Standards of Accreditation for Health Service Psychology

APPROVED FEBRUARY 2015

and

Accreditation Operating Procedures

APPROVED JUNE 2015

REVISIONS APPROVED AUGUST 2017, JUNE 2018, NOVEMBER 2019

AMERICAN PSYCHOLOGICAL ASSOCIATION

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Approved February 2015

I. SCOPE OF ACCREDITATION

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

For the purposes of accreditation by the APA Commission on Accreditation (CoA) "health service psychology" is defined as the integration of psychological science and practice in order to facilitate human development and functioning. Health service psychology includes the generation and provision of knowledge and practices that encompass a wide range of professional activities relevant to health promotion, prevention, consultation, assessment, and treatment for psychological and other health-related disorders.

Programs that are accredited to provide training in health service psychology prepare individuals to work in diverse settings with diverse populations. Individuals who engage in health service psychology have been appropriately trained to be eligible for licensure as doctoral-level psychologists.

The Commission reviews programs for accreditation at doctoral, internship, and postdoctoral levels.

A. Scope of Accreditation for Doctoral Programs

The CoA reviews doctoral programs in psychology that provide broad and general training in scientific psychology and in the foundations of practice in health service psychology. Practice areas include clinical psychology, counseling psychology, school psychology, and other developed practice areas. The CoA also reviews programs that combine two or three of the above-listed practice areas.

B. Scope of Accreditation for Internship Programs

The CoA reviews internship training programs in practice areas in health service psychology, which may include clinical psychology, counseling psychology, school psychology, and other developed practice areas.

C. Scope of Accreditation for Postdoctoral Residency Programs

The CoA reviews postdoctoral residency programs providing education and training in preparation for health service psychology practice at an advanced level of competency in:

(a) the developed practice areas that have been defined within the scope of accreditation at the doctoral level; (b) a focus area that promotes attainment of advanced competencies in a content within one or more of the developed practice areas that have been defined within the scope of accreditation at the doctoral level; and/or (c) in a recognized specialty practice area in health service psychology.

II. GUIDING PRINCIPLES OF ACCREDITATION

The accreditation standards and procedures are greatly influenced by the following principles and practical concerns.

A. The Purpose and Practice of Accreditation

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

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

Accreditation is intended to protect the interests of students, benefit the public, and improve the quality of teaching, learning, research, and practice in health service psychology. Through its standards, the accrediting body is expected to encourage dual attainment of a common level of professional competency, and ongoing improvement of educational institutions and training programs, sound educational experimentation, and constructive innovation.

The accreditation process involves judging the degree to which a program has achieved its educational aims and the standards described in this document, and its students/trainees and graduates have demonstrated adequate mastery of the discipline-specific knowledge and profession-wide competencies. The accreditation body should not explicitly prescribe the processes by which competencies should be reached; rather, it should judge the degree to which a program achieves outcomes consistent with the standards in this document and its training aims.

Thus, accreditation in psychology is intended to "achieve general agreement on the goals of training ... encourage experimentation on methods of achieving those goals and ... suggest ways of establishing high standards in a setting of flexibility and reasonable freedom.[1]

B. Professional Values

1. There are certain principles and values that are at the core of the profession and impact the way in which the CoA functions and the decisions it makes. The following overarching values govern the policies, standards, and procedures of the CoA.

   a. **Quality.** The primary goal of the accreditation process is to ensure quality in the education of psychologists, and to ensure that students/trainees receive the requisite knowledge, skills, attitudes, and values required for competent and safe practice. The focus on quality ensures that those most vulnerable in the educational process, students/trainees and the public to whom students/trainees and future psychologists will provide services, are adequately protected.

   b. **Transparency.** As part of its commitment to accountability, the CoA is transparent regarding the policies, standards, and procedures by which it operates. It is open to and values input regarding these from the public, students, faculty and practitioners. The CoA is also committed to transparency regarding its decisions, within the limits imposed by the confidentiality of the information it receives from programs as part of their application process.

   c. **Peer Review.** Peer-review is fundamental to the decision making of the CoA. This process ensures that the education students/trainees receive is assessed by peers nominated for their expertise in health service psychology. Peer review, following carefully developed policies, standards, and procedures, further ensures that the program review process will be fair and objective. A goal of the peer-review process is to promote trust and credibility of the process and outcomes of program review.

2. In addition to the principles and values that regulate the functions of the CoA, the following five principles guide accreditation decisions, such that programs whose policies and procedures violate them would not be accredited.

   a. **Commitment to Cultural and Individual Differences and Diversity.** The Commission on Accreditation is committed to a broad definition of cultural and individual differences and diversity that includes, but is not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.

   b. **Broad and General Preparation for Practice at the Entry Level.** Education in health service psychology resides on a continuum: progressing from broad and general preparation for practice at the entry level at the doctoral and internship levels to advanced preparation at the postdoctoral level in a focus area and/or recognized specialties.

      Doctoral and internship education and training in preparation for entry-level practice in health service psychology should be broad and professional in its orientation rather than narrow and technical. This preparation should be based on the existing and evolving body of knowledge, skills, and competencies that define the declared substantive practice area(s) and

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

should be well integrated with the broad theoretical and scientific foundations of the discipline and field of psychology in general.

c. **Advanced Preparation for Practice at the Postdoctoral Level in a Focus Area and/or Recognized Specialty.** Postdoctoral residency education and training in health service psychology reflects advanced and focused knowledge of the science and practice of psychology. It builds upon the breadth of knowledge attained in earlier doctoral and internship education so as to ensure competence in health service psychology and is of sufficient depth and focus to ensure advanced competence in the practice area for which the residents are being prepared. This preparation should be based on the existing and evolving body of knowledge, skills, and competencies that define the practice area(s), and should be well integrated with the broad theoretical and scientific foundations of the discipline and field of psychology in general.

d. **Science and Practice.** The competent practice of psychology requires attention to the empirical basis for all methods involved in psychological practice, including a scientific orientation toward psychological knowledge and methods. Therefore, education and training as a psychologist should be based on the existing and evolving body of general knowledge and methods in the science and practice of psychology, whether in preparation for entry-level practice or in preparation for advanced-level practice in a substantive traditional or specialty practice area. Broad and general knowledge in the discipline of psychology is foundational to and should be well integrated with the specific knowledge, skills, attitudes, and values that define a particular area of interest in health service psychology. The relative emphasis a particular program places on science and practice should be consistent with its training aims and the intended career path of its students/trainees. However, all programs should enable their students to understand the value of science for the practice of psychology and the value of practice for the science of psychology.

e. **Program Aims and Student/Trainee Competencies.** A program or institution will be evaluated in light of its educational aims and the educational principles described above, the demonstrated competencies of its students/trainees, and the career paths of its graduates. There are certain educational aims that are accepted by the profession as necessary, including adequate mastery by students/trainees of the discipline-specific knowledge in psychology and the profession-wide competencies.

   The program should be consistent with the stated aims, its policies, and with the standards of the CoA described herein. Consistent with these parameters, a program should have a clear, coherent, and well-articulated description of the principles underlying its aims, as well as a clear description of the resources, methods, and processes by which it proposes to attain its desired training outcomes. A program may describe program-specific competencies in addition to profession-wide competencies. Such program-specific competencies should be consistent with the stated aims of the program and with the general requirements of accreditation and should include clear demonstration by students/trainees of attainment of discipline-specific knowledge and profession-wide competencies.

   The program's aims and desired training outcomes should be consistent with that of its parent or sponsor institution's mission. The program should also address the validity and consistency of the its aims and mission in relation to current professional standards and regional and national needs.

C. Outcome Oriented Evaluation Focus

The accreditation review process places great emphasis on the outcomes of a program's training efforts. The accreditation process reviews resources and processes to ensure that they are adequate to meet the program's aims and the SoA. However these evaluations are not meant to discourage experimentation, innovation, or modernization with regard to the delivery of education.

Consistent with this outcomes-oriented approach, the accreditation standards do not contain a "checklist" of criteria. Rather, they identify and describe the profession-wide competencies and the discipline-specific knowledge that all programs must address as well as general areas that are considered essential to the success of any training program in health service psychology. Programs are expected to document their record of achievements in these areas (in the case of already accredited programs), or their potential for success (in the case of applicant programs).

It is assumed that, with reasonable guidance about the kind of information needed by the CoA, programs can decide how best to present their aims, competencies, and outcomes.

Similarly, it is assumed that with adequate information from a program, the CoA can reach an informed, fair, and reasonable decision about that program without relying solely on highly restrictive lists of specific criteria.

Protection of the interests of the program and the public will be ensured by the creation of procedures which utilize fair and reasonable evaluative methods to assess:

1. The clarity of program aims and outcomes and their consistency with accreditation standards;
2. The sufficiency of resources and adequacy of processes to support the accomplishment of the program's aims;
3. The effectiveness of a program to achieve its aims and outcomes; and
4. The likelihood that such outcomes can be maintained or improved over time.

D. Function of the CoA: Professional Judgment

This document reflects shared assumptions about the attributes of high-quality education. It is assumed that the CoA will use these shared assumptions, the collective professional judgment of its members, and the accreditation standards to reach an informed, fair, and reasonable decision about a program's readiness for accreditation review and/or its accreditation.

The CoA, in representing a broad array of constituencies, has the authority to adopt implementing regulations which elucidate, interpret, and operationally define its standards, principles, and procedures. The implementing regulations are meant to convey to programs and the publics the criteria used by the CoA in determining a program's compliance with a standard, while recognizing that application of these criteria and standards requires the exercise of professional judgment. The CoA may in its decision-making processes refer to or adopt definitions, aims, practices, and principles developed by certain health service psychology training communities or reference groups. By creating procedures which utilize fair and reasonable evaluative methods designed to assess program compliance with accreditation standards, principles, and areas, the CoA seeks to ensure protection of the interests of the program and the public.

DOCTORAL

I. INSTITUTIONAL AND PROGRAM CONTEXT

A. Type of Program

1. **Health Service Psychology.** The program offers broad and general doctoral education and training that includes preparation in health service psychology (HSP). Although HSP encompasses a range of practice areas, degree types, and career paths, certain elements are common to training in the profession. A program that is accredited in health service psychology must demonstrate that it contains the following elements:
    a. Integration of empirical evidence and practice: Practice is evidence-based, and evidence is practice-informed.
    b. Training is sequential, cumulative, graded in complexity, and designed to prepare students for practice or further organized training.
    c. The program engages in actions that indicate respect for and understanding of cultural and individual differences and diversity.
2. **Practice Area.** Health service psychology includes several practice areas in which an accredited program may focus, including the areas of clinical psychology, counseling psychology, school psychology, combinations of these areas, and other developed practice areas.

B. Institutional and Administrative Structure

1. **Administrative Structure.** The program's purpose must be pursued in an institutional setting appropriate for doctoral education and training in health service psychology. The institution must have a clear administrative structure and commitment to the doctoral program.
    a. The sponsoring institution of higher education must be authorized under applicable law or other acceptable authority to provide a program of postsecondary

education and have appropriate graduate degree-granting authority. This includes state authorization and accreditation of the institution by a nationally recognized regional accrediting body in the United States.

b. The program is an integral part of the mission of the academic department, college, school, or institution in which it resides. It is represented in the institution's operating budget and plans in a manner that supports the training mission of the program. Funding and resources are stable and enable the program to achieve its aims.

2. **Administrative Responsibilities Related to Cultural and Individual Differences and Diversity.** The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The program has made systematic, coherent, and long-term efforts to attract and retain students and faculty from diverse backgrounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for the training of individuals who are diverse and the provision of training opportunities for a broad spectrum of individuals. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in graduate training, either directly or by imposing significant and disproportionate burdens on the basis of the personal and demographic characteristics set forth in the definition of cultural diversity. Because of the United States' rich diverse higher education landscape, training can take place in both secular and faith-based settings. Thus this requirement does not exclude programs from having a religious affiliation or purpose and adopting and applying admission and employment policies that directly relate to this affiliation or purpose, so long as public notice of these policies has been made to applicants, students, faculty, and staff before their application or affiliation with the program. These policies may provide a preference for persons adhering to the religious purpose or affiliation of the program, but they shall not be used to preclude the admission, hiring, or retention of individuals because of the personal and demographic characteristics set forth under the definition of cultural diversity. This provision is intended to permit religious policies as to admission, retention, and employment only to the extent that they are protected by the U.S. Constitution. This provision will be administered as if the U.S. Constitution governed its application. Notwithstanding the above, and regardless of a program's setting, the program may not constrain academic freedom or otherwise alter the requirements of these standards. Finally, compelling pedagogical interests require that each program prepare graduates to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

C. Program Context and Resources

1. **Program Administration and Structure**

   a. **Program Leadership.** The program has consistent and stable leadership with a designated leader who is a doctoral-level psychologist and a member of the core faculty. The program leader's credentials and expertise must be in an area covered by HSP accreditation and must be consistent with the program's aims. This leadership position may be held by more than one individual.

   b. **Program Administration.** The program has designated procedures and personnel responsible for making decisions about the program, including curriculum, student selection and evaluation, and program maintenance and improvement. The program's decision-making procedures, including who is involved in decision making, must be consistent with the missions of the institution and department, and with the program's aims. The program ensures a stable educational environment through its personnel and faculty leadership.

2. **Length of Degree and Residency.** The program has policies regarding program length and residency that permit faculty, training staff, supervisors, and administrators to execute their professional, ethical, and potentially legal obligations to promote student development, socialization and peer interaction, faculty role modeling and the development and assessment of student competencies. Residency provides students with mentoring and supervision regarding their development and socialization into the profession, as well as continuous monitoring and assessment of student development through live face-to-face, in-person interaction with faculty and students. These obligations cannot be met in programs that are substantially or completely online. At a minimum, the program must require that each student successfully complete:

   a. a minimum of 3 full-time academic years of graduate study (or the equivalent thereof) plus an internship prior to receiving the doctoral degree;

   b. at least 2 of the 3 academic training years (or the equivalent thereof) within the program from which the doctoral degree is granted;

   c. at least 1 year of which must be in full-time residence (or the equivalent thereof) at that same program. Programs seeking to satisfy the requirement of one year of full-time residency based on "the equivalent thereof" must demonstrate how the proposed equivalence achieves all the purposes of the residency requirement.

3. **Partnerships/Consortia.** A graduate program may consist of, or be located under, a single administrative entity (e.g., institution, agency, school, or department) or in a partnership or consortium among separate administrative entities. A consortium is comprised of multiple independently administered entities that have, in writing, formally agreed to pool resources to conduct a training or education program.

4. **Resources.** The program has, and appropriately utilizes, the resources it needs to achieve its training aims, including student acquisition and demonstration of competencies. The program works with its academic unit and/or the administration of the sponsor institution to develop a plan for the acquisition of additional resources that may be necessary for program maintenance and development. The resources should include the following:
    a. financial support for training and educational activities;
    b. clerical, technical, and electronic support;
    c. training materials and equipment;
    d. physical facilities;
    e. services to support students with academic, financial, health, and personal issues;
    f. sufficient and appropriate practicum experiences to allow a program to effectively achieve the program's training aims.

D. Program Policies and Procedures

1. **Areas of Coverage.** The program has and adheres to formal written policies and procedures that govern students as they enter, progress through, and matriculate from the program. These must include policies relevant to:
    a. academic recruitment and admissions, including general recruitment/admissions and recruitment of students who are diverse.
    b. degree requirements;
    c. administrative and financial assistance;
    d. student performance evaluation, feedback, advisement, retention, and termination decisions;
    e. due process and grievance procedures;
    f. student rights, responsibilities, and professional development;
    g. nondiscrimination policies. The program must document nondiscriminatory policies and operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in graduate training or the profession.
2. **Implementation.** All policies and procedures used by the program must be consistent with the profession's current ethics code and must adhere to their sponsor institution's regulations and local, state, and federal statutes regarding due process and fair treatment. If the program utilizes policies developed at another level (e.g., department or institution), it must demonstrate how it implements these policies at the program level.
3. **Availability of Policies and Procedures.** The program makes the formal written policies and procedures available to all interested parties. By the time of matriculation, the program provides students with written policies and procedures regarding program and institution requirements and expectations regarding students' performance and continuance in the program and procedures for the termination of students.
4. **Record Keeping.** The program is responsible for keeping information and records related to student training and complaints/grievances against the program. Records must be maintained in accord with federal, state, and institution policies regarding record keeping and privacy. The Commission on Accreditation will examine student records and programs' records of student complaints as part of its periodic review of programs.
    a. **Student Records.** The program must document and maintain accurate records of each student's education and training experiences and evaluations for evidence of the student's progression through the program, as well as for future reference and credentialing purposes. The program should inform students of its records retention policies.
    b. **Complaints/Grievances.** The program must keep records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of student complaints as part of its periodic review of the program.

II. AIMS, COMPETENCIES, CURRICULUM, AND OUTCOMES

A. Aims of the Program

1. The program must provide information on the aims of its training program that are consistent with health service psychology as defined by these standards, the program's area of psychology, and the degree conferred.
2. These aims should reflect the program's approach to training and the outcomes the program targets for its graduates, including the range of targeted career paths.

B. Discipline-Specific Knowledge, Profession-Wide Competencies, and Learning/Curriculum Elements Required by the Profession

1. **Discipline-Specific Knowledge and Profession-Wide Competencies.** Discipline-specific knowledge serves as a cornerstone for the establishment of identity in and orientation to health services psychology. Thus, all students in accredited programs should acquire a general knowledge base in the field of psychology, broadly construed, to serve as a foundation for further training in the practice of health service psychology.
    a. Discipline-specific knowledge represents the requisite core knowledge of psychology an individual must have to attain the profession-wide competencies. Programs

may elect to demonstrate discipline-specific knowledge of students by:

i. Using student selection criteria that involve standardized assessments of a foundational knowledge base (e.g., GRE subject tests). In this case, the program must describe how the curriculum builds upon this foundational knowledge to enable students to demonstrate graduate level discipline-specific knowledge.

ii. Providing students with broad exposure to discipline-specific knowledge. In this case, the program is not required to demonstrate that students have specific foundational knowledge at entry but must describe how the program's curriculum enables students to demonstrate graduate-level discipline-specific knowledge.

b. Profession-wide competencies include certain competencies required for all students who graduate from programs accredited in health service psychology. Programs must provide opportunities for all of their students to achieve and demonstrate each required profession-wide competency. Although in general, the competencies appearing at or near the top of the following list serve as foundations upon which later competencies are built, each competency is considered critical for graduates in programs accredited in health service psychology. The specific requirements for each competency are articulated in Implementing Regulations. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence-base when training students in the following competency areas. Students must demonstrate competence in:

i. Research

ii. Ethical and legal standards

iii. Individual and cultural diversity

iv. Professional values, attitudes, and behaviors

v. Communication and interpersonal skills

vi. Assessment

vii. Intervention

viii. Supervision

ix. Consultation and interprofessional/interdisciplinary skills

2. **Learning/Curriculum Elements Related to the Program's Aims.** The program must describe the process by which students attain discipline-specific knowledge and each profession-wide competency (i.e., the program's curriculum) and provide a description of how the curriculum is consistent with professional standards and the program's aims.

3. **Required Practicum Training Elements**

a. Practicum must include supervised experience working with diverse individuals with a variety of presenting problems, diagnoses, and issues. The purpose of practicum is to develop the requisite knowledge and skills for graduates to be able to demonstrate the competencies defined above. The doctoral program needs to demonstrate that it provides a training plan applied and documented at the individual level, appropriate to the student's current skills and ability, that ensures that by the time the student applies for internship the student has attained the requisite level of competency.

b. Programs must place students in settings that are committed to training, that provide experiences that are consistent with health service psychology and the program's aims, and that enable students to attain and demonstrate appropriate competencies.

c. Supervision must be provided by appropriately trained and credentialed individuals.

d. As part of a program's ongoing commitment to ensuring the quality of their graduates, each practicum evaluation must be based in part on direct observation of the practicum student and her/his developing skills (either live or electronically).

4. **Required Internship Training Elements.** The program must demonstrate that all students complete a one year full-time or two year part-time internship. The program's policies regarding student placement at accredited versus unaccredited internships should be consistent with national standards regarding internship training.

a. **Accredited Internships.** Students are expected to apply for, and to the extent possible, complete internship training programs that are either APA- or CPA-accredited. For students who attend accredited internships, the doctoral program is required to provide only the specific name of the internship.

b. **Unaccredited Internships.** When a student attends an unaccredited internship, it is the responsibility of the doctoral program to provide evidence demonstrating quality and adequacy of the internship experience. This must include information on the following:

i. the nature and appropriateness of the training activities;

ii. frequency and quality of supervision;

iii. credentials of the supervisors;

iv. how the internship evaluates student performance;

v. how interns demonstrate competency at the appropriate level;

vi. documentation of the evaluation of its students in its student files.

C. Program-Specific Elements—Degree Type, Competencies, and Related Curriculum

1. **Degree Type.** All accredited programs in psychology support the development of disciplinary knowledge and core compe-

tencies associated with the profession, and support the acquisition and integration of knowledge, skills, and attitudes from two major domains within the discipline: research and evidence-based practice. Programs are accredited either to offer the PhD degree or to offer the PsyD degree. Other doctoral degree designations that meet these general parameters may be eligible for consideration as appropriate. Although all doctoral degrees contain all the required elements common to programs accredited in HSP, they differ in the balance among, and relative emphasis on, program components, based on specific training aims or likely career paths of their graduates.

In general, PhD programs place relatively greater emphasis upon training related to research, and PsyD programs place relatively greater emphasis on training for engaging in professional practice. Graduates of each type of program or other doctoral degree designations, however, must demonstrate a fundamental understanding of and competency in both research/scholarly activities and evidence-based professional practice.

Programs that confer the PhD must have a substantial proportion of faculty who conduct empirical research in the discipline (or related disciplines and fields) and a substantial proportion of faculty who have been trained for the practice of psychology. Thus, students in PhD programs are trained to both create and disseminate the scholarly research upon which science and practice are built, as well as utilize such research to engage in evidence-based practice.

Programs that confer the PsyD must have a substantial proportion of faculty who engage in scholarship and/or empirical research in the discipline (or related disciplines and fields) and a substantial proportion of faculty who have been trained for the practice of psychology. Thus, students in PsyD programs are trained to engage in evidence-based practice, as well as in scientific inquiry and evaluation.

2. **Program-Specific Competencies and Related Curriculum.** Doctoral programs accredited in health service psychology may require that students attain additional competencies specific to the program.
   a. If the program requires additional competencies of its students, it must describe the competencies, how they are consistent with the program's aims, and the process by which students attain each competency (i.e., curriculum).
   b. Additional competencies must be consistent with the ethics of the profession.

D. Evaluation of Students and Program

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

2. **Evaluation of Program Effectiveness and Quality Improvement Efforts**
   a. The program must demonstrate a commitment to ensure competence in health service psychology through ongoing self-evaluation in order to monitor its performance and contribution to the fulfilment of its sponsor institution's mission.
   b. The program must document mechanisms for engaging in regular, ongoing self-assessment that:
      i. Involves program stakeholders, including faculty, students, graduates, and others involved in the training program.
      ii. Evaluates its effectiveness in training students who, by the time of graduation, demonstrate the competencies required by the profession

and the program, and who after graduation are able to engage in professional activities consistent with health service psychology and with the program's aims.

iii. Evaluates the currency and appropriateness of its aims, curriculum, and policies and procedures with respect to the following: its sponsor institution's mission and goals; local, state/provincial, regional, and national needs for psychological services; national standards for health service psychology; and the evolving evidence base of the profession.

iv. Identifies potential areas for improvement.

3. **Documenting and Achieving Outcomes Demonstrating Program's Effectiveness.** All accredited doctoral programs are expected to document student achievement while in the program and to look at post-graduation outcomes. Accredited programs are also expected to prepare students for entry-level practice and the program's achievement of this should be reflected in student success in achieving licensure after completion of the program.

a. The outcomes of program graduates including licensure rate and other proximal and distal outcomes of program graduates shall be evaluated within the context of: the requirement that all accredited doctoral programs prepare students for entry-level practice; each program's expressed and implied stated educational aims and competencies; and statements made by the program to the public.

b. Doctoral programs' specific educational aims and expected competencies may differ from one another; therefore there is no specified threshold or minimum number for reviewing a program's licensure rate. Instead the Commission on Accreditation shall use its professional judgment to determine if the program's licensure rate, in combination with other factors, such as attrition of students from the program and their time to degree, demonstrates students' successful preparation for entry-level practice in health service psychology.

III. STUDENTS

A. Student Selection Processes and Criteria

1. The program has an identifiable body of students at different levels of matriculation who:

a. constitute a number that allows opportunities for meaningful peer interaction, support, and socialization.

b. are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the Glossary.

i. The program must implement specific activities, approaches, and initiatives to increase diversity among its students. It may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient.

ii. The program should document the concrete actions it is taking to achieve diversity, identifying the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract students who are diverse and document any steps needed to revise/enhance its strategies.

c. By prior achievement, students have demonstrated appropriate competency for the program's aims as well as expectations for a doctoral program.

i. If the program has criteria for selection that involve demonstration of prior knowledge (e.g., GRE subject tests), the program must discuss how these criteria influence program requirements, are appropriate for the aims of the program, and maximize student success.

ii. If the program has broad entrance criteria (e.g., undergraduate or graduate GPA), the program must address how students will be prepared for advanced education and training in psychology, how the curriculum is structured in accord with the goal of graduate-level competency, and how the criteria relative to the curriculum maximize student success.

d. By interest and aptitude, they are prepared to meet the program's aims.

e. They reflect, through their intellectual and professional development and intended career paths, the program's aims and philosophy.

B. Supportive Learning Environment

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

2. The program recognizes the rights of students and faculty to be treated with courtesy and respect. In order to maximize the quality and effectiveness of students' learning experiences, all interactions among students, faculty, and staff should be collegial and conducted in a manner that reflects the highest standards of the scholarly community and of the profession (see the current *APA Ethical Principles of Psychologists and Code of Conduct*). The program has an obligation to inform students of these principles, put procedures in place to promote productive interactions, and inform students of their avenues of recourse should problems with regard to them arise.

3. To ensure a supportive and encouraging learning environment for students who are diverse, the program must avoid any actions that would restrict program access on grounds that are irrelevant to success in graduate training.

C. Plans to Maximize Student Success

1. Program faculty engage in and document actions and procedures that actively encourage timely completion of the program and maximize student success. The program minimizes preventable causes of attrition (e.g., flawed admission procedures or unsupportive learning environments) and engages in tailored retention/completion efforts as appropriate (e.g., accommodation of student needs and special circumstances).

2. **Program Engagement.** The program engages in specific activities, approaches, and initiatives to implement and maintain diversity and ensure a supportive learning environment for all students. The program may participate in institutional-level initiatives aimed toward retaining students who are diverse, but these alone are not sufficient. Concrete program-level actions to retain students who are diverse should be integrated across key aspects of the program and should be documented. The program should also demonstrate that it examines the effectiveness of its efforts to retain students who are diverse and document any steps needed to revise/enhance its strategies.

3. **Feedback and Remediation.** Students receive, at least annually and as the need is observed for it, written feedback on the extent to which they are meeting the program's requirements and performance expectations. Such feedback should include:
   a. timely, written notification of any problems that have been noted and the opportunity to discuss them;
   b. guidance regarding steps to remediate any problems (if remediable);
   c. substantive, written feedback on the extent to which corrective actions have or have not been successful in addressing the issues of concern.

IV. FACULTY

A. Program Leadership, Administration, and Management

1. Leadership of the program is stable. There is a designated leader who is a doctoral-level psychologist and a member of the core faculty. The program leader's credentials and expertise are consistent with the program's mission and aims and with the substantive area of health service psychology in which the program provides training. More than one individual can hold this leadership position.

2. The program leader(s) together with program core faculty have primary responsibility for the design, implementation, and evaluation of the program's administrative activities (e.g., policies and procedures for student admissions, student evaluations, and arrangement of practicum experiences) and for its educational offerings (e.g., coursework, practicum experiences, and research training).

B. Faculty Qualifications and Role Modeling

1. **Core Faculty.** The program has an identifiable core faculty responsible for the program's activities, educational offerings, and quality, who:
   a. function as an integral part of the academic unit of which the program is an element;
   b. are sufficient in number for their academic and professional responsibilities;
   c. have theoretical perspectives and academic and applied experiences appropriate to the program's aims;
   d. demonstrate substantial competence and have recognized credentials in those areas that are at the core of the program's aims;
   e. are available to function as appropriate role models for students in their learning and socialization into the discipline and profession.

2. **Additional Core Faculty Professional Characteristics**
   a. Core faculty must be composed of individuals whose education, training, and/or experience are consistent with their roles in the program in light of the substantive area in which the program seeks accreditation.
   b. Core faculty must be composed of individuals whose primary professional employment (50% or more) is at the institution in which the program is housed, and to whom the institution has demonstrated a multiyear commitment. At least 50% of core faculty professional time must be devoted to program-related activities.
   c. Core faculty must be identified with the program and centrally involved in program development, decision making, and student training. "Identified with the program" means that each faculty member is included in public and departmental documents as such, views himself or herself as core faculty, and is seen as core faculty by the students.
   d. Core faculty activities directly related to the doctoral program include program-related teaching, research, scholarship, and/or professional activities; supervising students' research, students' dissertations, and students' teaching activities; mentoring students' professional development; providing clinical supervision; monitoring student outcomes; teaching in a master's degree program that is an integral part of the doctoral program; and developing, evaluating, and maintaining the program.
   e. Core faculty activities not directly related to the doctoral program and not seen as aspects of the core faculty role include undergraduate teaching in general and

related activities; teaching and related activities in terminal master's or other graduate programs; and clinical work or independent practice not directly associated with training, such as at a counseling center.

3. **Associated and Adjunct Faculty.** In addition to core faculty, programs may also have associated program faculty, contributing faculty, and adjunct (visiting, auxiliary, or "other") faculty. Associated program faculty do not meet the criteria for core faculty. They are not centrally involved in program development and decision making, but they still make a substantial contribution to the program and take on some of the tasks often associated with core faculty. Adjunct faculty are hired on an ad hoc basis to teach one or two courses, provide supervision, etc.

4. **Faculty Sufficiency**

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

   b. The program faculty, and in particular the core faculty, needs to be large enough to support student engagement and success within the program, from admissions, to matriculation, to timely completion of program requirements and graduation.

   c. At least one member of the core faculty needs to hold professional licensure as a psychologist to practice in the jurisdiction in which the program is located.

   d. The program faculty must themselves be engaged in activities demonstrating the skills they are endeavoring to teach their students, such as delivering psychological services, conducting psychological research, publishing scholarly work, presenting professional work at conferences/meetings, teaching classes/workshops, and supervising the professional work of others.

5. **Cultural and Individual Differences and Diversity**

   a. **Recruitment of Faculty Who Are Diverse.** Each accredited program is responsible for making systematic, coherent, and long-term efforts to attract (i.e., recruit) and retain faculty from differing backgrounds. The program has developed a systematic, long-term plan to attract faculty from a range of diverse backgrounds and implemented it when possible (i.e., when there have been faculty openings). The program may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient. The program should document concrete actions it has taken to achieve diversity, addressing the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. It should demonstrate that it examines the effectiveness of its efforts to attract faculty who are diverse and document any steps needed to revise/enhance its strategies.

   b. **Retention of Faculty Who Are Diverse.** The program has program specific activities, approaches, and initiatives it implements to maintain diversity among its faculty. A program may include institutional-level initiatives aimed toward retaining faculty who are diverse, but these alone are not sufficient. The program demonstrates that it examines the effectiveness of its efforts to maintain faculty who are diverse and documents any steps needed to revise/enhance its strategies.

V. COMMUNICATION PRACTICES

A. Public Disclosure

1. **General Disclosures**

   a. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, required curriculum sequence, and the expected outcomes in terms of its graduates' careers, as well as data on achievement of those expected and actual outcomes.

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

2. **Communication With Prospective and Current Students**

   a. All communications with potential students should be informative, accurate, and transparent.

   b. The program must be described accurately and completely in documents that are available to current students, prospective students, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. Program descriptions should be updated regularly as new cohorts begin and complete the program.

   c. Descriptions of the program should include information about its requirements for admission and graduation; tuition and other costs; curriculum; time to completion; faculty, students, facilities, and other resources, including distance learning technologies; administrative policies and procedures; the kinds of research, practicum, and internship experiences it provides; and its education and training outcomes.

i. If the program has criteria for selection that involve competence-based assessments (e.g., GRE subject tests), it must describe how those criteria are appropriate for the aims of the program, how the curriculum is structured in terms of students' initial assessed competency at entry to the program, and how the criteria maximize student success.

ii. If the program has broad entrance criteria (e.g., undergraduate or graduate GPA), it must address how students will be prepared for advanced education and training in psychology, how the curriculum is structured in accord with the goal of graduate-level competency, and how the criteria relative to the curriculum maximize student success.

d. The program must provide reasonable notice to its current students of changes to its aims, curriculum, program resources, and administrative policies and procedures, as well as any other program transitions that may impact its educational quality.

3. **Communication Between Doctoral and Doctoral Internship Programs**

a. Throughout the internship year, communication between the doctoral program and the internship should be maintained. This ongoing interaction can remain largely informal, depending on the needs of the program and the trainee. The doctoral program should initiate this contact at the start of the training year.

b. Any formal, written internship evaluations must be retained in student files and used to evaluate the student competencies required for degree completion.

B. Communication and Relationship With the Accrediting Body

The program must demonstrate its commitment to the accreditation process through:

1. **Adherence.** The program must abide by the accrediting body's published policies and procedures as they pertain to its recognition as an accredited program. The program must respond in a complete and timely manner to all requests for communication from the accrediting body, including completing all required reports and responding to all questions.

a. **Standard Reporting.** The program must respond to regular, recurring information requests (e.g., annual reports and narrative reports) as required by the accrediting body's policies and procedures.

b. **Nonstandard Reporting.** The program must submit timely responses to any additional information requests from the accrediting body.

c. **Fees.** The program must be in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.

2. **Communication.** The program must inform the accrediting body in a timely manner of changes in its environment, plans, resources, or operations that could alter the program's quality. This includes notification of any potential substantive changes in the program, such as changes in practice area or degree conferred or changes in faculty or administration.

DOCTORAL INTERNSHIP

I. INSTITUTIONAL AND PROGRAM CONTEXT

A. Type of Program

1. **Sponsoring Institution.** The program is sponsored by an institution or agency that provides service to a population sufficient in number and variability to give interns adequate experiential exposure to meet training purposes, aims, and competencies.

2. **Length of Program.** Accredited internships may be structured as full-time or part-time. The program requires interns to have the equivalent of 1 year of full-time training to be completed in no fewer than 12 months (or 10 months for school psychology internships), or the equivalent of half-time training to be completed within 24 months. The sponsoring doctoral program, internship program, and intern must have a clear understanding of the intern's plan if internship time is to be divided among two or more agencies for half-time training.

3. **Programs can be single-site or multiple sites.**

B. Institutional and Program Setting and Resources

1. Internship program setting descriptions must include:
   a. a description of the sponsoring institution/agency;
   b. a description of the training setting and how it is appropriate for the aims/purposes of the training program;
   c. a description of how the setting functions primarily as a service provider;
   d. information on required hours.

2. **Administrative Structure.** The program offers internship education and training in psychology that prepares interns for the practice of health service psychology.
   a. The program is an integral part of the mission of the institution in which it resides.

b. The administrative structure and processes facilitate systematic coordination, control, direction, and organization of the training activity and resources.

3. **Administrative Responsibilities Related to Cultural and Individual Differences and Diversity.** The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The program has made systematic, coherent, and long-term efforts to attract and retain interns and faculty/staff from diverse backgrounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for the training of individuals are diverse and the provision of training opportunities for a broad spectrum of individuals. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in graduate training, either directly or by imposing significant and disproportionate burdens on the basis of the personal and demographic characteristics set forth in the definition of cultural diversity. Because of the United States' rich diverse higher education landscape, training can take place in both secular and faith-based settings. Thus this requirement does not exclude programs from having a religious affiliation or purpose and adopting and applying admission and employment policies that directly relate to this affiliation or purpose, so long as public notice of these policies has been made to applicants, interns, faculty, and staff before their application or affiliation with the program. These policies may provide a preference for persons adhering to the religious purpose or affiliation of the program, but they shall not be used to preclude the admission, hiring, or retention of individuals because of the personal and demographic characteristics set forth under the definition of cultural diversity. This provision is intended to permit religious policies as to admission, retention, and employment only to the extent that they are protected by the U.S. Constitution. This provision will be administered as if the U.S. Constitution governed its application. Notwithstanding the above, and regardless of a program's setting, the program may not constrain academic freedom or otherwise alter the requirements of these standards. Finally, compelling pedagogical interests require that each program prepare interns to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

4. **Funding and Budget**

a. Interns are provided financial support. Financial support should be set at a level that is representative and fair in relationship to both the geographic location and clinical setting of the training site.

b. The program must have financial support for faculty/staff and sufficient and dependable training activities for the duration of the year or years of the contract with interns.

c. Funding for the program should be represented in the institution's operating budget and plans in a manner that enables the program to achieve its training aims.

5. **Training Resources and Support Services.** The program must demonstrate adequacy of its educational and training resources, including:

a. clerical, technical, and electronic support sufficient to meet the program's needs;

b. training materials, equipment, and access to the current knowledge base in the profession, including access to appropriate technology and resources to stay current with the scholarly literature;

c. physical facilities that are appropriate for confidential interactions, including facilities and resources that are compliant with the Americans With Disabilities Act.

C. Program Policies and Procedures

1. **Areas of Coverage.** The program has and adheres to, and makes available to all interested parties, formal written policies and procedures that govern interns as they enter and complete the program. These must include policies relevant to:

a. intern recruitment and selection;

b. any required prior doctoral program preparation and experiences;

c. administrative and financial assistance;

d. requirements for successful internship performance (including expected competencies and minimal levels of achievement for completion);

e. intern performance evaluation, feedback, retention, and termination decisions;

f. identification and remediation of insufficient competence and/or problematic behavior, which shall include necessary due process steps of notice, hearing and appeal;

g. grievance procedures for interns including due process;

h. supervision requirements;

i. maintenance of records;

j. documentation of non-discrimination policies and operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in graduate training or the profession.

2. **Implementation.** All policies and procedures used by the program must be consistent with the profession's current ethics code and must adhere to the sponsor institution's regulations and local, state, and federal statutes regarding due process and fair treatment. The program must demonstrate how it incorporates and implements departmental and institutional policies at the program level, whenever such policies impact the program specifically.

3. **Availability of Policies and Procedures.** At the start of internship, the program must provide interns with written or electronic policies and procedures regarding program and institution requirements and expectations regarding interns' performance and continuance in the program and procedures for the termination of interns.

4. **Record Keeping**

   a. **Intern Performance.** The program must document and permanently maintain accurate records of the interns' training experiences, evaluations, and certificates of internship completion for evidence of the interns' progress through the program as well as for future reference and credentialing purposes. The program should inform interns of its records retention policies.

   b. **Complaints and Grievances.** The program must keep information and records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of intern complaints as part of its periodic review of the program.

D. Program Climate

1. **Cultural and Individual Differences and Diversity.** The program ensures a welcoming, supportive, and encouraging learning environment for all interns, including interns from diverse and underrepresented communities.

   a. Program climate is reflected in the recruitment, retention, and development of training supervisors and interns, as well as in didactic and experiential training that fosters an understanding of cultural and individual differences and diversity as it relates to professional psychology.

   b. The program conducts periodic self-assessment of its training climate in regards to diversity and takes steps to maintain an atmosphere that promotes the success of all interns.

2. **Supportive Learning Environment**

   a. The program recognizes the rights of interns and faculty/staff to be treated with courtesy and respect. To maximize the quality and effectiveness of the interns' learning experiences, all interactions among interns, training supervisors, and faculty/staff should be collegial and conducted in a manner that reflects the highest standards of the profession. (See the current *APA Ethical Principles of Psychologists and Code of Conduct*.) The program has an obligation to inform interns of these principles and of their avenues of recourse should problems arise.

   b. Program faculty/staff are accessible to interns and provides them with a level of guidance and supervision that encourages successful completion of the internship. Faculty/staff members serve as appropriate professional role models and engage in actions that promote interns' acquisition of knowledge, skills, and competencies consistent with the program's training aims.

II. AIMS, TRAINING, COMPETENCIES, AND OUTCOMES

A. Required Profession-Wide Competencies

1. Certain competencies are required for all interns who graduate from programs accredited in health service psychology. Programs must provide opportunities for all of their interns to achieve and demonstrate that each required profession-wide competency has been met.

2. The role of the internship is to build upon a trainee's competencies in all of the competency areas. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence base when training and assessing interns in the competency areas. Interns must demonstrate competence in:

   a. Research
   b. Ethical and legal standards
   c. Individual and cultural diversity
   d. Professional values, attitudes, and behaviors
   e. Communication and interpersonal skills
   f. Assessment
   g. Intervention
   h. Supervision
   i. Consultation and interprofessional/interdisciplinary skills

B. Program-Specific Aims and Competencies

1. **Specific Aims of the Training Program.** Consistent with profession-wide competencies required of all programs, the program must provide information on the specific aims of the training program. The program's aims should be aligned with the program's training activities and intended outcomes.

2. **Program-Specific Competencies.** While internship programs accredited in health service psychology must encompass profession-wide competencies required of all programs, they may also elect to demonstrate program-specific competencies.

   a. The program must specify if its intended training outcomes will place special emphasis on the development of any competencies in addition to those expected for all psychology interns or to a greater degree of achievement than might be expected for all psychology interns.

   b. Additional competencies, if any, must be current and consistent with the definition of health service psychology, ethics of the profession, and aims of the program.

C. Learning Elements to Develop Competencies

1. **Educational Activities.** It is the responsibility of the program to have a clear and coherent plan for educational activities that support interns' achievement of both profession-wide and any program-specific competencies.

2. **Learning Elements**

   a. The program's primary training method must be experiential (i.e. service delivery in direct contact with service recipients) and include sufficient observation and supervision by psychologists to facilitate interns' readiness to enter into the general practice of psychology on training completion.

   b. The program must follow a logical training sequence that builds on the skills and competencies acquired during doctoral training.

   c. Training for practice must be sequential, cumulative, and graded in complexity in a manner consistent with the program's training structure.

   d. The program must demonstrate that intern service delivery tasks and duties are primarily learning-oriented and training considerations take precedence over service delivery and revenue generation.

3. **Supervision**

   a. Supervision is regularly scheduled.

   b. Interns receive at least 4 hours of supervision per week.

   c. One or more doctoral level psychologists, who are appropriately trained and licensed, are involved in ongoing supervisory relationships with an intern and have primary professional responsibility for the cases on which supervision is provided. The supervisor(s) must conduct a total of at least 2 hours per week of individual supervision with the intern during the course of the year.

   d. Supervisory hours beyond the 2 hours of individual supervision must be consistent with the definition of supervision in the glossary, and must be supervised by health care professionals who are appropriately credentialed for their role/contribution to the program. These interactive experiences can be in a group or individual format.

   e. Interns should have access to consultation and supervision during times they are providing clinical services.

   f. The doctoral-level licensed psychologist supervisors maintain overall responsibility for all supervision, including oversight and integration of supervision provided by other professionals.

D. Outcomes and Program Effectiveness

1. **Evaluation of Interns' Competencies**

   a. **Current Interns.** As part of its ongoing commitment to ensuring the quality of its graduates, the program must evaluate intern in both profession-defined and program-defined competencies. By the end of the internship, each intern must demonstrate achievement of both the profession-wide competencies and any additional competencies required by the program. For each competency, the program must:

      i. specify how it evaluates intern performance;

      ii. identify the minimum level of achievement or performance required of the intern to demonstrate competency;

      iii. provide outcome data that clearly demonstrate all interns successfully completing the program have attained the minimal level of achievement of both the profession-wide and any program-specific competencies;

      iv. base each intern evaluation in part on direct observation (either live or electronic) of the intern;

      v. While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with professionally accepted practices in intern competencies evaluation.

   b. **Internship Program Alumni.** The program must evaluate the functioning of alumni in terms of their career paths in health service psychology. Each program must provide data on how well the program prepared interns in each of the profession-wide and any program-specific competencies. The program must also provide data on interns' job placement and licensure status.

2. **Evaluation of Program Effectiveness and Quality Improvement Efforts**

   a. The program must demonstrate ongoing self-evaluation to monitor its performance to ensure competence in health service psychology and contribute to fulfillment of its sponsor institution's mission.

   b. The program must document mechanisms for engaging in regular, ongoing self-assessment that:

      i. involves program stakeholders, including training faculty/staff, interns, program graduates, and others involved in the training program;

      ii. evaluates its effectiveness in training interns who, by the completion of the internship, demonstrate competencies required by the profession and the program, and who are able to engage in professional activities consistent with health service psychology and with the program's aims;

      iii. has procedures in place to use proximal and distal data to monitor, make changes in, and improve the program;

      iv. provides resources and/or opportunities to enhance the quality of its training and supervi-

sion faculty/staff through continual professional development;

v. evaluates the currency and appropriateness of its aims, educational activities, policies and procedures with respect to its sponsor institution's mission and goals; local, state/provincial, regional, and national needs for psychological services; national standards for health service psychology; and the evolving evidence base of the profession.

III. INTERNS

A. Intern Selection Process and Criteria

1. **Identifiable Body of Interns.** The program has an identifiable body of interns who are qualified to begin doctoral internship training.
   a. They are currently enrolled in a doctoral program accredited by an accrediting body recognized by the U.S. Secretary of Education or by the Canadian Psychological Association. If the internship accepts an intern from an unaccredited program, the program must discuss how the intern is appropriate for the internship program.
   b. Interns have interests, aptitudes, and prior academic and practicum experiences that are appropriate for the internship's training aims and competencies.
   c. Adequate and appropriate supervised practicum training for the internship program must include face-to-face delivery of health service psychological services.
2. **Recruitment of Interns Who Are Diverse**
   a. The program has made and continues to make systematic, coherent, and long-term efforts to attract interns from different ethnic, racial, gender, and personal backgrounds into the program.
   b. Consistent with such efforts, the program acts to ensure the provision of training opportunities appropriate for the training of diverse individuals. It reviews its success with these efforts and makes changes as appropriate.
3. **Intern Sufficiency**

The program has at least two interns who:

   a. are provided with opportunities that ensure appropriate peer interaction, support, and socialization;
   b. are provided with opportunities for socialization and interaction with professional colleagues in a manner consistent with the program's training structure;
   c. have an understanding of the program's philosophy, aims, and expected competencies;
   d. have a training status at the site that is officially recognized in the form of a title or designation such as "psychology intern" (consistent with the licensing laws of the jurisdiction in which the internship is located and with the sponsoring institution).

B. Feedback to Interns

1. Interns receive, at least semiannually and as the need is observed for it, written feedback on the extent to which they are meeting stipulated performance requirements. Feedback is linked to the program's expected minimal levels of achievement for profession-wide competencies and any program-specific competencies.
2. Such feedback should include:
   a. timely written notification of all problems that have been noted and the opportunity to discuss them;
   b. guidance regarding steps to remediate all problems (if remediable);
   c. substantive written feedback on the extent to which corrective actions are or are not successful in addressing the issues of concern;
   d. documentation that the intern evaluation was reviewed and discussed by the intern and the supervisor.

IV. SUPERVISOR/FACULTY/ STAFF LEADERSHIP

A. Program Leadership

1. **Internship Program Director**
   a. The program director is primarily responsible for directing the training program and has administrative authority commensurate with that responsibility.
   b. The director should have appropriate administrative skills to ensure the success of the program and serve as a role model for the interns.
   c. The director must be a psychologist, appropriately trained and credentialed (i.e., licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located.
   d. The director's credentials and expertise must be consistent with the program's aims and the expected competencies of its interns.
2. **Administrative and Program Leadership Structure.** The program's administrative structure and processes facilitate appropriate review and continuous program improvement to ensure the program achieves its aims and provides the training environment needed for interns to attain all competencies. The program must describe how faculty/staff and interns contribute to the planning and implementation of the training program.

3. **Intern Training Supervisors**

   a. Supervisors function as an integral part of the site where the program is housed and have primary responsibility for professional service delivery.

   b. The program must have a sufficient number of supervisors to accomplish the program's service delivery and to supervise training activities and program aims. An accredited internship program must have a minimum of two doctoral-level psychologists on-site.

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

      i. When supervision services are conducted in a context where a state or territory credential is required for practice, the supervisor holds that required credential.

      ii. When supervision services are conducted in a federal jurisdiction (e.g., the VA or Bureau of Prisons), the credentialing rules pertaining to practice in a federal setting apply.

      iii. Supervision requirements of school settings are governed by Federal general education and special education laws.

   d. Supervisors are responsible for reviewing with the interns the relevant scientific and empirical bases for the professional services delivered by the interns.

   e. Supervisors participate actively in the program's planning, implementation, and evaluation and serve as professional role models to the interns consistent with the program's training aims and expected competencies.

   f. Other professionals who are appropriately credentialed can participate in the training program. These individuals may augment and expand interns' training experiences, provided that they are integrated into the program and are held to standards of competence appropriate to their role/contribution within the program.

B. Faculty/Staff Diversity

The program must demonstrate systematic and long-term efforts to recruit and retain faculty/staff who are from diverse backgrounds.

V. COMMUNICATION PRACTICES

A. Public Disclosure

1. **General Disclosures**

   a. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum this includes general program information pertaining to its aims, required training sequence, program-specific competencies, and expected outcomes in terms of its interns' careers.

   b. The program also demonstrates commitment to public disclosure by providing current information on its use of distance education technologies for training and supervision.

   c. The program articulates its commitment to attracting and training diverse interns.

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

2. **Communication With Prospective and Current Interns**

   a. All communications with potential interns should be informative, accurate, and transparent.

   b. The program is described accurately and completely in documents that are available to current interns, prospective interns, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. Program descriptions should be updated regularly as new cohorts begin and complete the program.

   c. The program describes its aims; requirements for admission and completion; curriculum; training supervisors, facilities, and other resources; administrative policies and procedures, including vacation, sick leave, maternity and paternity leave policies; the kinds of experiences it provides; anticipated workload requirements; and training outcomes in documents available to current interns, prospective interns, and other publics.

   d. The program provides reasonable notice to its current interns of changes to its aims, didactics, program resources, and administrative policies and procedures, as well as any other program transitions that may impact its training quality.

   e. The program issues a certificate of completion to all interns who have successfully met all program requirements. The certificate of completion must include a statement about the program's scope of accreditation (e.g., Internship in Health Service Psychology).

3. **Communication Between Doctoral and Internship Programs**

   a. Throughout the internship year, there should be communication between the doctoral program and the internship program. The nature and frequency of this communication will depend on needs. Communication must take place when problems arise with interns.

   b. The internship should send formal written intern evaluations to the doctoral program at or near the midpoint of the training year and again at internship completion.

B. Communication and Relationship With Accrediting Body

The program demonstrates its commitment to the accreditation process through:

1. **Adherence.** The program abides by the accrediting body's published policies and procedures as they pertain to its recognition as an accredited program, and the program responds in a complete and timely manner to all requests for communication from the accrediting body, including completing all required reports and responding to questions from the accrediting body.
    a. **Standard Reporting.** The program responds to regular recurring information requests (e.g., annual reports and narrative reports) as identified by the accrediting body's policies and procedures.
    b. **Nonstandard Reporting.** The program submits timely responses to any additional information requests from the accrediting body consistent with its policies and procedures.
    c. **Fees.** The program is in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.
2. **Communication.** The program informs the accrediting body in a timely manner of changes in its environment, plans, resources, or operations that could alter the program's quality. This includes notification of any potential substantive changes in the program, such as changes in sequence of experiential training, faculty changes, and changes in administration.

POSTDOCTORAL RESIDENCY

I. INSTITUTIONAL AND PROGRAM CONTEXT

A. Type of Program

1. **Areas of Postdoctoral Accreditation.** Programs providing training in health service psychology (HSP) may be accredited in one or more areas:

   a. Advanced competencies in the major areas of training in health service psychology that are recognized within the scope of accreditation (i.e., clinical, counseling, school, and other developed practice areas).

      A focus area that promotes attainment of advanced competencies in a context within one or more of the major areas of training in health service psychology that are recognized within the scope of accreditation (i.e., clinical, counseling, school, and other developed practice areas).

   b. Specialty practice areas in health service psychology. If accreditation is sought in a recognized specialty practice area, the specialty practice area must meet at least two of the following requirements:

      i. The specialty is recognized by the Commission on the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) of the American Psychological Association or by the American Board of Professional Psychology (ABPP).

      ii. The specialty is recognized by and holds membership on the Council of Specialties (CoS).

      iii. The specialty has provided the Commission on Accreditation with specialty-specific postdoctoral educational and training guidelines endorsed by the Council of Specialties.

2. **Length of Program.** Each resident must complete a minimum of 1 year of full-time training in no less than 12 months (10 months for school psychology postdoctoral train-

ing programs), or 2 years of half-time training in no more than 24 months. Specialty practice residencies may require longer training periods, as specified in their respective education and training guidelines.

3. **Direct Service Delivery.** This is an essential element of training that promotes advanced competencies in health service psychology. Programs must allocate sufficient time to various training activities in order to promote the development of advanced competencies (e.g., direct service, didactics, supervision, and research). Programs that require substantial research activities must demonstrate how these research activities are directly related to the program's aims, competencies and outcomes as described in Section II.

4. **Learning**. Learning must take precedence over service delivery. The program must demonstrate that residents' service delivery activities are primarily learning-oriented and that training considerations take precedence over service needs and revenue generation.

B. Institutional and Program Setting and Resources

1. **Training Setting.** The setting must be appropriate for the program's aims and the development of residents' advanced competencies. Resources to support training must be sufficient to meet the program's aims and various expected learning outcomes. The service population must be appropriate and sufficient to meet the direct service activities that foster development of advanced competencies.

2. **Administrative Structure**

   a. The program's aims are consistent with the mission of the larger institution in which it resides. The program is represented in the institution's operating budget and plans in a manner that enables it to achieve its aims.

   b. The administrative structure and processes facilitate systematic coordination, control, direction, and organization of the training activity and resources.

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

3. **Administrative Responsibilities Related to Cultural and Individual Differences and Diversity.** The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The program has made systematic, coherent, and long-term efforts to attract and retain residents and faculty/staff from diverse backgrounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for the training of individuals who are diverse and the provision of training opportunities for a broad spectrum of individuals. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in postdoctoral training, either directly or by imposing significant and disproportionate burdens on the basis of the personal and demographic characteristics set forth in the definition of cultural diversity. Because of the United States' rich diverse higher education landscape, training can take place in both secular and faith-based settings. Thus this requirement does not exclude programs from having a religious affiliation or purpose and adopting and applying admission and employment policies that directly relate to this affiliation or purpose, so long as public notice of these policies has been made to applicants, residents, and faculty/staff before their application or affiliation with the program. These policies may provide a preference for persons adhering to the religious purpose or affiliation of the program, but they shall not be used to preclude the admission, hiring, or retention of individuals because of the personal and demographic characteristics set forth under the definition of cultural diversity. This provision is intended to permit religious policies as to admission, retention, and employment only to the extent that they are protected by the U.S. Constitution. This provision will be administered as if the U.S. Constitution governed its application. Notwithstanding the above, and regardless of a program's setting, the program may not constrain academic freedom or otherwise alter the requirements of these standards. Finally, compelling pedagogical interests require that each program prepare residents to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

4. **Funding and Budget Sources**

   a. A program must have stable and sufficient funding to conduct the training necessary to meet its aims.

   b. All postdoctoral residents must be financially supported at a level consistent with comparable doctoral-level professionals training at the same site or in the region.

5. **Training Resources and Support Services**

   a. The program provides sufficient and appropriate resources to fulfill the aims of the program (e.g., office space, supplies, computers, clerical support, library, and test equipment).

   b. These resources and facilities must be compliant with the Americans with Disabilities Act.

C. Program Policies and Procedures

1. **Administrative**

   a. **Resident Recruitment and Selection**

      i. The program has procedures for resident selection that ensure residents are appropriately prepared for the training offered.

      ii. At the initiation of training, residents will have completed doctoral and internship training in programs accredited by an accrediting body rec-

ognized by the U.S. Secretary of Education or by the Canadian Psychological Association. If the program accepts residents who attended unaccredited programs, the residency must describe how the program ensures that selected residents are otherwise qualified and appropriately prepared for advanced training in the residency program.

b. **Program Policies and Procedures.** The program has and adheres to, and makes available to all interested parties, formal written policies and procedures that govern residents as they enter and complete the program. These must include policies relevant to:

i. resident recruitment and selection;

ii. any required prior doctoral program and internship preparation and experiences;

iii. administrative and financial assistance;

iv. requirements for successful resident performance (including expected competencies and minimal levels of achievement for completion);

v. resident performance evaluation, feedback, retention, and termination decisions;

vi. identification and remediation of insufficient competence and/or problematic behavior, which shall include necessary due process steps of notice, hearing and appeal

vii. grievance procedures for residents including due process;

viii. supervision requirements;

ix. maintenance of records;

x. documentation of non-discrimination policies and operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in post-doctoral training or the profession.

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

3. **Implementation.** All policies and procedures used by the program must be consistent with the profession's current ethics code and must adhere to the sponsor institution's regulations and local, state, and federal statutes regarding due process and fair treatment. The program must demonstrate how it incorporates and implements departmental and institutional policies at the program level, whenever such policies specifically impact the program.

4. **Availability of Policies and Procedures.** At the start of residency, the program must provide residents with written or electronic copies of policies and procedures regarding program and institution requirements and expectations regarding residents' performance and continuance in the program and procedures for the termination of residents.

5. **Record Keeping**

a. The program documents and permanently maintains accurate records of the residents' supervised training experiences and evaluations for future reference, certification, licensing, and credentialing purposes.

b. Each program is responsible for maintaining records of all formal complaints and grievances against the program of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of residents' complaints as part of its periodic review of the program.

D. Program Climate

1. **Cultural and Individual Differences and Diversity.** The program ensures a welcoming, supportive, and encouraging learning environment for all residents, including residents from diverse and underrepresented communities.

a. Program climate is reflected in the recruitment, retention, and development of training supervisors and residents, as well as in didactic and experiential training that fosters an understanding of cultural and individual diversity as it relates to professional psychology.

b. The program conducts periodic self-assessment of its training climate in regards to diversity and takes steps to maintain an atmosphere that promotes the success of all residents.

2. **Resident/Faculty/Staff Relationship Climate**

a. The program recognizes the rights of residents and training supervisors to be treated with courtesy and respect. To maximize the quality and effectiveness of residents' learning experiences, interactions among residents, training supervisors, and program staff should be collegial and conducted in a manner that reflects psychology's ethical principles and professional conduct standards.

b. The program provides opportunities for socialization into the profession.

c. The program encourages peer interaction, and residents are provided with opportunities for appropriate peer interaction, support, and learning.

d. Residents are provided with opportunities for collegial interaction with professionals and/or trainees in other disciplines.

II. AIMS, COMPETENCIES, TRAINING, AND OUTCOMES

A. Aims of the Program

The program must describe its aims in residency training (i.e., the overall, long-term expected outcome of the residency program).

B. Competencies

Postdoctoral programs ensure that residents attain advanced competencies relevant to the program's specialty or area of focus. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence base when training and assessing residents in the competency areas. All programs provide experiences to promote advanced competencies fundamental to health service psychology (Level 1). Additionally, programs ensure that residents attain advanced competencies relevant to the program's aims or area of focus (Level 2), or that are consistent with the program's designated specialty (Level 3).

1. **Level 1—Advanced Competency Areas Required of All Programs at the Postdoctoral Level**
    a. **Integration of Science and Practice**. This includes the influence of science on practice and of practice on science.
    b. **Individual and Cultural Diversity.** This includes issues of cultural and individual diversity relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.
    c. **Ethical and Legal.** This includes professional conduct, ethics and law, and professional standards for providers of psychological services relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.
2. **Level 2—Program-Specific or Area of Focus Competencies**
    a. The program specifies expected learning outcomes appropriate and relevant for the area of health service psychology that is emphasized in training (i.e., residents' expected competencies upon program completion).
    b. The program requires all residents to demonstrate competencies at an advanced level in those domains integral to achieving its aims. These may include some or all CoA profession-wide competencies or other competencies identified by the program.
3. **Level 3—Specialty Competencies.** To be accredited in a specialty practice area, the program must fulfill the standards for accreditation as well as the training and education guidelines endorsed by the recognized specialty**.**

C. Learning Experiences That Promote the Development of Advanced Competencies

1. A formal, goal-directed training plan describing planned training experiences must be developed for each resident. An individualized training plan should include the resident's level of competence at entry in planning for how he or she will successfully attain the program's exit criteria. The educational activities listed below may occur in an interprofessional context or may make use of existing didactics occurring in the setting if they are appropriate for an advanced level of training.
2. **Educational Activities** (e.g. didactics, clinical conferences, grand rounds, group supervision). The program must demonstrate how structured educational activities complement experiential training and how they are linked to competencies in Levels 1–3 above.
3. **Clinical Activities.** The program must provide supervised service delivery experiences in an appropriate setting that promote the development of the advanced competencies identified in Levels 1–3.
4. **Individual Supervision**
    a. At least two hours per week of individual supervision focused on resident professional activities must be conducted by an appropriately trained and licensed doctoral-level psychologist.
    b. Supervisors must maintain an ongoing supervisory relationship with the resident and have primary professional clinical responsibility for the cases for which they provide supervision.
    c. A postdoctoral resident must have an appropriately trained and licensed doctoral-level psychologist serving as primary supervisor in order to ensure continuity of the training plan.
    d. The primary supervisor must maintain overall responsibility for all supervision, including oversight and integration of supervision provided by other health professionals.

D. Evaluation

1. **Evaluation of Resident Competencies**
    a. An evaluation is made of the resident's progress toward satisfactory attainment of the program's expected competencies, as reflected in the completion of the program's stated minimum levels of achievement and other program requirements.
    b. Data on residents' competencies must include competency-based assessments of residents as they progress through, and at completion of, the program (proximal data), as well as information regarding their attainment of competencies after they complete the program (distal data).
        i. Proximal data will, at the least, include evaluations of residents by knowledgeable others (i.e., supervisors or trainers). The evaluation process and assessment forms must parallel the program's expected competencies. These evaluations include the feedback provided to residents as required in Standard I.C.1(d).

ii. At each evaluation interval, the evaluation must be based in part on direct observation of the competencies evaluated.

iii. Distal data reflect the program's effectiveness in achieving its aims, as reflected by resident attainment of program-defined competencies.

iv. Distal data typically include information obtained from alumni surveys assessing former residents' perception of the degree to which the program achieved its aims by preparing them in the competencies identified as important by the program. The data may also include graduates' professional activities and accomplishments (e.g., licensure, employment, memberships, and affiliations).

2. **Quality Improvement of the Program.** The program must demonstrate continuous self-evaluation, ensuring that its aims are met, that the quality of its professional education and training are enhanced, and that it contributes to the fulfillment of its host institution's mission.

   a. The program, with appropriate involvement of its training supervisors, residents, and former residents, engages in a self-study process that addresses:

      i. its expectations for the quality and quantity of the resident's preparation and performance in the program;

      ii. its effectiveness in achieving program aims for residents in terms of outcome data (while residents are in the program and after completion), taking into account the residents' views regarding the quality of the training experiences and the program;

      iii. its procedures to maintain current achievements or to make changes as necessary;

      iv. its aims and expected outcomes as they relate to local, regional, state/provincial, and national needs, as well as advances in the knowledge base of the profession and the practice area in which the program provides its training;

   b. The program provides resources and/or opportunities to enhance the quality of its training and supervision staff through continued professional development.

   c. The program and its host institution value and recognize the importance of resident training and of the supervisors' training and supervisory efforts, and demonstrate this in tangible ways.

   d. The program demonstrates how it utilizes proximal and distal data to monitor and improve the program.

III. PROGRAM RESIDENTS

A. Resident Selection Processes and Criteria

1. **Resident Selection.** As evidence that residents meet the program's entry requirements, the program ensures that its residents:

   a. have completed appropriate doctoral education and training in health service psychology or appropriate respecialization, either of which must include the completion of an appropriate internship;

   b. have interests and abilities that are appropriate for the postdoctoral training program's aims and expected competencies.

2. **Postdoctoral Psychology Residents.** The program has one or more postdoctoral psychology residents who:

   a. have an understanding of the program's aims and expected competencies;

   b. have meaningful involvement in those activities and decisions that serve to enhance resident training and education;

   c. have a title commensurate with the title used in that setting by other professionals in training who have comparable responsibility, education, and training, consistent with the laws of the jurisdiction in which the program is located.

3. **Resident Diversity.** The program has made systematic and sustained efforts to attract residents from diverse backgrounds into the program.

   a. Consistent with such efforts, it acts to provide a supportive and encouraging learning environment for all residents, including those with diverse backgrounds, and to provide learning opportunities appropriate for the training of diverse individuals.

B. Program Activities, Resources, and Processes

These are designed to maximize the likelihood of all residents' success in completing the program. The program must provide professional mentoring to residents in addition to supervision.

IV. PROGRAM FACULTY/STAFF

A. Program Leadership and Faculty/Staff Qualifications

1. **Program Leadership**

   a. The program has a designated director who is a psychologist, appropriately trained and credentialed (i.e., licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located, who is primarily responsible for directing the training

program, and who has administrative authority commensurate with those responsibilities.

b. The program director's credentials and expertise must be consistent with the program's aims.

c. For programs that include a recognized specialty practice area, the individual providing leadership of that area must have appropriate expertise and credentials in that specialty.

2. **Program Leadership Structure.** The program must describe how faculty/staff and residents contribute to the planning and implementation of the training program.

B. Faculty/Staff

1. **Sufficiency.** The formally designated supervisors include at least two psychologists, who:

a. deliver services in the practice area in which postdoctoral training occurs;

b. function as an integral part of the program at the site where the program is housed;

c. have primary professional and clinical responsibility for the cases on which they provide supervision;

d. are appropriately trained and credentialed (i.e. licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located;

e. are of appropriate quality for the program's aims and have appropriate qualifications for advanced training in the focus area or specialty;

f. participate actively in the program's planning, its implementation, and its evaluation;

g. serve as professional role models for the residents.

2. **Recruitment and Retention of Diverse Faculty/Staff**

a. The program makes systematic and sustained efforts to attract and retain faculty/staff from diverse backgrounds into the program.

b. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment and the provision of continuing educational opportunities appropriate for a broad spectrum of professionals.

c. The program avoids any actions that would restrict program access on grounds that are irrelevant to a career in health service psychology.

C. Ancillary Faculty/Staff

1. The program may utilize ancillary faculty/staff in achieving its aims and competencies.

2. An accredited program must demonstrate that the ancillary faculty/staff are appropriate and sufficient to achieve the program's aims and ensure appropriate competencies for the residents.

V. COMMUNICATION PRACTICES

A. Public Disclosure

1. **General Disclosures**

a. The program demonstrates its commitment to public disclosure by providing accurate and complete written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, recruitment and selection, implementation of strategies to ensure resident cohorts that are diverse, required training experiences, use of distance education technologies for training and supervision, and expected training outcomes.

b. The program provides its status with regard to accreditation, including the specific training program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program makes available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program's accreditation status.

2. **Communication With Prospective and Current Residents**

a. The program provides current information on training outcomes deemed relevant by the profession.

b. The program is described accurately and completely in documents available to current residents, prospective residents, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. At a minimum, descriptions of the program should include the licensure status, employment status, and advanced certifications residents can expect to obtain. Program descriptions should be updated regularly as new cohorts begin and complete the program.

c. The program describes its aims and expected resident competencies; its selection procedures and requirements for completion; its training supervisors, residents, facilities, service recipient populations, training settings, and other resources; its administrative policies and procedures, including the average amount of time per week residents spend in direct service delivery and other educational, training and program activities; and the total time to completion.

d. The program provides reasonable notice to its current residents of changes to its aims, didactics, program resources, and administrative policies and procedures, as well as any program transitions that may impact training quality.

e. The program issues a certificate of completion to residents who successfully attain the expected competencies and complete the contracted learning period.

B. Communication and Relationship With Accrediting Body

The program demonstrates its commitment to the accreditation process through:

1. **Adherence.** The program abides by the accrediting body's published policies and procedures as they pertain to its recognition as an accredited program. The program responds in a complete and timely manner to all requests for communication from the accrediting body, including completing all required reports and responding to questions from the accrediting body.
    a. **Standard Reporting.** The program responds to regular recurring information requests (e.g., annual reports and narrative reports) as identified by the accrediting body's effected policies and procedures.
    b. **Nonstandard Reporting.** The program submits timely responses to information requests from the accrediting body consistent with its effected policies and procedures.
    c. **Fees.** The program remains in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.
2. **Communication.** The program informs the accrediting body in a timely manner of changes in its environment, plans, resources, or operations that could alter the program's quality. This includes notification of any potential substantive changes in the program, such as changes in sequence of experiential training, faculty/staff changes, or changes in administration.

Accreditation Operating Procedures of the Commission on Accreditation

Approved 6/12/15

Revisions Approved 8/1/17, 6/8/18

GENERAL OPERATING PROCEDURES

1. REAFFIRMATION FOR CONTINUED ACCREDITATION

Accredited programs are reviewed annually by written report and by the data provided annually to the Commission on Accreditation (CoA). Accredited programs are also assessed an annual fee. In addition, each accredited program undergoes a more extensive periodic review that involves a self-study report and a site visit.

Immediately following the site visit, the program is assessed a site visit fee. Instructions for preparing annual reports and the periodic self-study reports are sent to programs by the Office of Program Consultation and Accreditation, in accordance with the CoA directions.

1.1 Annual Review (Reaffirmation)

Annual reaffirmation of a program's accredited status is based on the CoA's review of any narrative annual report information requested and the data provided in the Annual Report Online, as well as a signed assurance of the program's continued adherence to the Standards of Accreditation (SoA). If the program does not provide assurance of adherence to the SoA, if the Annual Report Online is incomplete or missing, or if any information provided by the program raises questions about the program's continued consistency with the SoA (including any information or actions that may have been taken by regional accrediting bodies or state agencies regarding the institution's accreditation and/or authority to grant degrees), the CoA may, at any time, request additional information or an invitation for a special site visit. The CoA's request for a special site visit will state the explicit reasons why a site visit is needed, although any subsequent review by the CoA may not be limited to these issues.

1.2 Periodic Review

The CoA schedules the year of the next site visit for accredited programs at the time an accreditation decision is made. In preparation for that review, programs are expected to prepare a self-study report demonstrating their continued consistency with the SoA.

Upon receipt of a self-study report in anticipation of the periodic review, the staff will review the self-study report to determine the extent to which the materials include information responsive to the self-study instructions and take one of the following actions:

a. Authorize a site visit;

b. Postpone approval for a site visit, pending receipt of additional information from the program; or

c. Refer to the CoA for full review. Following this review, the CoA may choose among the following decision options:

   1. Authorize a site visit (questions may be provided to the program and to the site visitors for consideration during the site visit); or

   2. Defer authorization pending receipt of additional information and/or clarification of the self-study materials.

Specific information is provided for the review processes at each level of accreditation in the *Accreditation Operating Procedures* by level.

1.3 Withdrawal From Accredited Status

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.

In addition, 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 such instances, the program will receive prior notification of the pending action.

Furthermore, accredited programs assume the responsibility and obligation to provide certain information and payments to the CoA in a timely manner as set forth in the SoA and these *Accreditation Operating Procedures*. An accredited program will be deemed to have decided to voluntarily withdraw from accreditation, thereby terminating its accredited status, if it fails to satisfy any of the following requirements:

a. Providing a self-study by the designated due date (see Section 8 D; 8 I; and 8 P);

b. Scheduling a site visit to allow completion of the periodic review before the end of the program's accreditation review cycle as designated by the CoA (see Section 7 D; 7 I; and 7 P);

c. Submitting its annual report by the designated due date (see Section 1.1);

d. Submitting payment of its annual fee by the designated due date; or

e. Failing to submit information requested in the course of program review by the designated due date (see Section 8 D; 8 I; and 8 P).

If delay in meeting these requirements is based on exceptional circumstances beyond the control of the program that preclude the program from meeting its accreditation responsibilities, the chief executive officer or the president of the institution in which the program is located may apply to the CoA (or its Executive Committee[1] if authorized by the CoA) with supporting evidence for an extension of the deadline.

The CoA will confirm the withdrawal of a program in writing no later than 30 days in advance of the effective date of the program's withdrawal from accreditation. The program will have a final chance to respond to this correspondence. The effective date of withdrawal will be deemed as no more than 60 days after the program has withdrawn from accreditation by failing to meet its obligations as an accredited program. The CoA will notify the public of the change in status. A program that has withdrawn under this provision retains the right to reapply subsequently as an applicant.

2. APPEAL OF A DECISION

2.1 Appealable Decisions

The Board of Educational Affairs (BEA) of the APA serves as the appeal agent for CoA decisions.

The following decisions may be appealed:

a. Denial of a site visit upon application for "accredited, on contingency" or initial "full accreditation"

b. Denial of "accredited, on contingency" status

c. Denial of "full accreditation"

d. Accredited, on probation

e. Revocation of accreditation

f. Withdrawal, based on lack of adherence to the provisions of Section 1.3

2.2 Filing an Appeal

The chief executive officer of a doctoral program's host institution or the responsible administrative officer of an internship or postdoctoral residency program may challenge an appealable decision within 30 days of receipt of written notice of the CoA decision. The written notice must identify the specific grounds upon which the appeal is made, which must be either a procedural violation or substantive errors by the CoA in its review of the program consistency with the SoA. The appeal should be addressed to the president of the APA. A nonrefundable appeal fee will be charged to the appellant program, such fee to be submitted with the program's letter of appeal.

2.3 Appointment of Appeal Panel

Within 30 days of receipt of the program's letter of appeal, the APA Board of Educational Affairs will provide the program with a list of six potential appeal panel candidates, none of whom will have had affiliation with the program filing the appeal or with the accreditation process related to the program. The Office of Program

1 Throughout this document, CoA may refer to the Commission on Accreditation in its entirety, the CoA Executive Committee, or its duly authorized representative(s).

Consultation and Accreditation will determine the willingness of the potential panel members to serve and notify the program to that effect. Within 15 days, the program will select three panel members from this list to serve as its appeal panel, one of whom will be a public member. If the program does not notify the Office of Program Consultation and Accreditation of its selection within 15 days, the Board of Educational Affairs will designate three members to serve on the appeal panel. Consistent with policies adopted by the Board of Educational Affairs, the program and the CoA will have an opportunity to participate in a voir dire of the panel and to challenge any of the designated panelists for due cause (e.g., conflict of interest, bias, or other prejudicial infirmity).

2.4 Scope and Conduct of Appeal

An appeal is not a *de novo* hearing, but a challenge of the decision of the CoA based on the evidence before the CoA at the time of its decision. The CoA's decision should not be reversed by the appeal panel without sufficient evidence that the CoA's decision was plainly wrong or without evidence to support it.

Accordingly, the appeal panel should not substitute its judgment for that of the CoA merely because it would have reached a different decision had it heard the matter originally.

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

Only the facts or materials before the CoA at the time of its final decision may be considered by the panel. The panel will be provided with only those documents reviewed by the CoA in making its decision, the letter that notified the program of the CoA decision, the letter of appeal, written briefs submitted by the program, and reply briefs submitted by the CoA. The letter of appeal and written briefs shall not refer to facts or materials that were not before the CoA. Deliberative and other internal documents prepared for purposes of CoA's review are not part of the record and shall not be considered on appeal.

The program will be provided a final listing of the record before the CoA 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.

The appeal panel will convene a hearing at APA during one of three prescheduled appeal panel hearing dates. In addition to the three members of the appeal panel, the appeal hearing will be attended by one or more program representatives, one or more representatives of the CoA, and staff of the Office of Program Consultation and Accreditation. Separate legal counsel may also accompany either party, the program, or the CoA.

When legal counsel attends and participates in the hearing, it is with the understanding they recognize the proceedings are not a judicial forum, but a forum to review the CoA's decision in terms of procedural violations or substantive error.

APA's legal counsel will also 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 can advise the panel regarding those issues.

2.5 Decision and Report of Appeal Panel

The CoA's decision should be affirmed unless (a) there was a procedural error and adherence to the proper procedures would dictate a different decision; or (b) based on the record before it, the CoA's decision was plainly wrong or without evidence to support it. The appeal panel has the options of (a) upholding the CoA decision, (b) amending or reversing the CoA decision, or (c) remanding the matter to the CoA to address specific designated issues before final action.

The report of the appeal panel will state its decision and the basis of that decision based on the record before the panel. The report of the panel will be addressed to the president of the APA and sent within 30 days of the hearing. Copies will be provided to the chief executive officer of the doctoral program's host institution or to the responsible administrative officer of an internship or postdoctoral residency program, the chair of the CoA, the chair of the Board of Educational Affairs, and the Office of Program Consultation and Accreditation.

2.6 Review of Adverse Action Based Solely on Financial Deficiencies

Where an adverse CoA decision is based solely on failure of the program to meet an agency standard pertaining to finances, the program will have one opportunity to seek review of new information by the Commission. The CoA will undertake such a review only where the program can establish, to the CoA's satisfaction, that there is new financial information that (a) was unavailable to the program until after the CoA reached its decision and (b) is significant and bears materially on the financial deficiencies identified by the CoA as the reason for the adverse action. Such a request for review must be received prior to the adverse action becoming final or any appeal hearing, whichever is earlier. A program may seek the review of new financial information as described above only once. Any determination by the CoA made with respect to review requested under this provision does not provide a basis for appeal.

3. COMPLAINTS

3.1 Complaint Against an Accredited Program

The procedures for handling complaints against accredited programs are intended to deal only with complaints based on purported lack of program consistency with the *Standards of Accreditation for Health Service Psychology* (SoA). It is not a mechanism for adjudication of disputes between individuals and programs. The CoA cannot, for instance, direct a program to change a grade, readmit

a student, or reinstate a faculty member. For resolution of these disputes, complainants are encouraged to follow their institution's due process and grievance procedures.

3.1.1 Filing a Complaint

For timely resolution, complainants are encouraged to file their complaints as soon as possible after the alleged noncompliance comes to their attention. When inquiries are received by the Office of Program Consultation and Accreditation, copies of the SoA, *Accreditation Operating Procedures*, and a complaint summary form will be sent to the person making the inquiry. To be processed, all complaints must:

a. Be written and signed;

b. Identify the individual, group, or legal entity making the complaint;

c. Present evidence that the subject program is not consistent with one or more of the SoA's components;

d. Describe the status of legal action, if any, related to the complaint; and

e. Grant permission to send the complaint, in its entirety, to the program.

3.1.2 Timelines for Filing a Complaint

For students, interns, postdoctoral residents, or individuals complaining on their behalf, complaints must be filed in writing within 18 months of leaving their program (either through withdrawal, termination, or graduation/completion). Complaints filed by individuals not included above must be filed in writing within one year from the time that the alleged noncompliance occurred.

3.1.3 Processing of a Complaint

Receipt of a complaint meeting these requirements will be acknowledged in writing by the Office of Program Consultation and Accreditation within 30 days of receipt and sent to the program at the same time that acknowledgment of receipt is forwarded to the complainant. The program will be given 30 days to respond.

Complainants are encouraged to submit all available supporting information at the time the complaint is filed, rather than providing supplemental information at a later date. The program's response must be from the program itself and not from any third party acting for the program. The complainant may be asked to respond to information provided by the program but will not receive a copy of materials provided by the program.

3.1.4 CoA Action

The CoA will review the complaint at its first regularly scheduled meeting held after the receipt of the program's response. After review, the CoA may act upon the complaint or defer action pending receipt of additional information. The CoA may act upon the 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.

The CoA will communicate its action on the complaint, in writing, to the complainant and the program.

3.2 Complaint Against Accreditation Site Visitor(s)

The procedures for handling complaints against site visitors are intended to deal with complaints based on purported inappropriate actions of site visitors related to the site visit.

3.2.1 Filing a Complaint

The director of training of a program, with notice to the chief executive officer of a doctoral program's host institution or the responsible administrative officer of an internship or postdoctoral residency program, may file a complaint regarding the actions of site visitors.

The director of training must notify the Office of Program Consultation and Accreditation of the institution's or program's intent to file a complaint within 30 days after the completion of the site visit.

Subsequently, the complaint must:

a. Be written and signed;

b. Be sent to the Office of Program Consultation and Accreditation before the host institution has received the written report from the site visit team and within 30 days after completion of the site visit;

c. Provide a clear description of the critical incident(s) in question; and

d. Grant permission to send the complaint, in its entirety, to the site visit team.

3.2.2 Processing of a Complaint

Receipt of a complaint meeting these requirements will be acknowledged by the Office of Program Consultation and Accreditation and held until the site visit team's report is received by the Office. The complaint will be sent to all members of the site visit team with request for comment within 30 days. At the same time, the site visit report will be sent to the program for comment. The program will be asked to explain in its response whether and how the complained of conduct may have influenced the content of the site visit report.

3.2.3 CoA Action

In no case will the CoA decision regarding the program's consistency with the SoA be made until the complaint has been disposed of by the CoA. Based upon its review of the complaint and response, the CoA may make the following decisions:

a. Dismiss the complaint;

b. Reprimand the site visitor(s), which may include deletion from the list of potential site visitors maintained in the Office of Program Consultation and Accreditation;

c. Pursue the matter further, either by further inquiry of the parties involved or by means of a special fact-finding subcommission of the CoA, to provide additional information upon which to base a decision; or

d. Take other action as, in the judgment of the CoA, is appropriate under the circumstances.

After acting on the complaint, the CoA must then determine whether the critical incident(s) influenced the content of the site visit report. If the incident is determined to have influenced the site visit report, the CoA will void the site visit report and request from the host institution an invitation to revisit at APA expense. If the incident is determined not to have influenced the site visit report, the CoA will proceed with its review of the program.

The CoA will communicate the disposition of the complaint, in writing, to the program and to the site visitors.

3.3 Complaint Against the Commission on Accreditation

There may be instances in which a party or parties desire to formally express dissatisfaction with actions of the Commission on Accreditation. These concerns may be expressed through the following avenues where the CoA action at issue is not subject to appeal per Section 2 (Appeal of a Decision):

a. When the CoA has completed a periodic review, with a resulting decision to deny an initial site visit, deny or revoke accreditation, or grant "accredited, on probation" status, the affected program may formally appeal the decision as set forth in Section 2 of the *Accreditation Operating Procedures*.

b. Individuals, groups, or programs may wish to make a complaint or to raise issues regarding CoA activities, operations, or policies. This may be accomplished by:

   1. Expressing the concern or issue through APA governance, including the Board of Educational Affairs (BEA), the Board of Directors, and/or the Council of Representatives; or

   2. Written communication with the CoA through the Office of Program Consultation and Accreditation.

If the complaint is directed to the CoA, the CoA will take action on such written communication in the same manner in which it processes complaints against the actions of accredited programs, as specified in Section 3.1 of the *Accreditation Operating Procedures*, to the extent relevant. If the complaint is directed to an APA governance group other than the BEA, the matter will be referred to BEA for handling. The BEA will be responsible for resolving the complaint. BEA will provide CoA an opportunity to respond to the complaint before acting on the complaint, and will seek additional information from the complainant or the CoA.

c. Parties also have the option of filing third-party testimony with regard to the CoA's petition for continued recognition by the U.S. Secretary of Education at such time as a petition is reviewed. Those desiring to do so should contact the U.S. Department of Education's Office of Accreditation and State Liaison.

4. THIRD-PARTY COMMENT/TESTIMONY—PROVISION OF THIRD-PARTY TESTIMONY RELATED TO INITIAL OR PERIODIC REVIEW FOR ACCREDITATION

The U.S. Secretary of Education's criteria for recognition activities states: "In providing public notice that an institution or program subject to its jurisdiction is being considered for accreditation or preaccreditation, the agency must provide an opportunity for third party comment concerning the institution's or program's qualifications for accreditation or preaccreditation." The following section outlines the steps that will be taken by the CoA, consistent with the Secretary's requirements.

4.1 Provision of Third-Party Comment

a. The CoA will provide public notice of all programs scheduled for initial or periodic review prior to the beginning of each review year.

   1. In the case of programs applying for continued accreditation, such notice will appear in the APA *Monitor on Psychology* and/or on the Commission on Accreditation website and will include a summary of the accreditation guidelines, along with instructions that questions regarding testimony be directed to the Office of Program Consultation and Accreditation. Such notice may also appear on related web pages with information for students/interns/residents.

   2. In the case of programs applying for initial accreditation (whether "full" or "contingent"), the CoA will provide public notice of all programs that have submitted initial application materials. Such notice will appear on the Commission on Accreditation website, and may appear on related web pages with information for students/interns/residents.

b. Deadlines for receipt of third-party testimony will be given in the notice. The deadlines will be determined according to the following formula: the due date of self-study reports for programs in each review cycle, plus 5 additional working days.

c. All third-party testimony must state the name of the person(s) or the party(ies) represented by the testimony. Issues addressed in the testimony must be limited to a program's consistency with the SoA. All testimony must be in writing and is limited to 10 pages.

d. All third-party testimony made on a program will be incorporated into the preliminary review process, as governed by Sections 6 D, 6 I, and 6 P of the *Accreditation Operating Procedures*. The testimony provided will be forwarded to the program, which will be given the opportunity to comment in writing no later than 1 month prior to the meeting during which the review will occur. Should no comments be received from the program during this time, the CoA will consider the testimony to be undisputed.

e. The CoA will consider all third-party testimony and program comments part of the record for purposes of program review

and decision. Consideration of the testimony will be governed by Section 4 of the *Accreditation Operating Procedures*.

f. Third-party testimony is not to be confused with the complaint process. Although both deal with a program's consistency with the SoA, the complaint process differs in many respects:

1. The process and actions to be taken with the CoA in the review of a complaint are governed by Section 3.1.3 of the *Accreditation Operating Procedures*;
2. Complaints may be filed only against the operations of an accredited program and not against those reviewed for initial accreditation;
3. Submission of third-party testimony can be made only in the context of a program's review for initial or continued accreditation, as appropriate;
4. Third-party testimony may be filed on behalf of a program as well as against it; and
5. A program has the option of declining to respond to third-party testimony.

Attention will be invited to the existence of the complaint process, with instructions to contact the Office of Program Consultation and Accreditation should questions arise.

4.2 Provision of Third-Party Information for the Identification of Incorrect/Misleading Information Released by an Accredited or Applicant Program

a. The CoA provides for the public correction of incorrect or misleading information released by an accredited or applicant program about:

1. The program's accreditation status;
2. The contents of reports of site team visitors; and
3. The CoA's accrediting actions with respect to the program.

b. The procedure for providing such correction is as follows:

1. All third-party testimony must state the name of the person(s) or the party(ies) represented by the testimony. Issues addressed in the testimony must identify the incorrect/misleading information alleged to have been provided by the program. All testimony must be in writing and is limited to 10 pages. If the information appeared in print form, a copy of the document in question should accompany the testimony.
2. The third-party testimony will be forwarded to the program alleged to have supplied the information, and the program will have the opportunity to comment in writing no later than one month from the program's receipt of the CoA's letter. Should no comments be received from the program during this time, the CoA will consider the testimony to be undisputed.
3. Upon receipt of a response from the program or in the absence of a response, one month after the program's receipt of the CoA's letter, the CoA will review the testimony and any program response. If a misleading instance is verified, the program will be informed by the CoA, in writing, that the program's actions are not consistent with the SoA. The CoA reserves the right to take further action with regard to the program, consistent with the *Accreditation Operating Procedures*, as may be appropriate under the circumstances.
4. In those instances in which incorrect/misleading information has been verified, the CoA will provide public correction of such information via its website and/or the APA *Monitor on Psychology*. This public announcement will include a summary of the information released by the program, accompanied by the CoA's clarification/correction of the information (subject to its procedures regarding confidentiality and public disclosure of information).

5. CONFIDENTIALITY AND PUBLIC DISCLOSURE OF INFORMATION

An up-to-date listing of all applicant programs will be regularly available on the Office of Program Consultation and Accreditation website. Included in all published materials will be the identity of programs whose accreditation has been denied, or revoked, as well as those voluntarily withdrawing from accredited status. The CoA will make public notice of all accreditation decisions no later than 30 days following the CoA meeting at which the decisions were made. In the case of programs for which appealable decisions have been reached, and appeal has been filed, the CoA will note that the decision is under appeal.

CoA decisions including accreditation actions, deferrals, and adverse actions, and a list of any standards to which a program is required to respond, will be disclosed in the directory of accredited programs on the accreditation website. The CoA will share the accreditation status of programs with regional and specialized accrediting bodies as appropriate. All other information, and the records used in accreditation decisions, will be kept confidential by the CoA.

The Commission will identify and make public, as appropriate, all applicant programs applying for initial review by the CoA for "accredited, on contingency" or "full accreditation" to allow for third-party comment.

The CoA will notify the 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 disclosure as required by the U.S. Department of Education and in those instances when the CoA is legally required to disclose such information.

DOCTORAL ACCREDITATION OPERATING PROCEDURES

6.D DOCTORAL APPLICATION FOR INITIAL ACCREDITATION

6.1 D Doctoral Application

Intent to Apply—Guidelines for programs seeking acknowledgment of "intent" to obtain accreditation are provided in the Self-Study Instructions available under separate cover from the APA Office of Program Consultation and Accreditation. The review process is initiated by the program that wishes to submit itself for review, and the burden of proof for consistency with the SoA rests with the applicant.

All programs can seek review of "intent to apply" status and "accredited, on contingency" prior to seeking full accreditation. The application for acknowledgment of "intent" includes documentation related to key standards of accreditation. Review for this status is a document review only. The review is conducted to verify that the essential elements are in place to begin a program and as such is not an accredited status and does not provide the public with a judgment regarding the quality of the program. Rather, if a program is approved as "intent" for accreditation, it serves as a notice to the public that the program will be seeking accreditation in the near future.

Doctoral programs seeking "accredited, on contingency" must be reviewed on all aspects of the SoA, which involves submission of a self-study and a site visit. "Accredited, on contingency" is granted to a doctoral program when the program demonstrates initial evidence of educational quality consistent with the SoA and the capacity to meet all accreditation standards in the designated time frame. Review for this status requires matriculation of students, clinical evaluations of students in practicum, evidence of the integration of science and practice, and significant resource allocation. To move from "accredited, on contingency" status to "fully accredited," the doctoral program must submit a new self-study for a second site visit within 5 years of being granted "contingent" accreditation.

Applicants for initial accreditation begin the process by submitting a self-study report or, in the case of a program seeking public notice of "intent to apply," the appropriate required sections of the self-study. Instructions for preparing the report are provided by the Office of Program Consultation and Accreditation.

Applications may be submitted to the Office of Program Consultation and Accreditation at any time during the year and must be accompanied by a nonrefundable application fee.

6.2 D Review for Initial Site Visit

Upon receipt of an initial application for "intent to apply," "accredited, on contingency," or "full accreditation" status, the Office of Program Consultation and Accreditation will confirm receipt of the required application fee.

For programs seeking public notification of "intent to apply," the staff will ascertain that the "intent" application has provided the information responsive to the eligibility instructions. Following this review, the staff will forward the "intent" application to the Commission for review.

The accreditation process for "accredited, on contingency" or "full accreditation" begins with a review by staff of the application in terms of the extent to which the materials include information responsive to the self-study instructions.

Following review of the application for "accredited, on contingency" or "full accreditation," one of the following actions will be taken:

a. Authorize a site visit after approval by CoA reviewers;

b. Defer authorization pending receipt of any missing self-study materials;

c. Refer to the full CoA for review. Following this review, the CoA may choose among the following decision options:

   1. Authorize a site visit (questions may be provided to the program and to the site visitors for consideration during the site visit);
   2. Defer authorization pending receipt of additional information and/or clarification of the self-study materials; or
   3. Deny a site visit (see Section 2.1).

The CoA is solely responsible for selecting among the above actions in response to the review of the application.

6.3 D Withdrawal of Application for Accreditation

A program may withdraw its application without prejudice at any time before the CoA makes an accreditation decision.

7.D DOCTORAL SITE VISIT

Site visits are conducted as part of the review for initial "accredited, on contingency" or initial "full accreditation" of a doctoral program and as part of the periodic review of an accredited program. For accredited doctoral programs, the CoA will request an invitation to schedule a site visit from the chief executive officer of the institution in which a doctoral program is housed.

For accredited programs, the submission of a self-study serves as the formal invitation to site visit the program and conduct an accreditation review. For applicant programs, the accreditation application serves as the formal invitation to site visit the program and conduct an accreditation review.

If a site visit is not arranged within the assigned review cycle and thus precludes the program from meeting its accreditation responsibilities, the program will be deemed to have withdrawn from accredited status at the end of the review cycle (in accordance with Section 1.3).

Within the calendar year in which they are scheduled for a periodic review by the CoA, accredited doctoral programs will be assigned randomly to one of two review cycles for their site visits. The specific dates of the site visit within the cycle are chosen by the program. A change of cycle may be requested by the program in writing to the chair of the CoA for exceptional circumstances only.

Programs that have received authorization for an initial accreditation site visit will be assigned to the next available review cycle.

7.1 D Site Visit Team

The Office of Program Consultation and Accreditation will maintain a database of potential site visitors appointed by the CoA. Training will be provided for site visitors, and their performance will be evaluated by the CoA regularly, based on information from programs and other relevant sources.

The CoA is responsible for assigning site visitors, but will give notice to the program and provide an opportunity for the program to communicate its views and any objections regarding site visitor selection.

7.1.1 D Special Site Visit

The Commission on Accreditation may vote to conduct a special site visit in lieu of or in addition to a regular site visit to the program in keeping with its mandate to protect the public and maintain program quality. 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.

7.2 D Site Visit Report and Program Response

Within 30 days of the completion of the visit, the site visit team will deliver to the Office of Program Consultation and Accreditation a report in a format prescribed by the CoA. The report will address the program's consistency with the SoA and address any questions posed by the CoA prior to the visit. The site visit team may, at its

discretion, provide the CoA with evaluative comments related to the program's strengths and weaknesses and overall consistency with the SoA but should not make a specific accreditation recommendation. It should be clear to the program, however, that evaluative comments represent the opinions of the site visitors and do not represent an accreditation decision.

After the site visit report is submitted, any communications between the site visit team and the program regarding the site visit must be conducted through the Office of Program Consultation and Accreditation rather than directly between the site visit team and the program.

A copy of the site visit report will be provided to the program. The program should confirm that it has received the report. The program may also provide written comment or response to any aspect of the report. Such response must be delivered to the Office of Program Consultation and Accreditation within 30 days of receipt of the report by the program or its host institution. Upon written request by the program, the period for responding may be extended by the chair of the CoA for an additional period not to exceed 30 days. The CoA will proceed with the review of a program once it has received the program's response. In the absence of a response from the program within the allotted time, the CoA will proceed with the review of the program.

In its response to the site visit report, the program should correct any errors of fact and provide evidence to counter anything in the report with which the program does not concur. Any statements of fact in the report that are not challenged in the program's response may be considered by the CoA to be undisputed. The CoA will review the site visit report and all other relevant documents that it has received, and after considering all elements of the program review, will accept sole responsibility for the accreditation decision.

8.D PERIODIC REVIEW BY THE COA

A periodic review by the CoA is one in which a decision may be made about a program's accreditation status. The periodic review follows submission of (a) a self-study report by the program, (b) site visit report, and (c) the program's response to the site visit report. These requirements apply equally to programs making initial application for accreditation and those seeking continuation of accredited status.

8.1 D Guiding Principles of the Periodic Review

In all reviews, the CoA will be guided by the following general principles:

a. Should a member of the CoA be in actual or potential conflict of interest with respect to a program scheduled for review, that member will be recused during discussion and decision making on that program;

b. A high degree of professional judgment will be exercised by the CoA as to whether the program is fulfilling acceptable, publicly stated objectives, consistent with the SoA.

Before making an accreditation decision, the CoA will review the program's most recent self-study report, the most recent site visit report, the program's response to that report, and any other records of relevance that the program has submitted and any third-party comments and responses to those comments that have been received (consistent with Section 4 of these procedures).

In making a decision, the CoA will also consider the program's outcomes in light of the program's stated educational aims and the importance of ensuring that students are adequately prepared for entry into practice.

8.2 D Accreditation Statuses and Decision Options

The following decisions are available to the CoA with respect to the accredited status of a doctoral program:

a. Public notice of "intent to apply" is not an accredited status. Rather, it designates a doctoral program that has made known its intent to seek accreditation once it has students in place; programs can be listed publicly **once** for up to 3 years.

b. "Accredited, on contingency" is an accredited status that designates a doctoral program that, in the professional judgment of the CoA, is consistent, substantively and procedurally, with the SoA in terms of the commitment to a program of study for all students with demonstrated support of the administration, evidence that there is capacity to ensure that all students demonstrate appropriate discipline-based knowledge, and that the program has appropriate and adequate resources for all students to become competent in the profession-wide competencies. Thus, the doctoral program must have a sequence of training and a curriculum map in place, including syllabi for required courses. A doctoral program that is "accredited, on contingency" must provide outcome data for students in the program within 3 years of receiving "accredited, on contingency" status. Failure to do so will lead to the program being deemed to have withdrawn from accreditation. The maximum amount of time a doctoral program can be on "accredited, on contingency" is 5 years in total.

c. "Accredited" (or "fully accredited") designates a program that, in the professional judgment of the CoA, is consistent, substantively and procedurally, with the SoA. Accredited programs are scheduled for periodic review at intervals of up to 10 years.

d. "Accredited, inactive" designates a doctoral program that has not admitted students for 2 successive academic years or has provided the CoA with notice that it has decided to phase out and close the program.

   Requests for inactive status are granted by the CoA for one year at a time. Request for renewal of inactive status must be done prior to the beginning of the academic/training year. Programs not granted renewal of inactive status are given notice that they are no longer compliant with the provisions of accreditation and then may be placed on probation.

e. "Accredited, on probation" is considered by the CoA to be an adverse action. It serves as notice to the program, its students,

and the public that in the professional judgment of the CoA, the accredited program is not currently consistent with the SoA and may have its accreditation revoked.

Prior to this decision, the program will be given an opportunity to show cause why it should not be placed on probation by providing a written response to the issues of concern. The program's show cause response will be reviewed two CoA meetings after the program was provided the show cause notice. Programs that are still not in compliance at the time of the CoA's review are then placed on "accredited, on probation" status.

Following placement on "accredited, on probation" status, the program is given a time by which to comply with the issues identified by the CoA in the probation decision. Doctoral programs must provide a response to the issues within four CoA meetings after the probation decision was reached.

f. "Revocation of accreditation" is considered by the CoA to be an adverse action. It designates a program that has previously been placed on "accredited, on probation" status and for which the CoA has evidence that the program continues to be substantively inconsistent with the SoA at the time of its review of the program's response to the probation. A decision to revoke a program's accreditation reflects the CoA's determination that the program will not become consistent with the SoA within a reasonable time.

g. "Denial of accreditation" is considered by the CoA to be an adverse action. It designates an applicant program which, in the professional judgment of the CoA, is substantively inconsistent with the SoA. Prior to this decision, the program is given an opportunity to show cause why it should not be denied accreditation through a written response to the issues of concern.

h. "Denial of a site visit" is considered by the CoA to be an adverse action. It designates an applicant program that, in the professional judgment of the CoA, is not ready for a site visit. Prior to this decision, the program is given an opportunity to show cause why it should not be denied a site visit through a written response to the issues of concern.

8.3 D Decision Process

A quorum of the CoA, two-thirds of its members, must be present at a scheduled meeting to make an accreditation decision on a program. If a CoA member has recused him/herself from a portion of the meeting because of a conflict or perceived conflict of interest, that person will not be counted in determining a quorum. Accreditation decisions reflect the majority view of CoA members.

In the case of a program initially applying for accreditation (either "full" or "contingent"), the CoA will determine whether to grant or deny the program accreditation. In the case of an accredited program, the CoA will determine whether to reaffirm the program's present status. When a program's current accredited status is not renewed, it will automatically become a program whose status is "accredited, on probation."

In the case of an accredited program that has been placed on probation, the CoA will determine whether to restore the program's status from "accredited, on probation" to "accredited" or revoke accreditation. A program returned to accredited status will have a self-study due one year after receipt of the decision for a full review and site visit. A program that does not have its status restored to "accredited" will have its accreditation revoked. In extraordinary circumstances, if the CoA determines that the program has made significant progress on most of the probation issues but needs additional time to implement changes, the CoA may vote to continue a program on probation for good cause. The length of the extension will be determined by the CoA depending on the program's circumstances for coming into full compliance, but may not exceed one year. A program may not be continued on probation more than once in a single review cycle.

Deferral for information: Whenever it deems appropriate, the CoA may defer making a decision about a program in order to obtain more information. Further, when in the CoA's judgment, significant disparity exists between the site visit report and information provided in the program's response to that report, the CoA will defer making a decision and seek additional information to resolve the difference. Further, the Commission may seek additional information through a request for an invitation to conduct a special site visit. When a decision is deferred for information, the CoA will notify the program in writing and specify what additional information is needed to determine the program's consistency with the SoA. The CoA may also write to the chair of the site visit team to identify issues in need of clarification, and a copy of this correspondence will be provided to the program. The program will be provided the opportunity to respond to any new information provided by the site visit team chair, prior to final review of the program by the CoA.

Deferral for cause: When the CoA has concerns that may result in a decision to deny a site visit or deny accreditation to an applicant program or place an accredited program on probation, it will defer its final decision, give written notice to the program of its concerns, and thereby provide an opportunity to supplement the record before a decision is made. The CoA will assume that materials and information provided by the program before the final decision is made by the CoA represent the full and complete basis on which the program wishes its accreditation status to be determined.

8.4 D Site Visit Interval

At the time of making a decision for "full accreditation," the CoA will also decide the year in which to schedule the program's next periodic review. For all accredited programs, a period of up to 10 years between site visits will be designated. Programs returned to accredited status from probationary status will be given one year from receipt of the decision in which to provide a new self-study in preparation for the next site visit and full review.

An accredited program may always request to submit a self-study and schedule a site visit earlier than scheduled. Such a request should be provided in writing to the CoA along with the rationale for requesting an earlier review. In addition, the CoA reserves the right to schedule an earlier visit for any accredited program if it has evidence to suggest concerns about the program's consistency with the SoA.

8.5 D Communication of Decision to Program

Within 30 days following any decision, the CoA will give written notice of the outcome of its review to the chief executive officer of the institution housing a doctoral program or the appropriate administrative officer of the institution housing an internship or postdoctoral residency program. The decision will contain a statement of the bases for the decision. The CoA's decision also may alert the program to SoA-related areas of concern, requesting that the program address its attention to these in subsequent narrative reports or in the next self- study.

8.6 D Effective Date of a Decision

Award of "accreditation" (either "on contingency" or "full") and other nonappealable accreditation decisions are effective as of the date of adjournment of the CoA meeting in which the decision was made. Appealable decisions (as defined in Section 2.1) that are not appealed by the program are effective 30 days after receipt of the CoA's decision.

If a program elects to appeal a decision of "accredited, on probation," and the decision is upheld, the effective date of probation remains as 30 days after receipt of the CoA's decision, and the program must respond to the issues of probation in the same time frame as indicated in the CoA's decision.

If a program elects to appeal any decision other than probation, and the decision is upheld, the original CoA decision will take effect 30 days after the appeal panel hearing date.

For any appeal in which the decision is amended or reversed by the appeal panel, the new decision will be effective 30 days after the end ofthe appeal hearing.

8.7 D Failure to Meet Accreditation Responsibilities

Changes in a program's accreditation status by the CoA may result from a program's failure to meet the following responsibilities:

a. Abiding by the CoA's published policies and procedures; or

b. Informing the CoA in a timely manner of changes in its environment, plans, resources, or operations that could diminish the program's quality.

Before a change in accreditation status is made for any of these reasons, the program will be notified in writing by the CoA and given 30 days in which to respond. Based on the program's response, the CoA will determine appropriate action.

This section involves the substantive review of program materials and responses in determining whether the CoA should change a program's accredited status, unlike Section 1.3 wherein a program is deemed to have withdrawn by its failure to meet its procedural obligations as an accredited program.

INTERNSHIP ACCREDITATION OPERATING PROCEDURES

6.I INTERNSHIP APPLICATION FOR INITIAL ACCREDITATION

6.1 I Internship Application

Information for programs seeking public notification of their "intent to apply" for accreditation are provided in the Self-Study Instructions available under separate cover from the APA Office of Program Consultation and Accreditation. The accreditation process is initiated by the program that wishes to submit itself for review, and the burden of proof for consistency with the SoA rests with the applicant.

All programs can seek public notification of "intent to apply" and "accredited, on contingency" prior to seeking full accreditation. The application for public notification of intent includes documentation related to key standards of the SoA. This review is a document review only. The review is conducted to verify that the essential elements are in place to begin a program and as such is not an accredited status and does not provide the public with a judgment regarding the quality of the program. Rather, if approved, this serves as public notice of the program's intent to seek accreditation in the near future.

Internship programs seeking "accredited, on contingency" must be reviewed on all aspects of the SoA. "Accredited, on contingency" is an accredited status and is granted if and only if the program meets all standards except for the inclusion of all required outcome data on interns in the program and after program completion. To move from "accredited, on contingency" status to "fully accredited," the program must provide the required data by the time two cohorts have completed the program within a 2-year time frame. The program may be granted a second term of "accredited, on contingent" under exceptional circumstances of no more than 2 years.

Applicants for initial accreditation begin the process by submitting a self-study report, or in the case of a program seeking public notification of "intent to apply" the appropriate required sections of the self-study. Instructions for preparing the report are provided by the

Office of Program Consultation and Accreditation. Applications may be submitted to the Office of Program Consultation and Accreditation at any time during the year and must be accompanied by a nonrefundable application fee.

6.2 I Review for Initial Site Visit

Upon receipt of an application for public notification of "intent to apply," "accredited, on contingency," or "full accreditation," the Office of Program Consultation and Accreditation will confirm receipt of the required application fee.

For internship programs seeking public notice of "intent to apply," the staff will ascertain that the application has provided the information responsive to the instructions. Following this review, the staff will forward the "intent" application to the Commission for review.

The accreditation process for "accredited, on contingency" or "full accreditation" begins with a review by staff of the application in terms of the extent to which the materials include information responsive to the self-study instructions.

Following review of the application for "accredited, on contingency" or "full accreditation," one of the following actions will be taken:

a. Authorize a site visit after approval by CoA reviewers;

b. Defer authorization pending receipt of any missing self-study materials;

c. Refer to the CoA for review. Following this review, the CoA may choose among the following decision options:

   1. Authorize a site visit (questions may be provided to the program and to the site visitors for consideration during the site visit);
   2. Defer authorization pending receipt of additional information and/or clarification of the self-study materials; or
   3. Deny a site visit (see Section 2.1).

The CoA is solely responsible for selecting among the above actions in response to the review of the application.

6.3 I Withdrawal of Application for Accreditation

A program may withdraw its application without prejudice at any time before the CoA makes an accreditation decision.

7.I INTERNSHIP SITE VISIT

Site visits are conducted as part of the review for initial "accredited, on contingency" or initial "full accreditation" of an internship program and as part of the periodic review of an accredited program. For accredited internship programs, the CoA will request an invitation to schedule a site visit from the appropriate administrative officer of the agency in which the internship is housed.

For accredited internship programs, the submission of a self-study serves as the formal invitation to site visit the program and conduct an accreditation review. For applicant programs, the accreditation application serves as the formal invitation to site visit the program and conduct an accreditation review.

If a site visit is not arranged within the assigned review cycle and thus precludes the program from meeting its accreditation responsibilities, the program will be deemed to have withdrawn from accredited status at the end of the review cycle (in accordance with Section 1.3).

Within the year in which they are scheduled for a periodic review by the CoA, accredited internship programs will be assigned randomly to one of two cycles for their site visits. The specific dates of the site visit within the cycle are chosen by the program. A change of cycle may be requested by the program in writing to the chair of the CoA for exceptional circumstances only.

Programs that have received authorization for an initial accreditation site visit will be assigned to the next available review cycle.

7.1 I Site Visit Team

The Office of Program Consultation and Accreditation will maintain a database of potential site visitors appointed by the CoA. Training will be provided for site visitors, and their performance will be evaluated by the CoA regularly, based on information from programs and other relevant sources.

The CoA is responsible for assigning site visitors, but will give notice to the program and provide an opportunity for the program to communicate its views and any objections regarding site visitor selection.

7.1.1 I Special Site Visit

The Commission on Accreditation may vote to conduct a special site visit in lieu of or in addition to a regular site visit to the program in keeping with its mandate to protect the public and maintain program quality. 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.

7.2 I Site Visit Report and Program Response

Within 30 days of the completion of the visit, the site visit team will submit the report to the Office of Program Consultation and Accreditation in a format prescribed by the CoA. The report will address the program's consistency with the SoA and address any questions posed by the CoA prior to the visit. The site visit team may, at its discretion, provide the CoA with evaluative comments related to the program's strengths and weaknesses and overall consistency with the SoA but should not make a specific accreditation recommendation. It should be clear to the program, however,

that evaluative comments represent the opinions of the site visitors and do not represent an accreditation decision.

After the site visit report is submitted, any communications between the site visit team and the program regarding the site visit must be conducted through the Office of Program Consultation and Accreditation rather than directly between the site visit team and the program.

A copy of the site visit report will be provided to the program. The program should confirm that it has received the report. The program may also provide written comment or response to any aspect of the report. Such response must be submitted to the Office of Program Consultation and Accreditation within 30 days of receipt of the report by the program or its host institution. Upon written request by the program, the period for responding may be extended by the chair of the CoA for an additional period not to exceed 30 days. The CoA will proceed with the review of a program once it has received the program's response. In the absence of a response from the program within the allotted time, the CoA will proceed with the review of the program.

In its response to the site visit report, the program should correct any errors of fact and provide evidence to counter anything in the report with which the program does not concur. Any statements of fact in the report which are not challenged in the program's response may be considered by the CoA to be undisputed. The CoA will review the site visit report and all other relevant documents that it has received, and after considering all elements of the program review, will accept sole responsibility for the accreditation decision.

8.I PERIODIC REVIEW BY THE COA

A periodic review by the CoA is one in which a decision may be made about a program's accreditation status. The periodic review follows submission of (a) a self-study report by the program, (b) site visit report, and (c) the program's response to the site visit report. These requirements apply equally to programs making initial application for accreditation and those seeking continuation of accredited status.

8.1 I Guiding Principles of the Periodic Review

In all reviews, the CoA will be guided by the following general principles:

a. Should a member of the CoA be in actual or potential conflict of interest with respect to a program scheduled for review, that member will be recused during discussion and decision making on that program;

b. A high degree of professional judgment will be exercised by the CoA as to whether the program is fulfilling acceptable, publicly stated objectives, consistent with the SoA.

Before making an accreditation decision, the CoA will review the program's most recent self-study report, the most recent site visit report, the program's response to that report, and any other records of relevance that the program has submitted and any third-party comments and responses to those comments that have been received (consistent with Section 4 of these procedures).

In making a decision, the CoA will also consider the program's outcomes in light of the program's stated aims and the importance of ensuring that interns are adequately prepared for entry into practice.

8.2 I Accreditation Statuses and Decision Options

The following decisions are available to the CoA with respect to the accredited status of an internship program:

a. Public notice of "intent to apply" is not an accredited status. Rather, it designates an internship program that has made known its intent to seek accreditation once it has interns in place; programs can be approved **once** for such listing for up to 2 years.

b. "Accredited, on contingency" is an accredited status and designates an internship program that, in the professional judgment of the CoA, is consistent, substantively and procedurally, with the SoA with the exception of the provision of adequate and appropriate proximal and distal outcome data. A program that is "accredited, on contingency" must provide outcome data for trainees in the program and program graduates by the time two cohorts have completed the program. At a maximum this will be 2 years for full-time internship. Failure to do so will lead to the program being deemed to have withdrawn from accreditation, following completion of the program by the interns currently on-site at the program. Programs that are "accredited, on contingency" may be eligible for a second term of "accredited, on contingency" only under extenuating circumstances.

c. "Fully accredited" designates a program which, in the professional judgment of the CoA, is consistent, substantively and procedurally, with the SoA. Accredited programs are scheduled for periodic review at intervals of up to 10 years. Programs that were previously "accredited on contingency" are eligible for 3 years of initial "full accreditation" following receipt of adequate and appropriate outcome data.

d. "Accredited, inactive" designates a one-year internship program that will not be accepting funded interns for a given training year. In the case of an internship program that takes 2 years to complete, the program may be designated as "accredited, inactive" if the program undergoes a period of 2 successive years with no funded interns.

Requests for inactive status are granted by the CoA for one year at a time. Request for renewal of inactive status must be done prior to the beginning of the training year. An internship program is expected to make such a request in writing as soon as it has determined whether it will be accepting interns. Programs not granted renewal of inactive status are given notice that they are no longer compliant with the provisions of accreditation and then may be placed on probation.

e. "Accredited, on probation" is considered by the CoA to be an adverse action. It serves as notice to the program, its interns,

and the public that in the professional judgment of the CoA, the accredited program is not currently consistent with the SoA and may have its accreditation revoked. Prior to this decision, the program will be given an opportunity to *show cause* why it should not be placed on probation by providing a written response to the issues of concern. The program's show cause response will be reviewed two CoA meetings after the program was provided the show cause notice. Programs that are still not in compliance at the time of the CoA's review are then placed on "accredited, on probation" status.

Following placement on "accredited, on probation" status, the program is given a time certain in which to come into compliance with the issues identified by the CoA in the probation decision. Internship programs must provide a response to the issues within two CoA meetings after the probation decision was reached. In the case of a school psychology internship program that is 10 months in length, the program must provide a response within one CoA meeting after the probation decision was reached.

f. "Revocation of accreditation" is considered by the CoA to be an adverse action. It designates a program that has previously been placed on "accredited, on probation" status and for which the CoA has evidence that the program continues to be substantively inconsistent with the SoA at the time of its review of the program's response to the probation. A decision to revoke a program's accreditation reflects the CoA's determination that the program will not become consistent with the SoA within a reasonable time.

g. "Denial of accredited, on contingency" as well as "denial of accreditation" are considered by the CoA to be adverse actions. It designates an applicant program which, in the professional judgment of the CoA, is substantively inconsistent with the SoA. Prior to this decision, the program is given an opportunity to show cause why it should not be denied accreditation through a written response to the issues of concern.

h. "Denial of a site visit" is considered by the CoA to be an adverse action. It designates an applicant program which, in the professional judgment of the CoA, is not ready for a site visit. Prior to this decision, the program is given an opportunity to show cause why it should not be denied a site visit through a written response to the issues of concern.

8.3 I Decision Process

A quorum of the CoA, two-thirds of its members, must be present at a scheduled meeting to make an accreditation decision on a program. If a CoA member has recused him/herself from a portion of the meeting because of a conflict or perceived conflict of interest, that person will not be counted in determining a quorum. Accreditation decisions reflect the majority view of CoA members.

In the case of a program initially applying for accreditation, the CoA will determine whether to grant or deny the program accreditation. In the case of an accredited program, the CoA will determine whether to reaffirm the program's present status. When a program's current accredited status is not renewed, it will automatically become a program whose status is "accredited, on probation."

In the case of an accredited program that has been placed on probation, the CoA will determine whether to restore the program's status from "accredited, on probation" to "accredited" or revoke accreditation. A program returned to accredited status will have a self-study due one year after receipt of the decision for a full review and site visit. A program that does not have its status restored to "accredited" will have its accreditation revoked. In extraordinary circumstances, if the CoA determines that the program has made significant progress on most of the probation issues but needs additional time to implement changes, the CoA may vote to continue a program on probation for good cause. The length of the extension will be determined by the CoA depending on the program's circumstances for coming into full compliance, but may not exceed one year. A program may not be continued on probation more than once in a single review cycle.

Deferral for information: Whenever it deems appropriate, the CoA may defer making a decision about a program in order to obtain more information. Further, when in the CoA's judgment, significant disparity exists between the site visit report and information provided in the program's response to that report, the CoA will defer making a decision and seek additional information to resolve the difference. Further, the Commission may seek additional information through a request for an invitation to conduct a special site visit. When a decision is deferred for information, the CoA will notify the program in writing and specify what additional information is needed to determine the program's consistency with the SoA. The CoA may also write to the chair of the site visit team to identify issues in need of clarification, and a copy of this correspondence will be provided to the program. The program will be provided the opportunity to respond to any new information provided by the site visit team chair, prior to final review of the program by the CoA.

Deferral for cause: When the CoA has concerns which may result in a decision to deny a site visit or deny accreditation to an applicant program or place an accredited program on probation, it will defer its final decision, give written notice to the program of its concerns, and thereby provide an opportunity to supplement the record before a decision is made. The CoA will assume that materials and information provided by the program before the final decision is made by the CoA represent the full and complete basis on which the program wishes its accreditation status to be determined.

8.4 I Site Visit Interval

At the time of making a decision for "full accreditation," the CoA will also decide the year in which to schedule the program's next periodic review. For all accredited programs, a period of up to 10 years between site visits will be designated depending upon the program's stage of development and the stability of program outcomes. Programs returned to accredited status from probationary status will be given one year from receipt of the decision in which to provide a new self-study in preparation for the next site visit and full review.

An accredited program may always request to submit a self-study and schedule a site visit earlier than scheduled. Such a

request should be provided in writing to the CoA along with the rationale for requesting an earlier review. In addition, the CoA reserves the right to schedule an earlier visit for any accredited program if it has evidence to suggest concerns about the program's consistency with the SoA.

8.5 I Communication of Decision to Program

Within 30 days following any decision, the CoA will give written notice of the outcome of its review to the chief executive officer of the institution or the appropriate administrative officer of the institution housing an internship program. The decision will contain a statement of the bases for the decision. The CoA's decision also may alert the program to SoA-related areas of concern, requesting that the program address its attention to these in subsequent reports or in the next self-study.

8.6 I Effective Date of a Decision

Award of "accreditation" (either "contingent" or "full") and other nonappealable accreditation decisions are effective as of the date of adjournment of the CoA meeting in which the decision was made. Appealable decisions (as defined in Section 2.1) that are not appealed by the program are effective 30 days after receipt of the CoA's decision.

If a program elects to appeal a decision of "accredited, on probation," and the decision is upheld, the effective date of probation remains as 30 days after receipt of the CoA's decision, and the program must respond to the issues of probation in the same time frame as indicated in the CoA's decision.

If a program elects to appeal any decision other than probation, and the decision is upheld, the original CoA decision will take effect 30 days after the appeal panel hearing date.

For any appeal in which the decision is amended or reversed by the appeal panel, the new decision will be effective 30 days after the end of the appeal hearing.

8.7 I Failure to Meet Accreditation Responsibilities

Changes in a program's accreditation status by the CoA may result from a program's failure to meet the following responsibilities:

a. Abiding by the CoA's published policies and procedures; or

b. Informing the CoA in a timely manner of changes in its environment, plans, resources, or operations that could diminish the program's quality.

Before a change in accreditation status is made for any of these reasons, the program will be notified in writing by the CoA and given 30 days in which to respond. Based on the program's response, the CoA will determine appropriate action.

This section involves the substantive review of program materials and responses in determining whether the CoA should change a program's accredited status, unlike Section 1.3 wherein a program is deemed to have withdrawn by its failure to meet its procedural obligations as an accredited program.

POSTDOCTORAL RESIDENCY ACCREDITATION OPERATING PROCEDURES

6.P POSTDOCTORAL RESIDENCY APPLICATION FOR INITIAL ACCREDITATION

6.1 P Postdoctoral Residency Application

Upon receipt of an application for public notification of "intent to apply," "accredited, on contingency," or initial "full accreditation," the Office of Program Consultation and Accreditation will confirm receipt of the required application fee.

For postdoctoral residency programs seeking public notice of "intent to apply," the staff will ascertain that the application has provided the information responsive to the instructions. Following this review, the staff will forward the "intent to apply" application to the Commission for review.

All programs can seek public notification of "intent to apply" and "accredited, on contingency" prior to seeking "full accreditation." Review for public notice of "intent to apply" is a document review only. The review is conducted to verify that the essential elements are in place to begin a program and as such is not an accredited status and does not provide the public with a judgment regarding the quality of the program. Rather, if it is approved, it serves as a notice to the public that the program will be seeking accreditation in the near future.

Programs seeking "accredited, on contingency" must be reviewed on all aspects of the SoA. "Accredited, on contingency" is an accredited status and is granted if and only if the postdoctoral residency program meets all standards except for the inclusion of all required outcome data on residents in the program and after program completion. To move from "accredited, on contingency" status to "fully accredited," the program must provide the required data by the time two cohorts have completed the program. At a maximum, this will be 4 years for full-time residency programs that are more than 1 year in duration.

Applicants for initial accreditation begin the process by submitting a self-study report, or in the case of a program seeking notice of "intent to apply" status or "accredited, on contingency" status, the appropriate required sections of the self-study. Instructions for preparing the report are provided by the Office of Program Consultation and Accreditation. Applications may be submitted to the Office of Program Consultation and Accreditation at any time during the year and must be accompanied by a nonrefundable application fee.

6.2 P Review for Initial Site Visit

The accreditation process for "accredited, on contingency" or "full accreditation" begins with a review by staff of the application in terms of the extent to which the materials include information responsive to the self-study instructions.

Following review of the application for "accredited, on contingency" or accreditation, one of the following actions will be taken:

a. Authorize a site visit after approval by CoA reviewers;

b. Defer authorization pending receipt of any missing self-study materials;

c. Refer to the CoA for full review. Following this review, the CoA may choose among the following decision options:

   1. Authorize a site visit (questions may be provided to the program and to the site visitors for consideration during the site visit);
   2. Defer authorization pending receipt of additional information and/or clarification of the self-study materials; or
   3. Deny a site visit (see Section 2.1 [f]).

The CoA is solely responsible for selecting among the above actions in response to the review of the application.

6.3 P Withdrawal of Application for Accreditation

A program may withdraw its application without prejudice at any time before the CoA makes an accreditation decision.

7.P POSTDOCTORAL RESIDENCY SITE VISIT

Site visits are conducted as part of the review for initial "accredited, on contingency" or initial "full accreditation" of a postdoctoral residency program and as part of the periodic review of an accredited program. For accredited postdoctoral residency programs, the CoA will request an invitation to schedule a site visit from the appropriate administrative officer of the agency in which the postdoctoral residency program is housed.

For accredited programs, the submission of the self-study serves as the formal invitation to site visit the program and conduct an accreditation review. For applicant programs, the accreditation application and the signed self-study serves as the formal invitation to site visit the program and conduct an accreditation review.

If a site visit is not arranged within the assigned review cycle and thus precludes the program from meeting its accreditation responsibilities, the program will be deemed to have withdrawn from accredited status at the end of the review cycle (in accordance with Section 1.3).

Within the year in which they are scheduled for a periodic review by the CoA, accredited postdoctoral residencies will be assigned randomly to one of two cycles for their site visits. The specific dates of the site visit within the cycle are chosen by the program. A change of cycle may be requested by the program in writing to the chair of the CoA for exceptional circumstances only.

Programs that have received authorization for an initial accreditation site visit will be assigned to the next available review cycle.

7.1 P Site Visit Team

The Office of Program Consultation and Accreditation will maintain a database of potential site visitors appointed by the CoA. The CoA will prepare lists of site visitors from this database. Training will be provided for site visitors, and their performance will be evaluated by the CoA regularly, based on information from programs and other relevant sources.

The CoA is responsible for assigning site visitors, but will give notice to the program and provide an opportunity for the program to communicate its views and any objections regarding site visitor selection.

7.1.1 P Special Site Visit

The Commission on Accreditation may vote to conduct a special site visit in lieu of or in addition to a regular site visit to the program in keeping with its mandate to protect the public and maintain program quality. 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.

7.2 P Site Visit Report and Program Response

Within 30 days of the completion of the visit, the site visit team will deliver to the Office of Program Consultation and Accreditation a report in a format prescribed by the CoA. The report will address the program's consistency with the SoA and address any questions posed by the CoA prior to the visit. The site visit team may, at its discretion, provide the CoA with evaluative comments related to the program's strengths and weaknesses and overall consistency with the SoA but should not make a specific accreditation recommendation. It should be clear to the program, however, that evaluative comments represent the opinions of the site visitors and do not represent an accreditation decision.

After the site visit report is submitted, any communications between the site visit team and the program regarding the site visit

must be conducted through the Office of Program Consultation and Accreditation rather than directly between the site visit team and the program.

A copy of the site visit report will be provided to the program. The program should confirm that it has received the report. The program may also provide written comment or response to any aspect of the report. Such response must be delivered to the Office of Program Consultation and Accreditation within 30 days of receipt of the report by the program or its host institution. Upon written request by the program, the period for responding may be extended by the chair of the CoA for an additional period not to exceed 30 days. The CoA will proceed with the review of a program once it has received the program's response. In the absence of a response from the program within the allotted time, the CoA will proceed with the review of the program.

In its response to the site visit report, the program should correct any errors of fact and provide evidence to counter anything in the report with which the program does not concur. Any statements of fact in the report that are not challenged in the program's response may be considered by the CoA to be undisputed. The CoA will review the site visit report and all other relevant documents it has received, and after considering all elements of the program review, accept sole responsibility for the accreditation decision.

8.P PERIODIC REVIEW BY THE COA

A periodic review by the CoA is one in which a decision may be made about a program's accreditation status. The periodic review follows submission of (a) a self-study report by the program, (b) site visit report, and (c) the program's response to the site visit report. These requirements apply equally to programs making initial application for accreditation and those seeking continuation of accredited status.

8.1 P Guiding Principles of the Periodic Review

In all reviews, the CoA will be guided by the following general principles:

a. Should a member of the CoA be in actual or potential conflict of interest with respect to a program scheduled for review, that member will be recused during discussion and decision making on that program;

b. A high degree of professional judgment will be exercised by the CoA as to whether the program is fulfilling acceptable, publicly stated objectives, consistent with the SoA.

Before making an accreditation decision, the CoA will review the program's most recent self-study report, the most recent site visit report, the program's response to that report, and any other records of relevance that the program has submitted and any third-party comments and responses to those comments that have been received (consistent with Section 4 of these procedures).

In making a decision, the CoA will also consider the program's outcomes in light of the program's aims and as appropriate, the specialty area guidelines if the program is in a recognized specialty area. Further, the CoA will consider the importance of ensuring that residents are adequately prepared for advanced general or specialty area practice.

8.2 P Accreditation Statuses and Decision Options

The following decisions are available to the CoA with respect to the accredited status of a postdoctoral residency program:

a. Public notice of "intent to apply" is not an accredited status, but rather designates a postdoctoral program that has made known its intent to seek accreditation once it has residents in place; programs can be approved **once** for such listing for up to 2 years.

b. "Accredited, on contingency" is an accredited status and designates a postdoctoral residency program that, in the professional judgment of the CoA, is consistent, substantively and procedurally, with the SoA with the exception of the provision of adequate and appropriate proximal and distal outcome data. A program that is "accredited, on contingency" must provide outcome data for trainees in the program and program graduates by the time two cohorts have completed the program. At a maximum this will be 2 years for full-time 1-year postdoctoral residency programs and 4 years for full-time residency programs that are more than 1 year in duration. Failure to do so will lead to the program being deemed to have withdrawn from accreditation, following completion of the program by the interns currently on-site at the program. Programs that are "accredited, on contingency" may be eligible for a second term of "accredited, on contingency" only under extenuating circumstances.

c. "Fully accredited" designates a program which, in the professional judgment of the CoA, is consistent, substantively and procedurally, with the SoA. Accredited programs are scheduled for periodic review at intervals of up 10 to years. Programs that were previously "accredited on contingency" are eligible for 3 years of initial "full accreditation" following receipt of adequate and appropriate outcome data.

d. "Accredited, inactive" designates a one-year postdoctoral residency program that will not be accepting funded interns for a given training year. In the case of a postdoctoral residency program that takes 2 years to complete, the program may be designated as "accredited, inactive" if the program undergoes a period of 2 successive years with no funded interns/residents.

Requests for inactive status are granted by the CoA for one year at a time. Request for renewal of inactive status must be done prior to the beginning of the academic/training year. Programs not granted renewal of inactive status are given notice that they are no longer compliant with the provisions of accreditation and then may be placed on probation.

e. "Accredited, on probation" is considered by the CoA to be an adverse action. It serves as notice to the program, its residents,

and the public that in the professional judgment of the CoA, the accredited program is not currently consistent with the SoA and may have its accreditation revoked. Prior to this decision, the program will be given an opportunity to *show cause* why it should not be placed on probation by providing a written response to the issues of concern. The program's show cause response will be reviewed two CoA meetings after the program was provided the show cause notice. Programs that are still not in compliance at the time of the CoA's review are then placed on "accredited, on probation" status.

Following placement on "accredited, on probation" status, the program is given a time certain in which to come into compliance with the issues identified by the CoA in the probation decision. Postdoctoral residency programs must provide a response to the issues within two CoA meetings after the probation decision was reached.

f. "Revocation of accreditation" is considered by the CoA to be an adverse action. It designates a program that has previously been placed on "accredited, on probation" status and for which the CoA has evidence that the program continues to be substantively inconsistent with the SoA at the time of its review of the program's response to the probation. A decision to revoke a program's accreditation reflects the CoA's determination that the program will not become consistent with the SoA within a reasonable time.

g. "Denial of accredited, on contingency" as well as "denial of accreditation" are considered by the CoA to be adverse actions. It designates an applicant program that, in the professional judgment of the CoA, is substantively inconsistent with the SoA. Prior to this decision, the program is given an opportunity to show cause why it should not be denied accreditation through a written response to the issues of concern.

h. "Denial of a site visit" is considered by the CoA to be an adverse action. It designates an applicant program that, in the professional judgment of the CoA, is not ready for a site visit. Prior to this decision, the program is given an opportunity to show cause why it should not be denied a site visit through a written response to the issues of concern.

8.3 P Decision Process

A quorum of the CoA, two-thirds of its members, must be present at a scheduled meeting to make an accreditation decision on a program. If a CoA member has recused him/herself from a portion of the meeting because of a conflict or perceived conflict of interest, that person will not be counted in determining a quorum. Accreditation decisions reflect the majority view of CoA members.

In the case of a program initially applying for accreditation, the CoA will determine whether to grant or deny the program accreditation. In the case of an accredited program, the CoA will determine whether to reaffirm the program's present status. When a program's current accredited status is not renewed, it will automatically become a program whose status is "accredited, on probation."

In the case of an accredited program that has been placed on probation, the CoA will determine whether to restore the program's status from "accredited, on probation" to "accredited" or revoke accreditation. A program returned to accredited status will have a self-study due one year after receipt of the decision for a full review and site visit. A program that does not have its status restored to "accredited" will have its accreditation revoked. In extraordinary circumstances, if the CoA determines that the program has made significant progress on most of the probation issues but needs additional time to implement changes, the CoA may vote to continue a program on probation for good cause. The length of the extension will be determined by the CoA depending on the program's circumstances for coming into full compliance, but may not exceed one year. A program may not be continued on probation more than once in a single review cycle.

Deferral for information: Whenever it deems appropriate, the CoA may defer making a decision about a program in order to obtain more information. Further, when in the CoA's judgment, significant disparity exists between the site visit report and information provided in the program's response to that report, the CoA will defer making a decision and seek additional information to resolve the difference. Further, the Commission may seek additional information through a request for an invitation to conduct a special site visit. When a decision is deferred for information, the CoA will notify the program in writing and specify what additional information is needed to determine the program's consistency with the SoA. The CoA may also write to the chair of the site visit team to identify issues in need of clarification, and a copy of this correspondence will be provided to the program. The program will be provided the opportunity to respond to any new information provided by the site visit team chair prior to final review of the program by the CoA.

Deferral for cause: When the CoA has concerns that may result in a decision to deny a site visit or deny accreditation to an applicant program or place an accredited program on probation, it will defer its final decision, give written notice to the program of its concerns, and thereby provide an opportunity to supplement the record before a decision is made. The CoA will assume that materials and information provided by the program before the final decision is made by the CoA represent the full and complete basis on which the program wishes its accreditation status to be determined.

8.4 P Site Visit Interval

At the time of making a decision for "full accreditation," the CoA will also decide the year in which to schedule the program's next periodic review. For all accredited programs, a period of up to 10 years between site visits will be designated depending upon the program's stage of development and the stability of program outcomes. Programs returned to accredited status from probationary status will be given one year from receipt of the decision in which to provide a new self-study in preparation for the next site visit and full review.

An accredited program may always request to submit a self-study and schedule a site visit earlier than scheduled. Such a request

should be provided in writing to the CoA along with the rationale for requesting an earlier review. In addition, the CoA reserves the right to schedule an earlier visit for any accredited program if it has evidence to suggest concerns about the program's consistency with the SoA.

8.5 P Communication of Decision to Program

Within 30 days following any decision, the CoA will give written notice of the outcome of its review to the chief executive officer or the appropriate administrative officer of the institution housing the postdoctoral residency program. The decision will contain a statement of the bases for the decision. The CoA's decision also may alert the program to SoA-related areas of concern, requesting that the program address its attention to these in subsequent reports or in the next self-study.

8.6 P Effective Date of a Decision

Award of "accreditation" (either "contingent" or "full") and other nonappealable accreditation decisions are effective as of the date of adjournment of the CoA meeting in which the decision was made. Appealable decisions (as defined in Section 2.1) that are not appealed by the program are effective 30 days after receipt of the CoA's decision.

If a program elects to appeal a decision of "accredited, on probation," and the decision is upheld, the effective date of probation remains as 30 days after receipt of the CoA's decision, and the program must respond to the issues of probation in the same time frame as indicated in the CoA's decision.

If a program elects to appeal any decision other than probation, and the decision is upheld, the original CoA decision will take effect 30 days after the appeal panel hearing date.

For any appeal in which the decision is amended or reversed by the appeal panel, the new decision will be effective 30 days after the end of the appeal hearing.

8.7 P Failure to Meet Accreditation Responsibilities

Changes in a program's accreditation status by the CoA may result from a program's failure to meet the following responsibilities:

a. Abiding by the CoA's published policies and procedures; or

b. Informing the CoA in a timely manner of changes in its environment, plans, resources, or operations that could diminish the program's quality.

Before a change in accreditation status is made for any of these reasons, the program will be notified in writing by the CoA and given 30 days in which to respond. Based on the program's response, the CoA will determine appropriate action.

This section involves the substantive review of program materials and responses in determining whether the CoA should change a program's accredited status, unlike Section 1.3 wherein a program is deemed to have withdrawn by its failure to meet its procedural obligations as an accredited program.


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