

# COMMISSION ON ACCREDITATION

## IMPLEMENTING REGULATIONS

### Section D: IRs Related to the *Accreditation Operating Procedures*

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***D.2. Regulations related to submission of program self-study***

**D.2-1. Request for Delay in Submission of Self-Study Materials**

(CoA Executive Committee, June 1996)

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

### **D.2-2. Preliminary Review Process**

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

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

### **D.2-3. Self-Study Submission**

(Commission on Accreditation, January 2003; revised April 2005; February 2016)

When submitting its self-study, a program is required to submit it electronically via the CoA Portal. If programs do not follow this outline, the self-study will be returned without further review.

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

#### **D.2-4. Policy on Scheduling Site Visits**

(Commission on Accreditation, October 2004, revised February 2005; February 2016)

After a program has been authorized for a site visit, that visit must take place during the assigned program review cycle (doctoral programs: January-March and August-December; internship and postdoctoral residency programs: January-March, April-August, September-December). In unusual situations, the CoA may grant an extension. Under these circumstances, the program may be required to update, revise, or create new self-study materials. A self-study for doctoral programs expires after two accreditation cycles; a self-study for internship and postdoctoral programs expires after three accreditation cycles. See sections 7.D, 7.I, and 7.P of the *Accreditation Operating Procedures* for further information regarding the site visit.

### ***D.3. Regulations related to the site visit and to site visitors***

#### **D.3-1. Site Visitor Nomination**

(Commission on Accreditation, amended March 1998; revised October 2013; October 2015)

The CoA invites nominations or self-nominations of individuals to serve as APA accreditation site visitors. Site visitors are classified either as health service psychology site visitors (psychologists trained and qualified within the scope of accreditation), or generalist site visitors (trained and qualified in areas of psychology outside the scope of accreditation).

The CoA relies on site visitors who are engaged in educational activities and participate in training programs like those accredited by the CoA. Criteria are maintained for inclusion and retention in the site visitor pool. Nominators of potential site visitors must consider the following required background characteristics before submitting a nomination:

##### ***Health service psychology site visitors:***

- Have a doctoral degree from an APA accredited program and have a minimum of five years of professional experience subsequent to completion of the doctoral degree. This experience may include postdoctoral training.
- Are involved as faculty or training staff in an APA accredited training program, or have an association with an APA accredited training program within the past five years
- If primarily engaged in independent service delivery, have a formal recent (within the past five years) association (e.g., adjunct faculty, external supervisor, didactics) with an accredited training program
- Are knowledgeable about; educational, professional, and scientific issues in psychology
- Are active members of professional (including scholarly) organizations within psychology

##### ***Generalist site visitors (for doctoral program site visits):***

- Have a doctoral degree from a regionally accredited institution and have a minimum of five years of postdoctoral professional experience
- Have involvement as faculty in a doctoral department or school, within a regionally accredited institution, with responsibility for delivering graduate psychology education that is not substantially online (or if retired, have had such association within the last five years).
- Are knowledgeable about; educational, professional, and scientific issues in psychology
- Are active members of professional (including scholarly) organizations within psychology

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

Nominators must provide a brief statement about why they think the nominee has the appropriate background and expertise to be included in the site visitor pool. A copy of the nominee's resume/vita must accompany the nomination. All nominations must be submitted by mail or e-mail to the Office of Program Consultation and Consultation, American Psychological Association, 750 First Street, N.E., Washington, DC 20002-4242.

**D.3-1(a). Policy on Credentials of Participants in Accreditation**  
(Commission on Accreditation, January 2001)

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



### **D.3-2. Site Visitor Selection**

(Excerpted from Section 3 of the *Accreditation Operating Procedures*; Commission on Accreditation, October 1989; revised October 2006; October 2015)

#### **Background:**

Peer review is a central feature of the accreditation process. Maintaining and enhancing quality in education and training programs is accomplished through review by knowledgeable and experienced professional peers. In the process of peer review by the CoA, the Commission enlists site visitors as direct observers in order to assist CoA in making a complete assessment of a program's operations. In this way, site visitors play an important role in gathering information for CoA. However, site visitors do not make accreditation decisions. The accreditation decision is based on the professional judgment of the CoA, considering information from the program, the site visitors and other sources as set forth in the Accreditation Operating Procedures. Due to the critical importance of fair and unbiased review, the CoA establishes procedures for the selection of site visitors. These procedures are intended to maintain integrity of the peer review process and are designed to ensure that site visitors are knowledgeable about the characteristics of the program under review. In meeting these goals, the Commission is responsible for the process of overseeing site visitor assignments. This responsibility is consistent with practices of other professional accrediting bodies, particularly in the health professions, and serves as an important safeguard to ensure both the appearance and practice of a thorough, unbiased, and fair peer review process.

#### **Composition of site visit teams:**

1. The Secretary of the U.S. Department of Education requires that an accrediting body shall have:  
*"602.15 (a) (4) Educators and practitioners on its evaluation, policy, and decision-making bodies, if the agency accredits programs or single-purpose institutions that prepare students for a specific profession"*. In accordance with this standard for recognition, the Commission requires that each doctoral, internship, and postdoctoral site visit team includes a designated visitor who represents the educational perspective and one who represents the practice perspective. The designated educator will be a psychologist who regularly engages within his/her professional role in teaching and training in psychology. The designated practitioner must be licensed or credentialed at the doctoral level and regularly engage within his/her professional role in the delivery of psychological services.
2. Site visit teams for doctoral programs will include a Chair and at least two other members. Site visit teams for internship and postdoctoral residency programs will include a Chair and at least one other member.

#### **Selection of site visitors:**

1. In order to enhance a fair and unbiased peer review process, the Commission appoints Chairs of site visit teams. The CoA will maintain a database of psychologists qualified to chair the site visit teams based on experience as site visitors and professional background and experience compatible with the program under review. The selected Chairs will be notified prior to appointment in order to confirm availability during the relevant review cycle and to identify issues of bias or conflict of interest (see IR E.3-2, Conflict of Interest Policy for Site Visitors). Similarly, the programs will be responsible for notifying CoA of issues of bias or conflict of interest following notification of Chair appointments and must provide the CoA with documentation of the perceived bias or conflict of interest. Alternative Chair appointments will be made only if the initial appointments raise issues of bias or conflict of interest. Chairs will consult with the program regarding the specific dates of the site visit.
2. The second (and third) member of the site visit teams will be selected by programs from lists of five eligible visitors or each position on the team. For all programs, the list of eligible members for

second visitors will be constructed based on experience in areas of health service psychology compatible with the training aims of the program under review. For doctoral programs, the list of eligible members for the third visitors (i.e., generalists) will be constructed based on experience in psychology in an area outside the scope of accreditation. For internship and residency programs, the lists of eligible members will be constructed based on familiarity with the type of training setting. For postdoctoral residencies in a recognized specialty, the additional members will have experience and expertise in the recognized specialty.

3. The second (and third) members will confirm their availability during the relevant review cycle prior to inclusion on lists. Identification of bias or conflict of interest shall be an ongoing duty of the site visitors and programs. Additional names for second (and third) members will be provided only for cases in which programs notify the CoA in writing of either potential or actual conflicts of interest or bias, or unavailability of all the individuals on the list(s). In such cases, programs must provide the CoA with documentation of perceived conflicts of interest or bias. Based on information provided by programs, the CoA will assess whether a potential conflicts of interest or bias are demonstrated.
4. In special circumstances, programs may request an additional site visitor (e.g., if two programs at one institution are having a combined visit). The CoA also may request that programs have an additional site visitor (e.g., if a specific SoA-related concern is being investigated).
5. Following selection of site visit teams, programs are responsible for coordinating dates of the site visit within the assigned cycles, and ensuring the availability of site visitors for those specific dates.

### **D.3-3. Role and Responsibilities of a Site Visitor**

(*Site Visitor Workbook*, 1997; revised December 2000; October 2015)

The CoA's fair and objective evaluation of a program and the award of accreditation depend on a careful, thorough and objective examination of all required elements of accreditation identified in the *Standards of Accreditation*. The CoA depends significantly on the self-study report and other sources as set forth in the Accreditation Operating Procedures. As part of the review completed by the CoA, professionally qualified site visitors contribute specific information, including descriptions of less tangible features of a program that are not fully captured in written record prepared and submitted by the program.

To be effective, it is essential that site visitors maintain objectivity and functions as a **neutral** observer, focusing specifically on the quality of programs in relation to the *Standards of Accreditation*. The visitors must clarify to programs that the purpose of site visits is to understand programs in relation to the Standards of Accreditation. **It is important for site visitors to act as an information gatherers.** Site visitors are **representatives** of the CoA but are NOT **decision makers** for the CoA **or consultants** for the program. As such, site visitors must report to the CoA information pertinent to the Standards of Accreditation. Site visitors must recognize that this information remains confidential among programs, the site visitors, and the CoA. For this reason, site visitors must state explicitly to all who are interviewed during visits that what they are told may, at the discretion of the site visitors, be reported to the CoA, but will remain confidential with the CoA. Site visitors must **not** withhold from the CoA any information pertinent to the accreditation decision.

Site visitors' responsibilities for site visits terminate upon completion of their reports, although the CoA may request clarification of some matters prior to making its decisions. Under no circumstances are site visitors permitted to initiate any contact or respond to inquiries or correspondence from visited programs after completion of the visit. All such matters are to be referred to the CoA through its appropriate staff in the Office of Program Consultation and Accreditation.

**D.3-3(a). Site Visitor Training and Re-Training**  
(Commission on Accreditation, July 2001; revised October 2015)

Following nomination to serve as site visitors and prior to selection to serve as site visitors, all prospective site visitors must successfully complete site visitor training sponsored by the CoA. All prospective site visitors are informed by staff in the Office of Program Consultation and Accreditation about opportunities to complete site visitor training.

All trained site visitors and trained site visit chairs must undergo re-training within five years after their prior training, in order to maintain their eligibility to serve as site visitors/site visit chairs.

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

(Commission on Accreditation, July 2007; revised February 2016)

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

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

Site visitors receive these materials only in the interest of providing feedback on their performance with the intent being to improve future reports. The CoA and Office of Program Consultation and Accreditation do not expect, and will not accept, any responses regarding the contents of these materials from site visitors. At the time the site visitors receive a copy of the response to their report, the CoA will already have made a decision on the accreditation status of the program. Therefore, the process does not permit additional responses from site visitors regarding these materials. In accordance with Sections 7.2D, 7.2I, and 7.2P of the *Accreditation Operating Procedures*, the program being reviewed has the right to provide the final comments that will be part of its record.

#### **D.3-4. Site Visitor Evaluation**

(Commission on Accreditation, 1996, revised November 2019)

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

- 1) The program director of training completes an evaluation of the entire site visit team following the site visit and prior to receiving the report of the site visitors.
- 2) The chair of the site visit team evaluates the other team member(s) following submission of the site visit report.
- 3) The member (and generalist, if applicable) evaluate the other team member(s), including the site visit chair, following submission of the site visit report.

#### **D.3-5. CoA Members as Site Visitors**

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

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

*(See Implementing Regulation D.3-10)*

**D.3-6. Change in Site Visit Cycle**  
(Commission on Accreditation, 1997)

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



**D.3-7. Sharing of Formal Complaints**  
(Commission on Accreditation, June 1981)

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

### **D.3-8. Access to Confidential Files by the CoA/Site Visitors**

(Commission on Accreditation, July 1989 and July 1997; revised January 2001, November 2003, October 2017)

Accreditors may have valid reason to review confidential files maintained by a program. Access to such files must be tempered as necessary by the legal and ethical standards that apply to files that may contain personal health information. (e.g., the APA “Ethical Principles of Psychologists”, HIPAA, FERPA, and state privacy laws).

#### **Rules Regarding Confidential Records**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and state privacy laws impact access to Protected Health Information (PHI) of patients / clients. Protected Health Information is information relating to the health or health care of an individual that identifies the individual. PHI includes all confidential health information that is transmitted or maintained in any form, including written, oral, and electronic, whether such information is purposefully or incidentally disclosed to site visitors by any party. Under no circumstances should site visitors receive or review individual patient/client records. A site visitor should not ask a program to see any client records, site visitors should not ask for redacted records, and site visitors are also not to sign any Business Associate Agreement (relating to confidential information) when on a site visit.

The Family Educational Rights and Privacy Act (FERPA) is another privacy law covering educational records. It specifically prohibits the release of educational records by educational agencies and institutions except in delineated situations. Educational records include those which are directly related to a student and are maintained by an educational agency. They can include, but are not limited to, grades, transcripts, class schedules, disciplinary files, and electronic mail messages. However, while FERPA requires that educational institutions have policies and practices that restrict the release of student educational records, accrediting organizations are excluded from this restriction for release, as long as the records are provided for the purposes of completing actions of the accreditation function. This provision therefore allows site visitors to access student academic records and programs should release such records to site visitors for this purpose.

Occasionally records containing student health information have been included in academic records as part of a disciplinary proceeding or remediation. To the extent such records constitute educational records of the program, related to the education of the student, such records are not covered by HIPAA and can be part of academic records for the purpose of completing actions of the accreditation function.

#### **Confidentiality Agreements**

All site visitors will be required to sign a confidentiality agreement prior to each site visit. The Site Visitor Confidentiality Agreement prohibits access to PHI that is protected under HIPAA and/or state privacy laws and requires the site visitor to agree not to request, use, disclose, duplicate, take notes on, or make duplicate copies of any patient/client information. The Office of Program Consultation and Accreditation will be responsible for ensuring that site visitors sign this confidentiality agreement and maintaining a copy on file at the office. In addition, the OPCA will make these forms available to the program, upon request.

Should an incidental exposure to PHI occur, the site visitor is to immediately contact the OPCA for instructions on the disposition of the information obtained. In addition, the site visitor agrees to mitigate any harmful effect known to them to the extent practical, should any disclosure of PHI occur.

**D.3-9. Cooperation with Other Agencies**  
(Commission on Accreditation, February 1979)

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

### **D.3-10. Special Site Visits**

(Commission on Accreditation, November 2001; revised April 2005; February 2016)

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

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

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

See Sections 7.1.1D, 7.1.1I, and 7.1.1P of the *Accreditation Operating Procedures*.

### **D.3-11. Site Visit Team Composition**

(Commission on Accreditation, March 2003; revised July 2017)

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

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

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

#### ***D.4. Regulations related to Commission on Accreditation decision-making process***

##### **D.4-1. CoA Executive Committee**

(Commission on Accreditation, October 1998; revised November 2003, January 2007, July 2007, July 2008, February 2016)

There will be an Executive Committee appointed by the CoA Chair to act for the CoA between meetings on accreditation matters other than the making of program decisions as outlined in Sections 8D, 8I, and 8P of the *Accreditation Operating Procedures*. Members of the Executive Committee will be selected to represent the diversity of constituent groups responsible for nominating members of the CoA. The Executive Committee will include at least one member each in his/her first, second, or third year of the CoA, as well as the Associate Chairs for Program Review and Quality Assurance who are elected to facilitate CoA business.

**D.4-2. Appearances before the Commission on Accreditation**  
(Commission on Accreditation, February 1979)

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

**D.4-3. Full Disclosure of Numerical Vote**  
(Commission on Accreditation, January 1982)

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



#### **D.4-5. Monitoring of Programs on “Accredited, Inactive” Status**

(Commission on Accreditation, July 2000<sup>5</sup>; revised April 2005, October 2007, February 2016, November 2022)

##### **Inactive Programs:**

The purpose and process of granting “Accredited, Inactive” status is very different across levels of programs. For that reason, this Implementing Regulation has been separated into two distinct sections: Doctoral Programs and Internship/Postdoctoral Residency Programs.

##### ***Doctoral Programs***

According to Section 8.2.d D of the *Accreditation Operating Procedures*, a master’s or doctoral program that has 1) not admitted students for two successive academic years, or 2) has provided the CoA with notice that it has decided to phase out and close the program will be designated as “Accredited, Inactive”. All changes in accredited status must be approved by the CoA. “Accredited, inactive” status is granted by the CoA for a period of one academic year at a time. The CoA will receive annual updates from the program and will determine the date of the next site visit on a case-by-case basis. A program on “accredited, inactive” status must pay its annual accreditation fees.

Doctoral programs not accepting students for one year need to notify the CoA about that decision as a substantive change (see Implementing Regulation C-27 D). A formal inactive request must be submitted if the program does not accept students for two successive academic years.

##### **1) Two-year Admissions Pause**

A doctoral program that has not admitted students for two successive academic years will be designated as “Accredited, inactive”.

##### **Timeline**

The initial request for inactive status must be received once the program has not accepted students for two consecutive years. Annual requests for inactive status must be received by no later than June 1 of each subsequent year. Please note that additional information/clarification regarding the status of the program may be required before granting/extending inactive status.

##### **Requests for inactive status must include the following:**

- Reason for pause in admissions and detailed timeline for the anticipated return to active status.
- Updated faculty tables [see current self-study instructions or contact OPCA for template];
- Assurance that the program has sufficient resources to support all current students during the inactive status. This should include a detailed narrative explaining the sufficiency of leadership, faculty/supervisors, administrative support, physical facilities (library, classrooms, etc.), and practicum sites;
- Assurance that the program will maintain consistency with the SoA;
- A formal letter from the institution head that the program will be supported by the sponsoring institution throughout the inactive status.

##### **Requests to return to active status:**

- Assurance that the program has sufficient resources to return to active status. If any resources have significantly changed since going inactive, please explain in detail (e.g. physical facilities, number of faculty, administrative support, financial support, etc.);

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<sup>5</sup> This policy subsumes and replaces the Implementing Regulation “Systematic ‘Phasing Out’ of Old Programs,” July 1997.

- Updated faculty tables [see current self-study instructions or contact OPCA for template];
- Detailed information on any other substantive changes made since the program was last active (e.g., curriculum changes, etc.);
- A formal letter from institutional leadership that the program has support from the sponsoring institution.

### **Periodic Review**

Doctoral programs that are “Accredited, Inactive” (and not phasing out) are expected to engage in the periodic review process (i.e., self-study/site visit), as scheduled.

## **2) Phase-Out/Closure**

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

### **Timeline**

The initial request for inactive status must be received once the program has determined that it plans to phase-out and close the program. Annual requests for inactive status must be received by no later than June 1 of each subsequent year. Please note that additional information/clarification regarding the status of the program may be required prior to granting/extending inactive status. The CoA will identify the due date of the program’s next self-study upon granting inactive status (see “Periodic Review” section).

### **Requests for (phase-out leading to closure) inactive status must include the following:**

- Detailed timeline for the anticipated phase-out to include:
  - When the program last accepted a student cohort;
  - A detailed breakdown of where each student is in the program, including their projected graduation date;
- Updated faculty tables [see current self-study instructions or contact OPCA for template];
- Assurance that the program has sufficient resources to support all current students through graduation. This should include a detailed narrative explaining the sufficiency of leadership, faculty/supervisors, administrative support, physical facilities (library, classrooms, etc.), and practicum sites;
- Assurance that the program will maintain consistency with the SoA throughout the phase-out process;
- A formal letter from the institution head that the program will be supported by the sponsoring institution throughout the phase-out process.

### **Requests to return to active status (from phase-out):**

Doctoral programs in a phase-out process that would like to halt the phase-out will be handled on a case-by-case basis. Please contact the OPCA for guidance on how to proceed.

### **Periodic Review**

Doctoral programs in the phase-out process are required to engage in the periodic review process (i.e., self-study/site visit). However, depending on where the program is in the phase-out process, the CoA may not require a complete self-study. Instead, the program may be asked to submit a “focused self-study” which will consist of a subset of questions/tables from the full self-study. The content of the focused self-study will be determined by the CoA on a case-by-case basis based on multiple factors (e.g., where students are in their matriculation, duration of phase-out, etc.). Based on the focused self-study, the CoA will determine if a site visit will be required. The purpose of this process is to ensure the quality of the program for students matriculating during the phase-out process. The CoA will identify the due date of the full/focused self-study when inactive status is granted.

### ***Internship/Postdoctoral Residency Programs***

According to Sections 8.2.d I and 8.2.d P of the *Accreditation Operating Procedures* a one-year internship/postdoctoral program that will not be accepting interns/residents for a given training year must request to be placed on “accredited, inactive” status by the Commission on Accreditation (CoA). Two-year internship/postdoctoral programs must request inactive if they do not accept interns/residents for two consecutive training years and will therefore not have interns/residents on site for a given training year (see Implementing Regulations C-24 I or C-20 P). The program cannot accept any interns/residents for the year of “accredited, inactive” status. All changes in accredited status must be approved by the CoA. “Accredited, inactive” status is granted by the CoA for a period of one training year at a time. Since inactive status is approved on an annual basis, the program will need to seek inactive status each year. A program on “accredited, inactive” status must pay its annual accreditation fees.

### **Timeline**

The initial request for inactive status must be received as soon as the program determines that it will not be accepting interns/residents. Subsequent requests for inactive status must be received by no later than June 1 prior to the start of the training year. Requests to return to active status must be made as soon as the decision to accept interns/residents for the next training year is confirmed. Optimally, this would be by February 1 of the year the program will become active. Please note that additional information and/or a self-study (see “Periodic Review” section) may be required in order to return to active status.

### **Requests for inactive status must include the following:**

- Reason for inactive status (e.g., funding, supervisory resources, administrative changes, institutional changes, etc.);
- Timeline for intended return to active status (if known);
- Assurance that current active cohort (if applicable) is not impacted by changes leading to the request for inactive status. If they *are* impacted, discuss how the program is ensuring quality training, consistent with the SoA, for the duration of current training year;
- Confirmation that the program did not recruit a cohort for the inactive training year.

### **Requests to return to active status must include the following:**

- Assurance that the program has sufficient resources to return to active status. If any resources have significantly changed since going inactive, please explain in detail (e.g., physical facilities, number of supervisors, administrative support, stipends, etc.);
- Updated supervisor tables [see current self-study instructions or contact OPCA for template];
- Detailed information on any other substantive changes made since the program was last active (e.g., updated didactics, rotations, evaluation forms, etc.); and
- A formal letter from institutional leadership that the program has support from the sponsoring institution.

**Periodic Review**

When a program's periodic review (i.e., self-study/site visit) is scheduled to occur during the inactive period, it will be delayed until the program becomes active. The CoA will require a self-study by *no later* than September 1 of the year in which the program returns to active status. The CoA will assign the official self-study due date when the program is granted active status for the next training year. Programs that have a periodic review delayed due to inactive status should be prepared to submit a self-study in advance of its first active cohort. Please consult with OPCA for guidance on self-study planning.

All requests for inactive/active status may be submitted via the CoA Portal on the Substantive Change tab. Please assign the title "STATUS CHANGE - Inactive/Active".

**D.4-6. Protection of Students in Programs Before Accreditation Status Is Awarded and After Accreditation is Revoked**

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

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

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

#### **D.4-7 (a). Use of Annual Reports for Reaffirmation of Accredited Status and Monitoring of Individual Programs**

(Commission on Accreditation, adopted as D.4-8 in July 2000; revised January 2007, October 2008; revised and renumbered as D.4-7 (a) July 2011; revised February 2016, February 2017, April 2022)

##### **ALL PROGRAMS:**

As an accrediting body recognized by the U.S. Department of Education (USDE), the Commission on Accreditation (CoA) is required to have standards in place addressing “success with respect to student achievement in relation to mission, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates” (*Section 602.16 (a)(1)(i) of the Criteria for Recognition by the U.S. Secretary of Education*). The CoA’s *Standards of Accreditation for Health Service Psychology* (SoA) documents the overall standards of performance required of accredited programs for the purposes of accreditation.

The USDE requires that an accrediting agency have and apply a “set of monitoring and evaluation approaches” that allow for the identification of compliance problems with the agency’s standards for accreditation (*Section 602.19 (b) Monitoring and Reevaluation of Accredited Institutions and Programs*). Monitoring approaches also need to account for program “strengths and stability,” through “periodic reports, and collection and analysis of key data and indicators.” Additionally, “fiscal information and measures of student achievement”, must be reviewed consistent with USDE Section 602.16 (f).

In the time period between full accreditation reviews, the CoA uses annual review processes to monitor programmatic changes as well as potential changes in compliance with the accreditation standards. Part of its responsibility to the public is to ensure that programs are engaging in on-going self-assessment and improvement. Therefore, in accordance with Section 1 of the *Accreditation Operating Procedures* (AOP), all accredited programs are reviewed annually. This review includes both the data provided by a program as part of both the Annual Report Online (ARO) and any narrative response required of the program from review of data or from the most recent periodic review. Accurate provision of the information and data required by the CoA each year is a requirement for a program to maintain accreditation on an annual basis. In the context of this requirement, the CoA reviews the data and information provided by the program to monitor individual program performance according to the procedures outlined in this document. Data is reviewed, recommendations are made and discussed, and are voted on by the Commission. Specific provisions for the review of narrative responses are outlined in Implementing Regulation D.4-7 (c).

The following policy outlines the steps taken in the review of the data provided as part of the Annual Report Online (ARO) consistent with Section 1 of the AOP:

- a. All accredited programs are required to enter their data into the ARO through a secure, password-protected web-based system by the designated due date.
- b. All programs that do not submit the ARO, or that do not fully complete it (i.e., where some data are missing) are identified by office staff and forwarded to the CoA for review. In cases where a program fails to submit the ARO in full and has a demonstrated history of not providing ARO data in a timely manner, the CoA reserves the right to bring this issue to the attention of any program administrator higher than the training director.

##### **DOCTORAL PROGRAMS ONLY:**

Since programs are generally accredited for multiple years, CoA needs a mechanism to identify programs that might be experiencing changes in their ability to meet key outcomes in the SoA in the time period between full accreditation reviews. The goal of this identification is to “flag” programs that appear not to

be meeting minimal standards between full reviews in order to ensure that all programs are consistent with the standards of the profession.

The CoA has developed a number of key thresholds to help determine if a doctoral program's performance is acceptable on an annual basis. These thresholds in and of themselves do not directly represent specific accreditation standards. Rather they are used to identify either change or drift in a program's outcomes. Thus, an action on the part of CoA occurs if the CoA believes, based on the thresholds, that a closer look at the program's adherence to the standards is warranted. The fact that a program is not "flagged" pursuant to these thresholds, or is flagged but is not found out of compliance at that time, does not preclude CoA from taking adverse action in a subsequent review based on non-compliance with the Standards, including noncompliance related to outcome measures.

Six items are important about these thresholds:

1. These thresholds are constructed from data provided by doctoral programs in their annual reports.
2. Consistent with that, all thresholds are empirically derived, as described in IR D.4-7 (b).
3. In order to accurately represent the current state of programs in the field, because these thresholds are empirically derived, they must be re-calculated on a regular basis.
4. CoA re-calculates these data every three years, with the new numbers being effective in the year following the re-calculation.
5. As indicated above, the goal is to give programs the opportunity to both explain and improve their outcomes in the time between accreditation reviews.
6. If, at any time, the CoA believes the data indicates changes in the program's outcomes that could reflect non-compliance with one or more standards, the CoA must request additional information to make appropriate determinations as to the program's continuing compliance with the Standards.

The CoA has chosen four "success indicators" for which to determine thresholds and then to use to evaluate program performance on a yearly basis. Discussed in more detail in Implementing Regulation (IR) D.4-7 (b), the four indicators are:

1. Number of years to complete program (time-to-degree);
2. Percent of students leaving a program for any reason;
3. Proportion of students accepted into an accredited (APA or CPA-accredited) internship; and
4. Changes in faculty-student ratios.

Three of these "success indicators" are reviewed using a three-year moving average. Changes in faculty-student ratios are assessed by reviewing numerical changes from one year to the next.

### **Thresholds as Indicators of Non-compliance with the Standards of Accreditation in Doctoral Programs**

Each of the four thresholds is related to multiple standards in the SoA. Thus any questions or concerns about meeting a threshold may involve requests for additional information about programs compliance with the standards linked to the thresholds. More specifically

**Number of Years to Completion (time-to-degree)** – this threshold can be linked to:

1. Standard I. Institutional and Program Context: I.C.2 Length of Degree and Residency;
2. Standard II. Aims, Competencies Curriculum and Outcomes: II.A.2 Aims of the Program
3. Standard II. Aims, Competencies Curriculum and Outcomes: II.D.2 Evaluation of Students and Program;
4. Standard III. Students: III.A.1 Student Selection Process and Criteria;
5. Standard III. Students: III.B.1 Supportive Learning Environment;
6. Standard III. Students: III C.1 Plans to Maximize Student Success;
7. Standard IV. Faculty: A.2 Program Leadership, Administration, and Management

8. Standard IV. Faculty: B.4. Faculty Sufficiency; and
9. Standard V. Communication Practices: A.2 Public Disclosure.

**Percent of students leaving the program** – The percentage of students leaving a program can be linked to:

1. Standard I. Institutional and Program Context: I.C.4 Program Context and Resources
2. Standard I. Institutional and Program Context: I.D.4 Program Policies and Procedures
3. Standard II. Aims, Competencies Curriculum and Outcomes: II.D.1 Evaluation of Students and Program;
4. Standard III. Students: III.A.1 Student Selection Process and Criteria;
5. Standard III. Students: III.B.1 Supportive Learning Environment;
6. Standard III. Students: III.C.1 Plans to Maximize Student Success;
7. Standard III. Students: III.C.3 Plans to Maximize Student Success;
8. Standard IV. Faculty: B.4. Faculty Sufficiency; and
9. Standard V. Communication Practices: A.2 Public Disclosure.

**Percentage of students accepted into accredited internships** – The percentage of students that are accepted into accredited internships can be linked to:

1. Standard I. Institutional and Program Context: I.C.4 (f) Resources (Sufficiency and appropriateness of practicum experiences);
2. Standard I. Institutional and Program Context: I.C.4 Program Context and Resources
3. Standard II. Aims, Competencies Curriculum and Outcomes: II.B.3 Required Practicum Training Elements;
4. Standard II. Aims, Competencies Curriculum and Outcomes: II.B.4. Required Internship Training Elements;
5. Standard II. Aims, Competencies Curriculum and Outcomes: II.D.1 Evaluation of Students and Program;
6. Standard II. Aims, Competencies Curriculum and Outcomes: II.D.2 Evaluation of Students and Program;
7. Standard III. Students: III.A.1 Student Selection Process and Criteria;
8. Standard III. Students: III.B.1 Supportive Learning Environment;
9. Standard III. Students: III.C.3 Plans to Maximize Student Success; and
10. Standard IV. Faculty: B.4. Faculty Sufficiency.

**Changes in the ratio of faculty and students** – Changes in the ratio of faculty to students can be linked to:

1. Standard I. Institutional and Program Context: I.B.1.b Institutional and Administrative Structure (Administrative Structure)
2. Standard III. Students: III.A.1 Student Selection Process and Criteria;
3. Standard III. Students: III.B.1 Supportive Learning Environment;
4. Standard III. Students: III.C.1 Plans to Maximize Student Success;
5. Standard IV. Faculty: A.1 Program Leadership, Administration, and Management;
6. Standard IV. Faculty: B.1 Faculty Qualifications and Role Modeling;
7. Standard IV. Faculty: B.2 Faculty Qualifications and Role Modeling;
8. Standard IV. Faculty: B.4. Faculty Qualifications and Role Modeling; and
9. Standard IV. Faculty: B.5.b Faculty Qualifications and Role Modeling (Cultural and Individual Differences Diversity)



The annual review of doctoral programs on the key indicators supplements the regular review of programs at the designated time for reaccreditation. Thus, the CoA both conducts periodic reviews of accredited programs in accordance with Sections 8.D, 8.I, and 8.P of the AOP and reviews data annually on each accredited program to ensure the maintenance of critical outcomes between periodic reviews. Failure to meet thresholds may require CoA to request additional information to ensure ongoing compliance with the linked Standards. If in the professional judgment of CoA there is insufficient additional information to demonstrate compliance with the linked Standards, CoA will ask the program to show cause why it should not be placed on probation. The CoA adheres to the following review process of threshold data:

1. After all programs have entered their ARO data, staff produces a list of each doctoral program's "threshold" data. All data are compared against the thresholds developed by the CoA as outlined in IR D.4-7(b).
2. Individual doctoral program data for the current year, or 3-year summary as outlined in IR D.4-7(b), are compared with the program's data from the previous year or the listed threshold as identified for the variable of interest. During the review of the thresholds, the Research Committee and CoA take into account issues related to base rate concerns and the 3-year moving average. Given that for two of the thresholds the threshold is a percentage (i.e., attrition and internship placement rate), the CoA looks at the total number of students in the program for a better idea of whether this is a base rate issue. For example, if the total number of students in the program is low, any student leaving the program or not obtaining an accredited internship may lead to a higher percentage than the threshold. Also, the thresholds using a 3-year moving average (i.e., time-to-degree completion, attrition, internship placement), may be determined to be a consequence of one of the prior two years' results, suggesting that improvement is occurring based on a review of the raw data from each year.
3. All programs with threshold data not meeting the parameters in IR D.4-7(b) are identified and brought to the attention of the CoA. The CoA will defer reaffirmation of the program's accredited status pending receipt of additional information from the program to address the threshold(s) of concern in relation to ongoing compliance with the linked Standards. If, in the professional judgment of the CoA, the requested additional information is not sufficient to demonstrate compliance with the linked Standards, the program will be asked to show cause why it should not be placed on probation.
4. Programs not responding to queries requesting additional information on one or more indicators will be sent a letter about the program's accredited status consistent with AOP Section 1.3 indicating that a lack of programmatic response may mean the program is "deemed to have withdrawn" from accredited status.

#### **D.4-7(b). Thresholds for Student Achievement Outcomes in Doctoral Programs**

(Commission on Accreditation, adopted as D.4-7 in July 1999; revised July 2000, January 2001, February 2005, October 2008; revised and renumbered as D.4-7(b) in July 2011, July 2012, October 2014, February 2016, July 2017, October 2020, October 2022)

As indicated in Implementing Regulation D.4-7(a), the Commission on Accreditation (CoA) needs to evaluate a program's continuing quality between scheduled full accreditation reviews. To do so, the CoA has determined that the construction of appropriate thresholds will be informed by data obtained through the Annual Report Online (ARO) and aggregated across accredited programs. For program completion, student attrition, and internship placement, the threshold numbers will be constructed to identify only those doctoral programs that are significantly different from the majority of accredited doctoral programs. "Significantly different" is interpreted by the CoA to mean the **5<sup>th</sup>** percentile, or the **lowest 5%** of all programs for each indicator. For student match with accredited programs and for changes in number of faculty and number of students, the CoA will be guided by the stated levels and by education and training concerns.

When determining the specific thresholds for each of the areas of interest, the CoA will review descriptive statistics on these variables (e.g., mean, median, frequency distributions, etc.) for the applicable time-frame, across all accredited doctorate programs, as appropriate. Specific calculations that lead to the thresholds for these variables and the current specified thresholds are provided below:

##### **Doctoral Program Achievement Thresholds**

- **Number of years to complete program:** In general, the CoA expects that most students will complete their doctoral programs in not less than 3 years nor more than 7 full calendar years. The thresholds will be based on 3 years of ARO data. The CoA will look at data on any program that has either a mean greater than **7.15** years to completion or a median greater than **7.0** years to completion for all students who successfully completed the program in the preceding 3 years.
- **Percent of students leaving a program for any reason:** In general, for purposes of the ARO, the CoA expects that **6%** or fewer of a given program's students will leave the program in a given academic year. The CoA will look at data on any program that has a mean of over **6%** attrition of students based upon the most recent 3-year period of ARO data.
- **Percent of students accepted into an internship<sup>6</sup>:** For the substantive areas of Clinical and Counseling psychology, of the total number of students in a given program applying for an internship for the following year, at least **75%** of those students will be placed into an internship that has been accredited by an accrediting agency recognized by the Secretary of the U.S. Department of Education or by the Canadian Psychological Association. Beginning in 2013, this will be based upon the most recent 3-year period of ARO data.

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<sup>6</sup> Consistent with individual programs' goals and/or competencies associated with their practice area, many school psychology programs require their students to complete all, or a major portion of, their pre-doctoral internships in K-12 school settings. Currently, only approximately 3% of APA-accredited internships include K-12 school settings as a major component of their internships. Accordingly, the CoA does not apply the threshold for student attainment of APA/CPA-accredited internships to school psychology programs.

- **Changes in student-faculty ratios:** At the time of periodic accreditation review, in Standard IV, the CoA examines the sufficiency of core faculty for the students in the program. Because changes in student and core faculty numbers may impact the sufficiency of core faculty to ensure continued program quality, the CoA examines changes in the relationship between these two numbers. The data are based upon the following formula:

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

The CoA will look at programs when this student-faculty ratio is greater than **1.29**.

#### **D.4-7 (c). Use of Narrative Annual Reports for Reaffirmation of Accredited Status and Monitoring of Individual Programs**

(Commission on Accreditation, adopted as D.4-8 in July 2000; revised January 2007, October 2008, revised and renumbered as D.4-7 (c) July 2011; revised February 2017)

##### ALL PROGRAMS:

In accordance with Section 1 of the *Accreditation Operating Procedures* (AOP), accredited programs are reviewed annually. Annual reaffirmation of a program's accredited status is based upon the Commission on Accreditation's (CoA) review of the narrative annual report. In the context of that review, the CoA reviews the narrative information and data provided by a program to monitor each program's performance.

The following outlines the steps taken in the review of the narrative annual report, consistent with the AOP:

1. All programs that do not submit narrative annual reports by the time of the CoA's reaffirmation of accredited status are identified by office staff and forwarded to the CoA for review and response. At that time the CoA will review the program consistent with Section 1.3 of the AOP and determine whether the lack of programmatic response may mean the program is "deemed to have withdrawn" from accredited status.
2. All programs that submitted narrative annual reports and were asked subsequent to their last periodic reviews to respond to a reporting requirement for formal review by the CoA but did not do so are identified by office staff and forwarded to the CoA for review and response.
3. All other program correspondence submitted with the annual reports is reviewed by office staff, including narrative reports the program has been asked to provide in order to demonstrate commitment to ongoing self-study. Major changes and/or program difficulties are noted. If the correspondence indicates problems and/or difficulties, or if there is a question about whether changes and/or difficulties exist, the correspondence is forwarded to the CoA for review and response. All responses to reporting requirements also are forwarded to the CoA for formal review.
4. The results of the staff reviews/analyses of the annual reports (i.e., non-submissions, problems/major changes, reporting requirements) are discussed by the CoA. If the report is acceptable to the CoA and the issues raised in the review are determined by the CoA to pose no questions about the program's continued consistency with the *Standards of Accreditation in Health Service Psychology* (SoA), the program's report is accepted and accreditation is reaffirmed. This occurs typically at the CoA's fall meeting.
5. As noted in Section 1.1 of the AOP, if the report is not complete or raises questions about the program's continued consistency with the SoA, the CoA may, at any time, request additional information or request an invitation for a site visit. Such action may take one of the following forms:
  - Defer reaffirmation pending receipt of additional information from the program
  - Reaffirm but ask the program to provide information in its next annual report
  - Defer reaffirmation pending a special site visit
  - Defer reaffirmation and request that the program invite the CoA to conduct the program's regular site visit earlier than originally scheduled
  - Defer reaffirmation and ask the program to show cause why it should not be placed on probation

6. If staff determines that no review is needed by the CoA (i.e., no problems or concerns), the program's report is accepted by the CoA and accreditation is reaffirmed. This occurs typically at the CoA's fall meeting.
7. Notice of reaffirmation is made over CoA's web site and in printed materials as appropriate. All programs from which more information or further action is required are notified by letter. In addition, any program that provided a response to a reporting requirement is notified by letter of the outcome of the review.

**D.4-8 (a). Doctoral Interim Reporting**  
(Commission on Accreditation, February 2019)

To demonstrate ongoing consistency with the *Standards of Accreditation* (SoA), programs receiving 10 years between periodic reviews must provide an interim report 5 years after the beginning of the 10-year accreditation term. In this interim report, programs must provide the following information for formal review by the CoA:

**Outcome data:**

Outcome data form the cornerstone of the accreditation process; thus, programs must demonstrate effective collection and presentation of data that are consistent with IR C-18 D *Outcome Data for Doctoral Programs* across the course of the accreditation term. To do so, programs must provide the following:

1. Proximal data: Programs must provide proximal data collected since the last site visit that demonstrate the extent to which the minimum levels of achievement (MLAs) have been met for the outcome measures identified for all discipline-specific knowledge areas (DSK), profession-wide competencies (PWCs), and program-specific competencies (if any). Programs must present data in the required table (appended to this regulation and available on the CoA's website). Programs must also provide the DSK and PWC tables submitted in the most recent self-study. The tables must reflect any updates or revisions that the program has undertaken since the previous review (e.g., new courses, revised practicum evaluation forms, etc.). Related updates or revisions must be described in an accompanying narrative.
2. Distal data: Programs must submit appropriately aggregated distal data that were collected since the last site visit. Programs must present data in a manner consistent with IR C-18 D and must demonstrate program completers' perceptions of the extent to which programs promoted mastery of the PWCs. Programs must include copies of all distal data collection mechanisms (e.g., alumni surveys).
3. Programs must provide a brief narrative response that summarizes the presented data and discuss how those data address the extent to which the program is meeting its aim(s). This response should also describe any situation in which a student did not meet required MLAs and how the program followed its due process procedures (to include appropriate remediation) in response.

**Substantive change reporting:**

Substantive changes are defined as program/institutional changes that may alter the program's quality and/or impact the program's adherence to the SoA. Examples of substantive changes include but are not limited to changes in administrative and financial support, changes to the size of admitted cohorts, changes to administrative structure, changes in program/institutional policies, change in/loss of faculty positions, new emphasis areas, tracks/rotations (new, additional, eliminated), consortium partner changes, or significant curriculum modifications.

Using the required table (appended to this regulation and available on the CoA's website), programs must provide a report about any substantive changes that have taken place since the most recent review:

1. A short summary of any substantive changes that have been reported to CoA since the last site visit. The program must also provide a short summary of the CoA's response and whether additional information was requested, and;
2. Detailed information regarding any additional substantive changes that have not yet been reported to CoA. Programs must include supporting documentation as needed to demonstrate continued consistency with the SoA (e.g., syllabi, CVs, policies/procedures, etc.).

**Table - Substantive Change History**

Date Submitted (n/a if new)	Substantive Change Item	CoA Response (i.e., was additional information requested and was the item closed)

**Complaint/grievance reporting:**

Programs must provide a summary record of formal student complaints or grievances received by, or known to, the program against the program and/or against individuals associated with the program since the last accreditation site visit (see IR C-6 D *Record of Student Complaints in Periodic Review* for more information). This information is not to include any identifying information on students.

**Review process**

In accordance with the *Accreditation Operating Procedures* (AOP) Section 1.1, “Annual reaffirmation of a program’s accredited status is based on the CoA’s review of any narrative annual report information requested”. The CoA will review interim report information in a manner consistent with its review of other narrative annual reports. The review process for the interim report will follow that which is outlined in IR D.4-7 (c) *Use of Narrative Annual Reports for Reaffirmation of Accredited Status and Monitoring of Individual Programs*.

**D.4-8 (b). Doctoral Internship Interim Reporting**  
(Commission on Accreditation, February 2019)

To demonstrate ongoing consistency with the *Standards of Accreditation* (SoA), programs receiving 10 years between periodic reviews must provide an interim report 5 years after the beginning of the 10-year accreditation term. In this interim report, programs must provide the following information for formal review by the CoA:

**Outcome data:**

Outcome data form the cornerstone of the accreditation process; thus, programs must demonstrate effective collection and presentation of data that are consistent with IR C-16 I *Outcome Data for Internship Programs* across the course of the accreditation term. To do so, programs must provide the following:

1. Proximal data: Programs must provide proximal data collected since the last site visit that demonstrate the extent to which the minimum levels of achievement (MLAs) have been met for the outcome measures identified for all profession-wide competencies (PWCs) and program-specific competencies (if any). Programs must present data in the required table (appended to this regulation and available on the CoA's website). Programs must also provide the PWC table submitted in the most recent self-study. The table must reflect any updates or revisions that the program has undertaken since the previous review (e.g., new evaluation forms). Related updates or revisions<sup>5</sup> must be described in an accompanying narrative.
2. Distal data: Programs must submit appropriately aggregated distal data that were collected since the last site visit. Programs must present data in a manner consistent with IR C-16 I and must demonstrate program completers' perceptions of the extent to which programs promoted mastery of the PWCs. Programs must include copies of all distal data collection mechanisms (e.g., alumni surveys).
3. Programs must provide a brief narrative response that summarizes the presented data and discuss how those data address the extent to which the program is meeting its aim(s). This response should also describe any situation in which an intern did not meet required MLAs and how the program followed its due process procedures (to include appropriate remediation) in response.

**Substantive change reporting:**

Substantive changes are defined as program/institutional changes that may alter the program's quality and/or impact the program's adherence to the SoA. Examples of substantive changes include but are not limited to changes in administrative and financial support, changes to the size of admitted cohorts, changes to administrative structure, changes in program/institutional policies, change in/loss of staff positions, new emphasis areas, tracks/rotations (new, additional, eliminated), consortium partner changes, or significant training modifications.

Using the required table (appended to this regulation and available on the CoA's website), programs must provide a report about any substantive changes that have taken place since the most recent review:

1. A brief summary of any substantive changes that have been reported to CoA since the last site visit. The program must also provide a short summary of the CoA's response and whether additional information was requested, and;
2. Detailed information regarding any additional substantive changes that have not yet been reported to CoA. Programs must include supporting documentation as needed to demonstrate continued consistency with the SoA (e.g., syllabi, CVs, policies/procedures, etc.).



**Table - Substantive Change History**

Date Submitted (n/a if new)	Substantive Change Item	CoA Response (i.e., was additional information requested and was the item closed)

**Complaint/grievance reporting:**

Programs must provide a summary record of formal intern complaints or grievances received by, or known to, the program against the program and/or against individuals associated with the program since the last accreditation site visit (see Implementing Regulation C-7 I *Record of Student Complaints in CoA Periodic Review* for more information). This information is not to include any identifying information on interns.

**Review process**

In accordance with the *Accreditation Operating Procedures* (AOP) Section 1.1, “Annual reaffirmation of a program’s accredited status is based on the CoA’s review of any narrative annual report information requested”. The CoA will review interim report information in a manner consistent with its review of other narrative annual reports. The review process for the interim report will follow that which is outlined in IR D.4-7 (c) *Use of Narrative Annual Reports for Reaffirmation of Accredited Status and Monitoring of Individual Programs*.

**D.4-8 (c). Postdoctoral Residency Interim Reporting**  
(Commission on Accreditation, July 2018)

To demonstrate ongoing consistency with the *Standards of Accreditation* (SoA), programs receiving 10 years between periodic reviews must provide an interim report 5 years after the beginning of the 10-year accreditation term. In this interim report, programs must provide the following information for formal review by the CoA:

**Outcome data:**

Outcome data form the cornerstone of the accreditation process; thus, programs must demonstrate effective collection and presentation of data that are consistent with IR C-16 P *Outcome Data for Internships and Postdoctoral Residency Programs* across the course of the accreditation term. To do so, programs must provide the following:

1. Proximal data: Programs must provide proximal data collected since the last site visit that demonstrate the extent to which the minimum levels of achievement (MLAs) have been met for the outcome measures identified for all Level 1, 2, and/or 3 competencies as appropriate for the program. Programs must present data in the required table (appended to this regulation and available on the CoA's website). Programs must also provide the competency table submitted in the most recent self-study. The table must reflect any updates or revisions that the program has undertaken since the previous review (e.g., new evaluation forms). Related updates or revisions must be described in an accompanying narrative.
2. Distal data: Programs must submit appropriately aggregated distal data that were collected since the last site visit. Programs must present data in a manner consistent with IR C-16 P and must demonstrate program completers' perceptions of the extent to which programs promoted mastery of required competencies. Programs must include copies of all distal data collection mechanisms (e.g., alumni surveys).
3. Programs must provide a brief narrative response that summarizes the presented data and discuss how those data address the extent to which the program is meeting its aim(s). This response should also describe any situation in which a resident did not meet required MLAs and how the program followed its due process procedures (to include appropriate remediation) in response.

**Substantive change reporting:**

Substantive changes are defined as program/institutional changes that may alter the program's quality and/or impact the program's adherence to the SoA. Examples of substantive changes include but are not limited to changes in administrative and financial support, changes to the size of admitted cohorts, changes to administrative structure, changes in program/institutional policies, loss of staff positions, new emphasis areas, tracks/rotations (new, additional, eliminated), consortium partner changes, or significant training modifications.

Using the required table (appended to this regulation and available on the CoA's website), programs must provide a report about any substantive changes that have taken place since the most recent review:

1. A short summary of any substantive changes that have been reported to CoA since the last site visit. The program must also provide a short summary of the CoA's response and whether additional information was requested, and;
2. Detailed information regarding any additional substantive changes that have not yet been reported to CoA. Programs must include supporting documentation as needed to demonstrate continued consistency with the SoA (e.g., syllabi, CVs, policies/procedures, etc.).

**Table - Substantive Change History**

Date Submitted (n/a if new)	Substantive Change Item	CoA Response (i.e., was additional information requested and was the item closed)

**Complaint/grievance reporting:**

Programs must provide a summary record of formal resident complaints or grievances received by, or known to, the program against the program and/or against individuals associated with the program since the last accreditation site visit (see Implementing Regulation C-7 P *Record of Resident Complaints in CoA Periodic Review* for more information). This information is not to include any identifying information on residents.

**Review process**

In accordance with the *Accreditation Operating Procedures* (AOP) Section 1.1, “Annual reaffirmation of a program’s accredited status is based on the CoA’s review of any narrative annual report information requested”. The CoA will review interim report information in a manner consistent with its review of other narrative annual reports. The review process for the interim report will follow that which is outlined in IR D.4-7 (c) *Use of Narrative Annual Reports for Reaffirmation of Accredited Status and Monitoring of Individual Programs*.

**D.4-9. Addressee and Distribution of CoA Decision Letters**  
(Commission on Accreditation, July 2000; revised July 2006)

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

This is in accordance with Standard V of the *Standards of Accreditation for Health Service Psychology* for doctoral, internship, and postdoctoral programs:

*The program demonstrates its commitment to public disclosures by providing accurate and complete written materials and other communications that appropriately represent it to all relevant publics.*

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

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

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

**D.4-10. Multiple Campuses**  
(Commission on Accreditation, July 2001)

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

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

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

#### **D.4-11. Voluntary Withdrawal from Accreditation** (Commission on Accreditation, July 2022)

According to Section 1.3 of the Accreditation Operating Procedures, “*a program may request to voluntarily withdraw from accredited status at any time by advising the CoA of its intent in writing in advance of the requested withdrawal date. Programs requesting voluntary withdrawal will be placed on the next CoA agenda for official vote of the program’s change in accredited status.*”

Written notice requesting formal withdrawal from accreditation must include the following information:

##### **Doctoral Programs**

IR D.4-5 provides information on procedures for doctoral programs that are phasing out due to program closure.

In the case of a doctoral program that is **not closing** that intends to withdraw from APA-accreditation by a time-certain, the program is encouraged to alert the CoA of its intent in advance of its formal request to withdraw by including:

- The projected withdrawal date from APA-accreditation;
- How and when it will provide public notification of its intent to withdraw from APA-accreditation to current/prospective students;
- Assurance that the program will maintain compliance with the SoA until the program’s formal withdrawal.

The formal request to withdraw from APA-accreditation should be submitted in advance of the end-date and should include confirmation that all current and prospective students have received advanced notice of this voluntary action. Should the end-date change the program is asked to notify the CoA. Only students graduating before the program’s formal withdrawal from accreditation will graduate from an APA-accredited program.

##### **Internship/Postdoctoral Programs**

Internship and postdoctoral programs requesting to withdraw from APA-Accreditation should submit their request in advance of the end-date and should include confirmation that 1) the current cohort will have completed by this date, and 2) that a cohort for the following training year was not recruited. If the program will have any trainees following withdrawal from APA-accreditation, the program is asked to confirm that these trainees received advanced notice of the program’s voluntary withdrawal from accreditation.

##### **For All Levels of Training**

*If a program intends to voluntarily withdraw from accreditation without program closure, the CoA will not publicize a projected withdrawal date. It is incumbent on the program to provide sufficient notice to current/incoming students/trainees.*

## ***D.5. Regulations related to appeal procedures<sup>7</sup>***

### **D.5-1. APA Accreditation Appeal Panel Hearing Procedures**

(Board of Educational Affairs, October 2000; revised October 2010, April 2021)

#### **1. General Information**

This document will provide some background information about the nature of the hearing and the roles of various participants during the process required when a decision of the APA Commission on Accreditation (CoA) is being appealed.

#### **2. Nature of Hearing**

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

#### **3. Role of APA Attorney**

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

#### **4. Function of the Hearing Panel**

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

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

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

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<sup>7</sup> Because appeals are handled by the APA Board of Educational Affairs (BEA), policies in section D5 are BEA policies.

5. Standard of Review.

The Commission's decision should be affirmed unless (a) there was a procedural error and adherence to the proper procedures would dictate a different decision; or (b) based on the record before it, the Commission's decision was plainly wrong or without evidence to support it.

6. Decision Options of the Panel.

The appeal panel has the options of: (a) upholding the CoA decision; (b) amending the CoA decision; or (c) remanding the matter to the Commission with an explanation of the basis for a decision different from that of CoA.<sup>8</sup>

7. Hearing Procedures

The order of presentation at the hearing is as follows:

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

8. Written Decision

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

9. Ex parte Communications

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

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

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

*Approved by the Board of Educational Affairs (BEA), October 22-24, 2000, April 22, 2021  
Revisions to Accreditation Operating Procedures effective July 1, 2010, May 18, 2021*

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<sup>8</sup> US Department of Education criteria for recognition state that, "in the event of a decision by the appeals panel to remand the adverse action to the original decision-making body for further consideration, the appeals panel must explain the basis for a decision that differs from that of the original decision-making body and the original decision-making body in a remand must act in a manner consistent with the appeals panel's decisions or instructions." (CFR § 602.25 iv)



**D.5-2. Accreditation Appeal Hearing Voir Dire Procedures**  
(Board of Educational Affairs, 2002)

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

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

**D.5-3. Accreditation Appeal Panel Pool Composition**  
(Board of Educational Affairs, October 2010)

The BEA appeal panel pool, which was established in 1997, is comprised of senior-level psychologists who have many years of service associated with graduate and professional education and training, as well as in accreditation. In addition, the 2010 U.S. Department of Education regulations require that the appeal pool also have members of the public. Upon appointment to the pool, panelists are trained in the appeal policies and procedures. Individuals are appointed by BEA such that there are no fewer than 12 panelists in the pool.

## ***D.6. Regulations related to the filing of complaints***

### **D.6-1. Time Frame for Review of Complaints against the Actions of Accredited Programs**

(Commission on Accreditation, October 1998; February 2016)

Section 3.1 of the *Accreditation Operating Procedures* outlines procedures for filing of complaints filed against the actions of accredited programs and for the CoA's response to such complaints. The following procedure augments the complaint process and outlines time frames for acknowledgment of the complaint and action by the CoA.

1. Receipt of a complaint meeting the requirements set forth in Section 3.1.2 of the complaint procedure will be acknowledged in writing by the Office of Program Consultation and Accreditation within 30 days of receipt. The complaint will be forwarded to the program for its response at the same time that acknowledgment of receipt is forwarded to the complainant. As specified in the procedure, the program will be given 30 days to respond.
2. The CoA will review the complaint at its first regularly-scheduled meeting held after the receipt of the program's response, taking whatever action is deemed appropriate as set forth in Section 3.1.4 of the complaint process.

**D.6-1(a). Processing and Review of Complaints against Accredited Programs**

(Commission on Accreditation, January 2001; revised February 2016)

When a complaint against an accredited program is received by the Office of Program Consultation and Accreditation, Office staff will review the complaint materials to ensure that the complaint meets the requirements set forth in Section 3.1.1 of the *Accreditation Operating Procedures*. In accordance with Section 3.1.3 of the *Procedures*, a complaint meeting those requirements will be acknowledged in writing by the Office of Program Consultation and Accreditation within 30 days of receipt and will be sent to the program at the same time that acknowledgement of receipt is forwarded to the complainant. The program will be given 30 days to respond.

Upon receipt of the program's response, a program complaint review subcommittee, appointed by the CoA chair, will be charged with the review of the complaint and the program's response to the complaint. Based upon its review of the complaint, the subcommittee will develop a recommendation for action by the full CoA in accordance with the procedures and time frame specified in Section 3.1.3 of the *Procedures*.

### **D6-1(b). Procedures for Complaint Reviews**

(Commission on Accreditation, November 2001; January 2003, February 2021)

Below are procedures for the review of complaints by the Complaints Work Group.

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

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

2. The Complaints Work Group Chair checks with other work group members for any conflicts of interest and makes review assignments to avoid any conflicts. A primary and secondary reviewer are assigned to each complaint.

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

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

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

4a. *Accreditation Operating Procedure 3.1.4* stipulates that the CoA may act upon a complaint in any of the following ways: a) request an invitation for a special site visit to investigate the complaint; b) request additional information from the program; c) send an informative letter to the program, the complainant, or both; d) notify the program that no action is required by the program, or e) such other action as, in the judgment of the CoA, is appropriate under the circumstances.

5. Once the CoA has acted on the complaint recommendation, the primary reviewer should revise the summary write-up as needed and prepare the text of the letters to go out to the party submitting the

complaint and the complainant. The letters are reviewed by the Complaints Work Group Chair before the letters are sent out.

#### **D.6-2. Ethics Committee/Commission on Accreditation Joint Statement**

(APA Ethics Committee/Commission on Accreditation, April 2005; revised February 2016)

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

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

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

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

***D.7. Regulations related to procedures for third-party testimony***

**D.7-1. Third-Party Testimony Policy/Unsolicited Information Received About Accredited Programs**

(Commission on Accreditation, 1997; revised April 2005; February 2016)

The Office of Program Consultation and Accreditation receives, on occasion, unsolicited information regarding accredited or applicant programs. Office staff will communicate to those offering such information that presently only two options exist to convey to the CoA information regarding an accredited program: either the filing of a formal complaint or the provision of third-party testimony. Procedures for filing a complaint/providing third-party comments will be forwarded to those submitting unsolicited information in accordance with sections 3 and 4 of the *Accreditation Operating Procedures*.



***D.8. Regulations related to confidentiality and disclosure of information used in the accreditation process***

**D.8-1. Confidentiality and Public Disclosure of Information**

*(Accreditation Operating Procedures, Section 8; revised October 2004; February 2016, October 2019)*

Lists of both the status of accredited programs and the year of each program's next scheduled site visit as well as of all accreditation decisions (as defined in AOP 8.2 D, I, and P) and voluntary withdrawals from accredited status will be published on the accreditation website annually. In addition, after each meeting of the CoA, the published lists of accredited programs will be updated as necessary by an addendum of all accreditation decisions (as defined in AOP 8.2 D, I, and P) and voluntary withdrawals from accredited status, the CoA will make public notice of such decisions and actions no later than 30 days after the meeting, the Department of Education will be notified of such decisions and actions, and the decisions and actions will also be available through other means as appropriate.<sup>9</sup>

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

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

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

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

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<sup>9</sup> For the most current information on accredited program status, please consult the lists of accredited doctoral, internship, and postdoctoral programs on the CoA's Web site at [www.apa.org/ed/accreditation/programs/index.aspx](http://www.apa.org/ed/accreditation/programs/index.aspx).

**D.8-1(a). Timeframe for Public Notice of Adverse Decisions and Voluntary Withdrawals**  
(Commission on Accreditation, April 2007; revised February 2016, October 2019)

In accordance with the *Accreditation Operating Procedures* (AOP), the Commission on Accreditation (CoA) provides a list of all currently accredited programs, as well as a list of those programs applying for initial accreditation, on the APA accreditation's website.

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

Final Adverse Decisions

Implementing Regulation D 8-2 addresses policies for informing the public of adverse accreditation decisions.

Programs Deemed to have Withdrawn from Accreditation

The CoA has the authority to delete a program from the list of accredited programs when the CoA concludes that the program is no longer in existence, in accordance with the policies listed in AOP Section 1.3. The accreditation website will list such programs as being deemed to have withdrawn along with the effective date of such status.

Voluntary Withdrawals from Accreditation

An accredited program may withdraw from accredited status by providing the CoA with notice of its intent in writing (see AOP Section 1.3). The accreditation website will include the names of any programs voluntarily withdrawing from accredited status along with the date such withdrawal is effective.

Voluntary Withdrawal of Initial Application

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

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

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

**D.8-2. Procedures for Notification of CoA Actions in Accordance with the Secretary of Education’s Standards for Recognition of Accrediting Agencies**

(Commission on Accreditation, October 1997; revised October 2004, July 2009, July 2010, July 2011, February 2016, October 2019, February 2021)

This implementation procedure outlines the steps that will be taken by the CoA, consistent with the Secretary’s requirements and with Section 5 (Confidentiality and Public Disclosure of Information) of the CoA’s *Accreditation Operating Procedures*, to provide information on CoA activities, actions and decisions to the Secretary, State agencies, other accrediting agencies, and the public.

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

Item	Appropriate Section Reference in USDE Regulations	How Often and/or When
Lists of Accredited Programs	602.27(b)	Annually
CoA annual report (contains the CoA’s accrediting actions as defined in AOP 8.2 D, 8.2 I, and 8.2 P for that year)	602.27(a)	Annually
Summary of CoA’s major accrediting activities during previous year (annual data summary)	602.27(c)	If requested
The name of any accredited program that the CoA has reason to believe is failing to comply with Title IV, HEA program responsibilities or is engaged in fraud or abuse, and the CoA’s reason for such concern	602.27(e)	As needed
Notification of any proposed change in policies, procedures, or accreditation standards that might alter the CoA’s scope of recognition or compliance with the criteria for recognition	602.27(d)	As needed
Notification of decision to award initial accreditation or decision to renew accreditation	602.26(a)(1), and (a)(2)	No later than 30 days after decision
Final <sup>10</sup> decision to place program on “accredited, on probation” status	602.26(b)	At same time program is informed <sup>11</sup>
Final <sup>10</sup> decision to deny or revoke accreditation, or deny a site visit to an applicant program	602.26(c)(1), and (2)	At same time program is informed, but no later than 30 days after decision is final <sup>11</sup>

<sup>10</sup> The term “final” as used throughout this Implementing Regulation encompasses the following: In the case of appealable decisions (denial of accreditation or a site visit to an applicant program, probation, or revocation), the CoA’s accreditation decisions become final either (1) 30 days after the program is notified of the CoA’s decision and the program elects not to appeal, or (2) if the program elects to appeal the decision, after receipt of the appeal panel report if the appeal panel upholds the CoA’s decision. All decisions are made public within one day of institutional notification.

<sup>11</sup> Note: Programs placed on accredited, on probation status are required to disclose this action to all current and prospective students within 7 days of notice.

Item	Appropriate Section Reference in USDE Regulations	How Often and/or When
All accreditation decisions as defined in AOP 8.2 D, I, and P with appeal status	Per request of the Department of Education	No later than 30 days after the CoA meeting in which the decision is made
Program decision to withdraw voluntarily from accreditation	602.26(f)(1)	No later than 10 business days after notification is received by the CoA
Program decision to allow accreditation to lapse	602.26(e)(2)	No later than 10 days after date on which accreditation lapses

## 2. Publicly-Available Information

Unless otherwise noted, items below appear in electronic form on the accreditation website.

- Current lists of accredited doctoral, internship and postdoctoral programs
- Program review cycles for current year
- *Standards of Accreditation, Accreditation Operating Procedures, and Implementing Regulations*
- List of current CoA members, including their academic and professional qualifications and relevant employment/organizational affiliations
- List of current accreditation office staff, including the academic and professional qualifications of the principal administrative staff
- Important accreditation dates for the current year, including CoA meeting dates
- A statement of reasons for denial or revocation of accredited status or denial of a site visit, in accordance with CoA procedure for notice of such actions
- In addition to being contained on website and in other published materials, upon request, a program decision to withdraw voluntarily from accreditation 30 days or more after notification is received by CoA
- Upon request, a program decision to allow accreditation to lapse
- CoA annual report, which includes CoA membership composition and diversity, a summary of program review decisions, policy changes, and other CoA activities throughout the year
- When published, aggregate statistics on accredited programs drawn from the Annual Report Online

## 3. Information to State Licensing Boards

All state psychology licensing boards will receive the following:

- Updated list of accredited doctoral and internship programs (annually)
- Updated *Standards of Accreditation and Accreditation Operating Procedures* (following publication of updated versions)
- CoA annual report (annually)
- Final decisions to place a program on accredited on probation status
- Initiated and final adverse actions (i.e., denial of accreditation, revocation of accreditation)

#### 4. Information to Other Accrediting Agencies

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

- CoA annual report (annually)
- Updated list of accredited doctoral and internship programs (annually)
- Updated *Standards of Accreditation and Accreditation Operating Procedures* (following publication of updated versions)

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

- CoA decisions to award initial accreditation or renew accreditation: no later than 30 days after decision
- Final decisions of "accredited, on probation" status, denial of a site visit, or denial or revocation of accreditation: at the same time the program is informed but no later than 30 days after decision becomes final
- A statement of reasons for denial or revocation of accreditation or denial of a site visit in accordance with Implementing Regulation D.8-4.
- Decisions by accredited programs to voluntarily withdraw from accreditation: no later than 10 days after CoA is notified
- Decisions by accredited programs to allow accreditation to lapse: no later than 10 days after the date on which accreditation lapses.
- Upon request, CoA will share with the institutional accrediting agency or State approval agency information about the accreditation status and any adverse action it has taken against such a program.

**D.8-3. Policy on Regard of Actions by Regional Accreditors and State Agencies**  
(Commission on Accreditation, October 1998, revised October 2004, February 2016)

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

Consistent with Standard I (Institutional and Program Context) and Standard V (Communication Practices) of the SoA, the CoA expects each doctoral program to provide accurate information on its sponsoring institution's accreditation status and to keep the CoA informed of any changes in the program's environment, plans, resources, or operations which could affect program quality. Therefore, the CoA expects all doctoral programs to inform it of any adverse or potentially adverse actions by the programs' institutional accreditors. The CoA also expects all doctoral programs to inform it of any actions by a state agency that adversely affect the parent institution's accreditation, authority to provide postsecondary education, or authority to award doctoral degrees.

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

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

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

When the CoA receives any information, whether from an accredited program or another source, regarding the above adverse actions concerning a sponsoring institution's accreditation or its legal authority to provide postsecondary education or to award doctoral degrees, it will review any affected programs' consistency with Standards I and V. Based upon its findings, the CoA will determine appropriate action as set forth in

Sections 8 D, I, and P of the *Accreditation Operating Procedures*, consistent with the Secretary of Education's regulations.

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

**D.8-4. Procedure for Notice of Reasons for Denial or Revocation of Accreditation or Denial of a Site Visit by the APA Commission on Accreditation (CoA)**

(Commission on Accreditation, July 1995; revised October 2004, July 2009, July 2010, July 2022)

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

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

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

1. A decision to deny or revoke accreditation or deny a site visit (applicant programs only) is considered final if a formal letter of appeal is not received within the 30-day period following receipt of written notification of the CoA's decision, or if the CoA's decision is upheld by an appeal panel. As required by the U.S. Secretary of Education's criteria for recognition, the Secretary and any other appropriate accrediting agencies are notified at this time, usually by a letter to the Secretary with copies to the other entities and to the program.
2. The required disclosure to current and prospective students within seven days following receipt of the final decision letter that denies or revokes accreditation is included in the correspondence sent to the program, as required by Section 602.26 (e).
3. In addition, once a decision to deny/revoke accreditation or deny a site visit is final, a statement to the U.S. Secretary of Education and such other appropriate agencies as required by the Secretary will be drafted, stating the basis of such decision in terms of the domains cited by the CoA and upheld on appeal (if a hearing was conducted). The statement will be forwarded to the program for comment. The program will have 30 days to review the statement and provide written comments to the statement. Representatives of the program will provide signatures to their comments.

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

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



**D.8-5. Implementation Procedure for Notification by the Commission on Accreditation of Final Decisions of Denial/Revocation of Accreditation, Denial of a Site Visit, or Probation to the U.S. Secretary of Education, Appropriate State Licensing Agency, and Appropriate Institutional Accrediting Agency**

(Commission on Accreditation, October 2000; revised October 2004, February 2021)

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

*"[The agency] provides written notice of a final decision of a probation or equivalent status, or an initiated adverse action to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program of the [accreditation] decision, and requires the institution or program to disclose such an action within seven business days of receipt to all current and prospective students;*

*"[The agency] provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program of the [accreditation] decision, but no later than 30 days after it reaches the decision: (1) a final decision to deny, withdraw, suspend, revoke, or terminate the accreditation or preaccreditation of an institution or program (2) A final decision to take any other adverse action, as defined by the agency, not listed in paragraph (c)(1) of this section."*

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

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

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

**D.8-6. Privacy of Data Collected for Accreditation Purposes**  
(Commission on Accreditation, March 2012)

To ease the burden on programs entering student/trainee and faculty/supervisor information on the Annual Report Online (ARO) and elsewhere in the accreditation process, and to ensure greater accuracy of the information provided for the CoA's new ARO and self-study online, programs will be allowed to use student/trainee and faculty/staff names. Information on students/trainees will be provided to CoA through a secure, password-protected Web-based system. The use of this information is consistent with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) and FERPA regulations as amended in December 2011. As an accrediting body recognized by the Secretary of the United States Department of Education, the CoA must monitor student progress and student achievement consistent with the Higher Education Opportunity Act of 2008.

The collection of information for ARO data and for use during the periodic review of programs is needed to ensure the quality of programs. As previously stated, the identifying information will be used to assist programs in ensuring the accuracy of information and for the ease of providing and updating data by the program. The identifying information will only be used as needed to ensure that the data are appropriate and consistent across years in conversations between the staff of the Office of Program Consultation and Accreditation and the program submitting the information. Information provided to members of the Commission and to the site visitors of the program will be provided either in aggregate—with appropriate cell suppression—or with a numeric indicator that deidentifies the data instead of the individual's name.

All information on individual students/trainees or their identities provided to the CoA for accreditation purposes will be confidential and for the sole purpose of accreditation, and will be provided within APA solely to APA employees with a legitimate need for the information to perform the accreditation function.