. The use of more immediate distal data for the application for full accreditation does not relieve the program of the responsibility to collect 2-year and 5-year distal data from program graduates once alumni have reached the 2- and 5-year marks. All programs are required to describe the process by which they will collect the required 2- and 5-year data and to provide all evaluation tools by which they will accomplish this data collection. It is permissible for programs to wait until the site visit to provide distal outcome data. If the distal data do not appear in the self-study, the program is responsible for providing these outcome data to both the site visitors and the CoA. If distal outcome data are not provided by the time of the site visit, the program will not be eligible for full accreditation.

A master's program may consist of, or be located under, a single administrative entity (e.g., institution, agency, school, department) which controls its program resources, or a partnership/consortium, where each administrative entity contributes to partnership/consortium program resources. A partnership/consortium is comprised of 2 or more independently administered entities, which have agreed to share resources and centralized decision-making essential to the establishment, implementation, and maintenance of a training program. The CoA seeks to understand the stability of a partnership/consortium's shared resources through this Implementing Regulation which specifically details the components that must be in place and described via a partnership/consortium agreement when two or more independent entities meet the above criteria to provide master's training. The written agreement must articulate these components (a-g):

a) The nature and characteristics of the participating entities;
b) The rationale for the partnership/consortium;
c) Each partner's commitment to the training/education program and its aim(s);
d) Each partner's obligations regarding contributions, financial support, and access to resources.
e) Each partner's agreement to adhere to central control and coordination of the training program by the partnership/consortium's administrative structure;
f) Each partner's commitment to uniform administration and implementation of the program's training principles, policies, and procedures addressing trainee admission, training resource access, potential performance expectations, and evaluations; and
g) Approval by each entity's administrative authority (with authority to sign contracts for the entity) to honor this agreement including signature and date.

Consistent with IR C-27 M, any change in components a-g above or in the leadership of the programs in the partnership/consortium, must be communicated to the CoA.

An individual partner (member entity) of an accredited partnership/consortium may not publicize itself as independently accredited unless it has also independently applied for and received accreditation.