

Office of Program Consultation and Accreditation
American Psychological Association
750 First St. NE
Washington, DC 20002

March 18, 2021

Dear colleagues,

The Standards of Accreditation for Health Service Psychology (SoA) outline training requirements for programs at the doctoral, doctoral internship, and postdoctoral levels. Correspondent to the SoA are the Implementing Regulations (IRs), which are official policy documents that “elucidate, interpret and operationally define” the Commission on Accreditation’s (CoA) policies and procedures. IRs are divided into several different sections (A through E), which are subject to regular review and revision by the CoA. Through this iterative process, opportunities for clarification have arisen regarding IRs in Section C, which relate specifically to the SoA.

Per the SoA, the CoA requires that all trainees who complete accredited training programs, regardless of substantive practice area, degree type, or level of training, develop certain competencies as part of their preparation for practice in health service psychology (HSP). The CoA evaluates a program’s adherence to this standard in the context of the SoA sections that articulate competencies at each training level. IR C-9 P refers specifically to aspects of a program’s curriculum or training relevant to acquisition and demonstration of specific competencies at the postdoctoral level. Additionally, IRs C-27 D, C-24 I, and C-20 P outline notifications of changes to accredited programs at the doctoral, doctoral internship and postdoctoral residency levels of education and training.

In accordance with the APA "Policies for Accreditation Governance" and US Department of Education regulations for notice and comment, the CoA will make the proposed revisions available for a seventy-five (75) day period of public review and comment. The comment period is scheduled to begin at **5:00 pm Eastern Daylight Time on March 18, 2021 and will continue through 5:00pm Eastern Daylight Time on June 1, 2021.**

To promote thoughtful discussion, the CoA is providing an electronic-based form for public comment submission. Comments and other information including users' identities will be public, while email addresses used in the registration process will be kept confidential. The CoA will consider all comments received and make appropriate revisions should they be deemed necessary prior to approval of the final versions of the IRs.

Should you have any questions or concerns, please contact:

Office of Program Consultation and Accreditation

Phone: (202) 336-5979

Email address: apaaccred@apa.org

Website: <http://www.apa.org/ed/accreditation>

On behalf of the CoA, thank you for your review and comments.

Public Comment: Changes to the CoA's policy on postdoctoral residency competencies (Implementing Regulation C-9 P)

Per the Standard II.B.2 of the *Standards of Accreditation in Health Service Psychology* (SoA), the CoA requires that all trainees who complete accredited training programs in a substantive specialty practice area, develop certain competencies as part of their preparation for practice. The revisions to this IR provide greater details on the Level 3 specialty competencies required of postdoctoral residents in all APA-accredited programs in Forensic and Serious Mental Illness (SMI) specialty programs. The following revisions reflect changes in competency elements for the Forensic specialty (C-9.e P) as well as the addition of competencies and corresponding elements for the specialty area of Serious Mental Illness (SMI) (C-9.i P). These changes are presented in redline format.

Note: Please note that an earlier version of IR C-9.i P listed SED as serious emotional disorder. When notified of this, the CoA voted to modify the IR to replace the term with severe emotional disturbance. The attached document reflects this change. (4/2/2021)

C-9 P. Postdoctoral Residency Competencies

(Commission on Accreditation, October 2015; revised July 2017; revised October 2020; revised for public comment March 2021)

The Commission on Accreditation (CoA) requires that all trainees who complete accredited training programs, regardless of substantive practice area, degree type, or level of training, develop certain competencies as part of their preparation for practice in health service psychology (HSP). The CoA evaluates a program's adherence to this standard in the context of the SoA sections that articulate profession-wide competencies at the doctoral (Section II.B.1.b), internship (Section II.A.2), and post-doctoral (Section II.B.1) levels. Please review IR C-5 for the current list of approved specialties and the process for approval of new specialties.

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

- ***Consistency with minimal required competencies of postdoctoral training.*** All programs are required to have level 1 competencies. Programs are required to substantially reflect the bulleted-content indicated for Level 1 and/or Level 3 competencies. Programs may also choose to add programs-defined elements to any of the required competencies at Level 1 and/or Level 3 if they choose to do so. Programs that are accredited in a substantive specialty practice area (clinical, counseling, school) are required to identify Level 2 competencies in addition to the required Level 1 competencies.
- ***Consistency with the professional value of individual and cultural diversity*** (SoA Introduction, Section II.B). Although Individual and Cultural Diversity is a profession-wide competency, the CoA expects that appropriate training and attention to diversity will also be incorporated into each of the program's other required competencies, consistent with SoA Introduction, Section II.B.2.a.
- ***Consistency with the existing and evolving body of general knowledge and methods in the science and practice of psychology*** (SoA Introduction, Section II.B.2.d). The CoA expects that all competencies required at the postdoctoral level will be grounded, to the greatest extent possible, in the existing empirical literature and in a scientific orientation toward psychological knowledge and methods.
- ***Level-appropriate training.*** The CoA expects that training at the postdoctoral level will provide advanced preparation for practice (SoA Introduction, Section II.B.2.c). For postdoctoral programs that are accredited in a specialty area rather than a developed practice area of HSP, the program will provide advanced preparation for practice within the specialty.
- ***Level-appropriate expectations.*** The CoA expects that programs will require postdoctoral resident demonstrations of competence that are commensurate with the advanced training

provided by the program. Within the accredited area, the Minimal Level of Achievement (MLA) for completion of postdoctoral residency is “Advanced” competence defined as including, but not limited to, the ability to generalize skills and knowledge to novel and/or complex situations, demonstrate expertise in a broad range of clinical and professional activities, and demonstrate the ability to serve as an expert resource to other professionals.

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

Level 1 – Advanced Competencies Required of All Programs at the Postdoctoral Level

I. Integration of Science and Practice

Demonstration of the integration of science and practice is required at the post-doctoral level. This includes the influence of science on practice and of practice on science.

Postdoctoral Residents are expected to:

- demonstrate the ability to critically evaluate foundational and current research that is consistent with the program’s focus area(s) or representative of the program’s recognized specialty practice area.
- integrate knowledge of foundational and current research consistent with the program’s focus area(s) or recognized specialty practice area in the conduct of professional roles (e.g. research, service, and other professional activities).
- demonstrate knowledge of common research methodologies used in the study of the program’s focus area(s) or recognized specialty practice area and the implications of the use of the methodologies for practice.
- demonstrate the ability to formulate and test empirical questions informed by clinical problems encountered, clinical services provided, and the clinic setting within which the resident works.

II. Ethical and legal standards

Postdoctoral residents are expected to:

- be knowledgeable of and act in accordance with each of the following:
 - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and

- relevant professional standards and guidelines.
- recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas as they pertain to the accredited area.
- conduct self in an ethical manner in all professional activities.

III. Individual and cultural diversity

Effectiveness in health service psychology requires that postdoctoral residents develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, postdoctoral residents must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The CoA recognizes that development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible.

Postdoctoral residents are expected to demonstrate:

- an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;
- knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities related to the accredited area including research, training, supervision/consultation, and service;
- the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s).

Level 2 – Program-Specific or Area-of-Focus Competencies

Programs that are accredited in one of the substantive major areas of training (Clinical, Counseling, or School Psychology) or other developed practices areas that provide greater depth of training than that which occurs during the internship training year are required to identify Level

2 competencies emanating from the program's aims that are required of all postdoctoral residents. These may include some or all CoA profession-wide competencies or other competencies identified by the program. Programs that are accredited in a substantive specialty practice area may choose but are not required to identify program-specific or area-of-focus competencies in addition to the required Level 3 competencies.

C-9.a P. Behavioral and Cognitive Psychology Level 3 – Specialty Competencies

Programs that are accredited in a substantive specialty practice area, as identified in IR C-5 P, are required to provide advanced preparation for practice in the competencies and associated elements associated with the specialty practice area. Specialty competencies be operationalized in terms of multiple elements and must, at a minimum, reflect the bulleted content for each required specialty competency.

I. Research

Postdoctoral residents are expected to:

- engage in Behavioral and Cognitive Psychology scholarly activities which could include but are not limited to research, evaluation, or other form of inquiry.
- apply scientific methods in Behavioral and Cognitive Psychology activities.

II. Professional values and attitudes

Postdoctoral residents are expected to:

- behave in ways that reflect the values and attitudes of psychology and Behavioral and Cognitive Psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- actively seek and demonstrate openness and responsiveness to feedback and supervision.
- respond professionally in increasingly complex situations with independence.
- use outcome data to monitor effectiveness in professional activities.
- demonstrate an emerging professional identity consistent with the Behavioral and Cognitive Psychology specialty.

III. Communication and interpersonal skills

Postdoctoral residents are expected to:

- develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- demonstrate effective interpersonal skills and the ability to manage difficult communication well.

IV. Assessment

Postdoctoral residents are expected to:

- select, apply, and interpret assessment methods reflective of Behavioral and Cognitive Psychology.
- demonstrate knowledge of how standardized and objective assessment methods are used in the delivery of behavioral and cognitive psychological interventions.
- communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

V. Intervention

Postdoctoral residents are expected to:

- evaluate intervention effectiveness using sources of evidence consistent with behavioral and cognitive principles and adapt intervention goals and methods consistent with ongoing evaluation.
- apply behavioral and cognitive principles as they relate to case-conceptualization, intervention design, application, and assessment of intervention effectiveness.
- demonstrate knowledge of the behavioral and cognitive theoretical underpinnings for specific intervention design and delivery.
- use evidence-based strategies to develop effective therapeutic relationships with the recipients of behavioral and cognitive interventions.

VI. Supervision

Postdoctoral residents are expected to:

- demonstrate knowledge of supervision models and practices reflective of a behavioral and cognitive psychological approach.
- apply this knowledge in direct practice with psychology trainees, or other health professionals.

VII. Consultation and interprofessional skills

Postdoctoral residents are expected to:

- demonstrate knowledge and respect for the roles and perspectives of other professions.
- demonstrate knowledge of how the practice of the Behavioral and Cognitive Psychology integrates into larger organizational systems.

C-9.b P. Clinical Child Psychology Level 3 – Specialty Competencies

Programs that are accredited in a substantive specialty practice area, as identified in IR C-5 P, are required to provide advanced preparation for practice in the competencies and associated elements associated with the specialty practice area. Specialty competencies be operationalized in terms of multiple elements and must, at a minimum, reflect the bulleted content for each required specialty competency.

I. Research

Postdoctoral residents are expected to:

- engages in Clinical Child Psychology scholarly activities which could include but are not limited to research, evaluation, or other form of inquiry
- applies scientific methods in Clinical Child Psychology activities

II. Professional Values, Attitudes, and Behaviors

Postdoctoral residents are expected to:

- behave in ways that reflect the values and attitudes of psychology and Clinical Child Psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- actively seek and demonstrate openness and responsiveness to feedback and supervision.

- respond professionally in increasingly complex situations with a greater degree of independence.
- demonstrate an emerging professional identity consistent with the Clinical Child psychology specialty.

III. Communication and Interpersonal Skills

Postdoctoral residents are expected to:

- develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- demonstrate effective interpersonal skills and the ability to manage difficult communication well.
- facilitates effective communication between patients, families, and other professionals

IV. Assessment

Postdoctoral residents are expected to:

- select and apply developmentally appropriate assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences (e.g. parents, caregivers, schools, and medical teams).
- demonstrates awareness of ethical principles in the assessment of minors and families.
- demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
- interpret assessment results, following current research and professional standards and guidelines to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

V. Intervention

Postdoctoral residents are expected to:

- establish and maintain effective relationships with the recipients of psychological services.
- implement developmentally appropriate interventions informed by the current scientific literature, assessment findings, diversity characteristics, biopsychosocial factors, and contextual variables.
- evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.
- integrates the family as appropriate in treatment planning and intervention.
- monitors adherence to psychological and/or behavioral interventions and demonstrates skill in addressing issues of compliance, adherence, and motivation within the family context.

VI. Teaching/Supervision/Mentoring

Postdoctoral residents are expected to:

- demonstrate knowledge of supervision models and practices related to clinical child psychology.
- teach, supervise, and mentor others by accurately, effectively, and appropriately presenting information related to clinical child psychology.

VII. Consultation and Interprofessional/Interdisciplinary Skills

Postdoctoral residents are expected to:

- demonstrate knowledge and respect for the roles and perspectives of other professions.
- conceptualize referral questions that incorporate understanding of the roles of patients, parents, extended family, culture, other provider, and/or health system to answer effectively consultation questions.
- apply knowledge of consultation in direct consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
- engage interprofessional individuals and teams to increase the likelihood of appropriate early referrals to clinical child psychologists.

VIII. Leadership

Postdoctoral residents are expected to:

- demonstrate leadership within an interprofessional team or organization related to the practice of clinical child psychology.
- demonstrate the ability to develop or enhance a clinical child/pediatric psychology practice, educational program, or program of research.

C-9.c P. Clinical Health Psychology Level 3 – Specialty Competencies

Programs that are accredited in a substantive specialty practice area, as identified in IR C-5 P, are required to provide advanced preparation for practice in the competencies and associated elements associated with the specialty practice area. Specialty competencies be operationalized in terms of multiple elements and must, at a minimum, reflect the bulleted content for each required specialty competency.

I. Research

Postdoctoral residents are expected to:

- engages in Clinical Health Psychology scholarly activities which could include but are not limited to research, evaluation, or other form of inquiry
- applies scientific methods in clinical health psychology activities

II. Professional Values, Attitudes, and Behaviors

Postdoctoral residents are expected to:

- behave in ways that reflect the values and attitudes of psychology and Clinical Health Psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- actively seek and demonstrate openness and responsiveness to feedback and supervision.
- respond professionally in increasingly complex situations with a greater degree of independence.
- apply scientific knowledge and skills in clinical health psychology to advocate for equity and access to quality care.
- demonstrate an emerging professional identity consistent with the Clinical Health Psychology specialty.

III. Communication and Interpersonal Skills

Postdoctoral residents are expected to:

- develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- demonstrate effective interpersonal skills and the ability to manage difficult communication well.

IV. Assessment

Postdoctoral residents are expected to:

- select and apply evidence-based biopsychosocial assessment methods appropriate for the patient's physical illness, injury, or chronic health condition/disability and collect relevant data using multiple sources and methods appropriate for identified presenting problems and assessment question.
- communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- assess factors that facilitate or inhibit knowledge, values, attitudes, or behaviors affecting health functioning, treatment and treatment adherence and health care utilization of patients, and when applicable, populations.
- assesses the biopsychosocial impact of undergoing medical procedures (e.g., screening, diagnostic, and intervention/prevention procedures).

V. Intervention

Postdoctoral residents are expected to:

- implement evidence-based biopsychosocial interventions to treat or prevent health and behavioral health-related issues of patients and, when applicable, populations.
- evaluate, select, and administer appropriate biopsychosocial assessments to monitor and evaluate the process and outcomes of treatment for patients and, when applicable, populations.
- monitor adherence to medical treatment and psychological interventions and demonstrate skill in addressing health behaviors to improve adherence.

VI. Teaching/Supervision

Postdoctoral residents are expected to:

- demonstrate knowledge of supervision models and practices related to clinical health psychology.
- teach and supervise others by accurately, effectively, and appropriately presenting information related to clinical health psychology.

VII. Consultation and Interprofessional/Interdisciplinary Skills

Postdoctoral residents are expected to:

- demonstrate knowledge and respect for the roles and perspectives of other professions.
- conceptualize referral questions that incorporate understanding of the roles of patient, caregiver, other provider, and/or health system to answer the consultation questions effectively.
- apply knowledge of consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
- engage interprofessional individuals and teams to increase the likelihood of appropriate early referrals to clinical health psychologists.
- provides education about health psychology concepts and practices or methods and procedures to other professionals and/or trainees.

VIII. Leadership

Postdoctoral residents are expected to:

- demonstrate leadership within an interprofessional team or organization related to the practice of clinical health psychology.
- demonstrate the ability to develop or enhance a clinical health psychology practice, educational program, or program of research.

C-9.d P. Clinical Neuropsychology Level 3 – Specialty Competencies

Programs that are accredited in a substantive specialty practice area, as identified in IR C-5 P, are required to provide advanced preparation for practice in the competencies and associated elements associated with the specialty practice area. Specialty competencies be operationalized in terms of multiple elements and must, at a minimum, reflect the bulleted content for each required specialty competency.

I. Research

Postdoctoral residents are expected to:

- accurately and effectively perform neuropsychological research activities, monitor progress, evaluate outcome, and communicate research findings.
- apply knowledge of existing neuropsychological literature and the scientific method to generate appropriate research questions and determine effective research design and appropriate analysis.

II. Professional Values, Attitudes, and Behaviors

Postdoctoral residents are expected to:

- behave in ways that reflect the values and attitudes of psychology and Clinical Neuropsychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- actively seek and demonstrate openness and responsiveness to feedback and supervision.
- respond professionally in increasingly complex situations with a greater degree of independence.
- demonstrate an emerging professional identity consistent with the Clinical Neuropsychology specialty.

III. Communication and Interpersonal Skills

Postdoctoral residents are expected to:

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

- produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- demonstrate effective interpersonal skills and the ability to manage difficult communication well.

IV. Assessment

Postdoctoral residents are expected to:

- utilize clinical interviews, behavioral observations, record review, and selection, administration, and scoring of neuropsychological tests to answer the assessment question.
- demonstrate the ability to accurately discern and clarify assessment questions, the recipients of the assessment results, and how assessment results will be utilized.
- interpret assessment results to produce integrated conceptualizations, accurate diagnostic classifications, and useful recommendations.
- address issues related to specific patient populations by referring to providers with specialized competence when appropriate, obtaining consultation, utilizing appropriate normative data, and describing limitations in assessment interpretation.
- communicate both orally and in written reports the results and conclusions of assessments in an accurate, helpful, and understandable manner, sensitive to a range of audiences.
- demonstrate knowledge of theories and methods of measurement and psychometrics relevant to brain-behavior relationships, cognitive abilities, social and emotional functioning, performance/symptom validity, test development, reliability validity, and reliable change.
- demonstrates knowledge of the scientific basis of assessment, including test selection, use of appropriate normative standards, and test limitations.
- demonstrates knowledge of neuropsychology of behavior such as patterns of neuroanatomy, neuroanatomy and development, neuropathology and related impairments, and medical and psychiatric conditions affecting brain functions.

V. Intervention

Postdoctoral residents are expected to:

- demonstrate an understanding of evidence-based interventions to address cognitive and behavioral problems common to recipients of neuropsychological services.

- demonstrate an understanding of how complex neurobehavioral disorders and sociocultural factors can affect the applicability of interventions.
- use assessment and provision of feedback for therapeutic benefit.

VI. Consultation and Interprofessional/Interdisciplinary Skills

Postdoctoral residents are expected to:

- demonstrate knowledge and respect for the roles and perspectives of other professions such as effective communication, appropriate referrals, and integration of their perspectives into case conceptualizations.
- function effectively in consulting roles across settings (e.g., clinical, legal, public policy, research), clarifying referral questions, applying knowledge appropriate to each setting, and communicating results to referral sources both verbally and in writing.

VII. Teaching/Supervision/Mentoring

Postdoctoral residents are expected to:

- demonstrate knowledge of supervision models and practices related to clinical neuropsychology.
- teach, supervise, and mentor others by accurately, effectively, and appropriately presenting information related to clinical neuropsychology.

C-9.e P. Forensic Psychology Level 3 – Specialty Competencies

Programs that are accredited in a substantive specialty practice area, as identified in IR C-5 P, are required to provide advanced preparation for practice in the competencies and associated elements associated with the specialty practice area. Specialty competencies be operationalized in terms of multiple elements and must, at a minimum, reflect the bulleted content for each required specialty competency.

I. Professional Values, Attitudes, and Behaviors

Postdoctoral residents are expected to:

- behave in ways that reflect the values and attitudes of psychology and Forensic Psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and **concern for the dignity and rights of others** ~~concern for the welfare of others~~.
- engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

- actively seek and demonstrate openness and responsiveness to feedback and supervision.
- respond professionally in increasingly complex situations with a greater degree of independence.
- ~~demonstrate understanding of the distinct differences between forensic and clinical professional roles.~~
- ~~d~~Demonstrate an emerging professional identity consistent with the Forensic Psychology specialty.
- demonstrate the ability to recognize the different roles and relationships inherent in the profession as well as the duties and boundaries associated with each role and relationship, and clarifies those when necessary.

II. Communication and Interpersonal Skills

Postdoctoral residents are expected to:

- develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- demonstrates the ability to recognize potential conflicts that could arise in professional relationships, including those that could interfere with efforts to provide an unbiased, impartial, and objective opinion, and identifies possible means of responding to these conflicts.
- demonstrate effective interpersonal skills and the ability to manage difficult communication well.
- understands how proffered opinions may be used by fact finders and clients and is ready, willing, and able to explain fully and to document the basis for an opinion offered in a manner that can be reasonably evaluated by decision makers.

III. Assessment

Postdoctoral residents are expected to:

- demonstrate an understanding of the limits of psychological knowledge as applied to psycholegal questions.
- appropriately select, administer, score, and interpret assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics and methods to answer psycho-legal questions.

- obtain data from multiple sources and methods to ensure that assessments are comprehensive, non-biased, reliable, valid, and culturally sensitive.
- communicate orally and in written documents the findings and implications of assessment in an accurate and objective manner, supported by data, and indicating the limitations of those findings.
- utilize methods with demonstrated reliability and validity and, when a clear evidence base is lacking, acknowledge the impact this has on assessment findings.

IV. Consultation and Interprofessional/Interdisciplinary Skills

Postdoctoral residents are expected to:

- demonstrate the ability to advise courts, attorneys, and policy makers regarding matters of forensic psychology (e.g., criminal, civil, juvenile).
- demonstrate awareness of conflicts of interest between serving as a consultant and as an objective forensic psychology expert and seeks those role boundaries with retaining parties.

V. Psycholegal Skills

Postdoctoral residents are expected to:

- demonstrate working knowledge of the law and the legal system as it relates to the practice of forensic psychology, including how psychological principles are applied to it through such mechanisms as rules of evidence, legal procedure, statutory guidelines, and case law precedent.
- demonstrate the ability to apply the above principles in professional roles and activities.

C-9.f P. Geropsychology Level 3 – Specialty Competencies

Programs that are accredited in a substantive specialty practice area, as identified in IR C-5 P, are required to provide advanced preparation for practice in the competencies and associated elements associated with the specialty practice area. Specialty competencies be operationalized in terms of multiple elements and must, at a minimum, reflect the bulleted content for each required specialty competency.

I. Professional Values, Attitudes, and Behaviors

Postdoctoral residents are expected to:

- behave in ways that reflect the values and attitudes of psychology and geropsychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

- engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- actively seek and demonstrate openness and responsiveness to feedback and supervision.
- respond professionally in increasingly complex situations with a greater degree of independence.
- demonstrates knowledge of the negative impact of ageism in self, others, institutions, and society such as heterogeneity in aging, the intersection of aging and diversity, and how age and diversity factors impact older adults' well-being and care
- demonstrate an emerging professional identity consistent with the Geropsychology specialty.

II. Communication and Interpersonal Skills

Postdoctoral residents are expected to:

- develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- demonstrate effective interpersonal skills and the ability to manage difficult communication well.

III. Assessment

Postdoctoral residents are expected to:

- conduct differential diagnosis including consideration of co-morbid medical issues that may influence an older adult's presentation.
- integrate knowledge of normal and pathological aging, including age related changes in cognitive abilities, into assessment.
- select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

- demonstrate the ability to assess older adults' understanding, appreciation, reasoning, and choice abilities with regards to capacity for decision making.
- communicate orally and in written documents the findings and implications of assessment in an accurate and effective manner sensitive to a range of audiences.

IV. Intervention

Postdoctoral residents are expected to:

- choose and implement evidence-based treatment for older adults, groups and family/caregivers of clients based on diagnosis, other relevant client characteristics, and settings.
- modify evidence-based interventions to accommodate the unique sensory, cognitive, and cohort variables in older adults.
- evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

V. Supervision

Postdoctoral residents are expected to:

- demonstrate knowledge of supervision models and practices related to geropsychology.
- apply this knowledge in direct practice with psychology trainees, or other health professionals.

VI. Consultation and Interprofessional/Interdisciplinary Systems

Postdoctoral residents are expected to:

- demonstrate knowledge and respect for the roles and perspectives of other professions.
- conceptualize referral questions that incorporate understanding of the roles of patient, caregiver, other provider, and/or health system to answer the consultation questions effectively.
- apply knowledge of consultation in direct consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

VII. Advocacy

Postdoctoral residents are expected to:

- demonstrate the ability to advocate for older adults' needs in interdisciplinary and organizational environments.
- demonstrate the ability to collaborate with patients, families, and other organizational and community providers to improve older adults' access to needed health care, residential, transportation, social, or community services.

C-9.g P. Rehabilitation Psychology Level 3 – Specialty Competencies

Programs that are accredited in a substantive specialty practice area, as identified in IR C-5 P, are required to provide advanced preparation for practice in the competencies and associated elements associated with the specialty practice area. Specialty competencies be operationalized in terms of multiple elements and must, at a minimum, reflect the bulleted content for each required specialty competency.

I. Professional Values, Attitudes, and Behaviors

Postdoctoral residents are expected to:

- engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- actively seek and demonstrate openness and responsiveness to feedback and supervision.
- respond professionally in increasingly complex situations with a greater degree of independence.
- demonstrate understanding of models of disability, including medical, moral, social, diversity/minority, and biopsychosocial models.
- demonstrate an emerging professional identity consistent with the Rehabilitation psychology specialty.

II. Communication and Interpersonal Skills

Postdoctoral residents are expected to:

- develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.

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

III. Assessment

Postdoctoral residents are expected to:

- demonstrate skill in evidence-based assessments with individuals and families experiencing problems related to disability and chronic health conditions with a focus on the person-task-environment interaction.
- select and apply assessment methods that draw from the best available empirical literature relevant to specific health, mental health, and disability populations and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- communicate orally and in written documents the findings and implications of assessment in an accurate and effective manner sensitive to a range of audiences.

IV. Intervention

Postdoctoral residents are expected to:

- demonstrate skill in tailoring and conducting evidence-based interventions for individuals and families experiencing problems related to disability and chronic health conditions that focus on the person-task-environment interaction.
- evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

V. Consultation and Interprofessional Skills

Postdoctoral residents are expected to:

- demonstrate knowledge and respect for the roles and perspectives of other professions.
- conceptualize referral questions that incorporate understanding of the roles of patient, caregiver, other provider, and/or health system to answer the consultation questions effectively.

- apply knowledge of consultation in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

VI. Advocacy

Postdoctoral residents are expected to:

- demonstrate the ability to advocate for patients' rights, equitable treatment, and autonomy in health care, life activities, and community participation.
- demonstrate awareness of community resources supporting the individual's safety, autonomy, and participation.
- facilitate access to institutional and community resources that support ongoing adjustment and social participation (e.g., peer support organizations, centers for independent living, vocational rehabilitation).

C-9.h P. Couple and Family Psychology Level 3 – Specialty Competencies

Programs that are accredited in a substantive specialty practice area, as identified in IR C-5 P, are required to provide advanced preparation for practice in the competencies and associated elements associated with the specialty practice area. Specialty competencies be operationalized in terms of multiple elements and must, at a minimum, reflect the bulleted content for each required specialty competency.

I. Research

Postdoctoral residents are expected to:

- engages in Couples and Family Psychology scholarly activities which could include but are not limited to research, evaluation, or other form of inquiry
- applies scientific methods in Couples and Family Psychology activities

II. Professional Values, Attitudes, and Behaviors

Postdoctoral residents are expected to:

- engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- actively seek and demonstrate openness and responsiveness to feedback and supervision.
- respond professionally in increasingly complex situations with a greater degree of independence.

- demonstrate an emerging professional identity consistent with the Couples and Family psychology specialty.

III. Communication and Interpersonal Skills

Postdoctoral residents are expected to:

- develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- demonstrate effective interpersonal skills and the ability to manage difficult communication well.

IV. Assessment

Postdoctoral residents are expected to:

- select and apply couples and family psychology assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- integrate assessment data to produce a systemic case conceptualization, including a client-centered problem formulation, case formulation, and treatment formulation

V. Intervention

Postdoctoral residents are expected to:

- demonstrate understanding of the nature and scope of theory-driven and evidence-based CFP intervention strategies, techniques, and models, across the system level of individuals, couples, families, and their broader contexts.
- implement couples and family interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

VI. Supervision

Postdoctoral residents are expected to:

- demonstrate knowledge of supervision models and practices related to couples and family psychology.
- apply this knowledge in direct practice with psychology trainees, or other health professionals.

VII. Consultation and Interprofessional Skills

Postdoctoral residents are expected to:

- demonstrate knowledge and respect for the roles and perspectives of other professions.
- conceptualize referral questions that incorporate understanding of the roles of patient, caregiver, other provider, and/or health system to answer the consultation questions effectively.
- apply knowledge of consultation in direct or simulated consultation with couples and families, other health care professionals, interprofessional groups, or systems related to health and behavior.

C-9.i P. Serious Mental Illness Level 3 – Specialty Competencies

Programs that are accredited in a substantive specialty practice area, as identified in IR C-5 P, are required to provide advanced preparation for practice in the competencies and associated elements associated with the specialty practice area. Specialty competencies be operationalized in terms of multiple elements and must, at a minimum, reflect the bulleted content for each required specialty competency.

I. Professional Values

Postdoctoral residents are expected to:

- demonstrate up-to-date knowledge of professional practice guidelines and research materials related to the practice of the Serious Mental Illness/Severe Emotional Disturbance specialty.
- demonstrate an emerging professional identity consistent with the Serious Mental Illness/Severe Emotional Disturbance specialty.

II. Assessment

Postdoctoral residents are expected to:

- demonstrate knowledge of current diagnostic systems related to Serious Mental Illness as well as knowledge of strengths based and functional capability

assessments, subjective perceptions of recovery and quality of life, and ability to conduct assessments using these specialized measures.

- demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process as particularly applicable to the Serious Mental Illness population.
- demonstrate the ability to utilize standardized assessments in ways that may require modification in light of the fact that these assessments were not developed or normed using persons with Serious Mental Illness/Severe Emotional Disturbance.
- interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations (including positive and negative symptoms, strengths, and an individual's ability to make use of resources), while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- demonstrate the ability to recognize and screen for potential cognitive deficits that are core areas of dysfunction for people with Serious Mental Illness/Severe Emotional Disturbance including processing speed, verbal memory, and attention
- demonstrate knowledge of and ability to assess psychosis, thought disorder, and other conditions associated with Serious Mental Illness/Severe Emotional Disturbance.
- demonstrate knowledge of medication side effects especially those specific to psychotropic medications and ability to assess for medication adherence and barriers to adherence
- demonstrate the ability to assess for capacity to give informed consent.

III. Intervention

Postdoctoral residents are expected to:

- demonstrate the ability to implement interventions informed by the current Serious Mental Illness/Severe Emotional Disturbance scientific literature, assessment findings, diversity characteristics, and contextual variables.
- demonstrate the ability to implement social skill training and illness management skills.
- demonstrate the ability to implement evidence-based interventions for first and subsequent episodes of psychosis.

- demonstrate the ability to modify and adapt treatment protocols to the specific needs of the SMI population, develop tailored clinical and recovery-oriented interventions that meet the client's identified goals, and develop action steps for goal achievement.
- demonstrate the ability to implement evidence-based interventions and psychoeducation to family members or care partners of persons with Serious Mental Illness/Severe Emotional Disturbance.
- demonstrate the ability to assist clients identify their values as they develop individualized goals using shared decision making and person-centered planning approaches.
- demonstrate the ability to develop tailored clinical and recovery-oriented interventions that meet the client's identified goals and develop action steps for goal achievement.

IV. Supervision/Teaching

Postdoctoral residents are expected to:

- demonstrate the ability to assist supervisees and team members in the management of difficult behaviors that may be exhibited by persons with Serious Mental Illness/Severe Emotional Disturbance.
- demonstrate knowledge of supervision models and practices related to Serious Mental Illness/Severe Emotional Disturbance.
- supervise and teach others by accurately, effectively, and appropriately presenting information related to Serious Mental Illness/Severe Emotional Disturbance.

V. Consultation and Interprofessional Skills

Postdoctoral residents are expected to:

- apply specialized knowledge and expertise concerning Serious Mental Illness when consulting with other professionals.
- demonstrate the ability to educate and consult with families or care partners about the individual's illness and the role of others in treatment.
- demonstrate the ability to apply specialized knowledge and expertise concerning Serious Mental Illness/Severe Emotional Disturbance symptomatology and diagnosis to problems that arise in professional settings.
- demonstrate comprehensive knowledge of psychosocial functioning and recovery and ability to describe this to team members, other colleagues, and members of the public.

VI. Advocacy

Postdoctoral residents are expected to:

- demonstrate the ability to work with staff in specialized facilities to help them recognize and respond appropriately to symptoms and to create opportunities for people with Serious Mental Illness/Severe Emotional Disturbance to meet and interact with others with and without Serious Mental Illness/Severe Emotional Disturbance.
- demonstrate knowledge of community resources and ability to work with those resources for the benefit of people with Serious Mental Illness/Severe Emotional Disturbance.
- demonstrate knowledge of laws that affect individuals with Serious Mental Illness/Severe Emotional Disturbance negatively and may lead to human rights violations.

VII. Management/Administration

Postdoctoral residents are expected to:

- demonstrate the ability to evaluate the effectiveness of programs for persons with Serious Mental Illness in achieving benefits for that population.
- demonstrate the ability to design and implement clinical programs that address the specific needs of the Serious Mental Illness population.
- demonstrate knowledge of methods of bringing about organizational change and the ability to make use of those methods.
- demonstrate knowledge of the Americans with Disabilities Act and its amendments and application to individuals with Serious Mental Illness/Severe Emotional Disturbance.
- demonstrate knowledge of legal and accreditation requirements applicable to facilities that treat, house, or otherwise provide services for individuals with Serious Mental Illness.

Public Comment: Changes to Notification of Changes to Accredited Programs (IRs C-27 D, C-24 I, and C-20 P):

In accordance with Standard V.B.2 of the *Standards of Accreditation in Health Service Psychology* (SoA) and under Section 8.7 of the Accreditation Operating Procedures (AOP), all accredited programs, whether under a single administrative entity or in a consortium must inform the accrediting body in a timely manner of changes that could alter the program's quality. The revisions to these Implementing Regulations (IRs) provide clarification on the actions the CoA can take if the review of a program's changes raise questions about its continued consistency with the SoA.

C-27 D. Notification of Changes to Accredited Programs

(formerly C-19; Commission on Accreditation, February 2005; revised October 2006, November 2015, prepared for public comment February 2021)

In accordance with Standard V.B.2 of the Standards of Accreditation (SoA) and Section 8.7 D of the Accreditation Operating Procedures (AOP), all accredited programs, whether under a single administrative entity or in a consortium, must inform the accrediting body in a timely manner of changes that could alter the program's quality.

The Commission on Accreditation (CoA) must be informed in advance of major program changes such as changes in policies/procedures, administrative structure, staff resources, supervision resources, area of emphases, or tracks/rotations. This includes new, additional, or eliminated rotation experiences or training sites. For example, consortium programs must inform the CoA of any substantial changes in structure, design or training sites. It also includes requests for changes in accreditation status (e.g., request to transition from inactive back to active status prior to recruitment).

Programs must submit to the Office of Program Consultation and Accreditation a detailed written description of the proposed change(s) and the potential impact upon the relevant accreditation standards. The CoA will review the program change(s) and may request additional information or a new self-study. ~~In the case of a substantive change (such as change in consortium membership or major change in training focus),~~ As noted in Section 1.1 of the AOP, if the report is not complete or raises questions about the program's continued consistency with the SoA, the CoA may, at any time, request additional information or request an invitation for a site visit. Such action may take one of the following forms:

- Defer reaffirmation pending receipt of additional information from the program
- Reaffirm but ask the program to provide information in its next annual report
- Defer reaffirmation pending a special site visit
- Defer reaffirmation and request that the program invite the CoA to conduct the program's regular site visit earlier than originally scheduled
- Defer reaffirmation and ask the program to show cause why it should not be placed on probation

~~the Commission may also determine that a site visit is needed to assess whether the revised program is consistent with the SoA. Upon completion of this review, the Commission will note the proposed change and include the information in the next scheduled review or inform the program of any needed immediate additional actions.~~

The only exception to the policy of informing the Commission in advance is the occurrence of an unavoidable event beyond the reasonable control and anticipation of the program (e.g., educational/training site unexpectedly withdrawing from a consortium because of financial crisis; resources affected by a natural disaster). In such circumstances, it is incumbent upon the program to immediately inform the CoA in writing of the change and to include in its notification a proposed plan for maintaining program consistency with the SoA. The CoA will then proceed as above. Consultation on program changes is available from the Office of Program Consultation and Accreditation.

C-24 I. Notification of Changes to Accredited Programs

(formerly C-19; Commission on Accreditation, February 2005; revised October 2006, November 2015, prepared for public comment February 2021)

In accordance with Standard V.B.2 of the Standards of Accreditation (SoA) and Section 8.7 I of the Accreditation Operating Procedures (AOP), all accredited programs, whether under a single administrative entity or in a consortium, must inform the accrediting body in a timely manner of changes that could alter the program's quality.

The Commission on Accreditation (CoA) must be informed in advance of major program changes such as changes in policies/procedures, administrative structure, staff resources, supervision resources, area of emphases, or tracks/rotations. This includes new, additional, or eliminated rotation experiences or training sites. For example, consortium programs must inform the CoA of any substantial changes in structure, design or training sites. It also includes requests for changes in accreditation status (e.g., request to transition from inactive back to active status prior to recruitment).

Programs must submit to the Office of Program Consultation and Accreditation a detailed written description of the proposed change(s) and the potential impact upon the relevant accreditation standards. The CoA will review the program change(s) and may request additional information or a new self-study. ~~In the case of a substantive change (such as change in consortium membership or major change in training focus),~~ As noted in Section 1.1 of the AOP, if the report is not complete or raises questions about the program's continued consistency with the SoA, the CoA may, at any time, request additional information or request an invitation for a site visit. Such action may take one of the following forms:

- ~~Defer reaffirmation pending receipt of additional information from the program~~
- ~~Reaffirm but ask the program to provide information in its next annual report~~
- ~~Defer reaffirmation pending a special site visit~~
- ~~Defer reaffirmation and request that the program invite the CoA to conduct the program's regular site visit earlier than originally scheduled~~
- ~~Defer reaffirmation and ask the program to show cause why it should not be placed on probation~~

~~the Commission may also determine that a site visit is needed to assess whether the revised program is consistent with the SoA. Upon completion of this review, the Commission will note the proposed change and include the information in the next scheduled review or inform the program of any needed immediate additional actions.~~

The only exception to the policy of informing the Commission in advance is the occurrence of an unavoidable event beyond the reasonable control and anticipation of the program (e.g., educational/training site unexpectedly withdrawing from a consortium because of financial crisis; resources affected by a natural disaster). In such circumstances, it is incumbent upon the program to immediately inform the CoA in writing of the change and to include in its notification a proposed plan for maintaining program consistency with the SoA. The CoA will then proceed as above. Consultation on program changes is available from the Office of Program Consultation and Accreditation.

C-20 P. Notification of Changes to Accredited Programs

(formerly C-19; Commission on Accreditation, February 2005; revised October 2006, November 2015, prepared for public comment February 2021)

In accordance with Standard V.B.2 of the Standards of Accreditation (SoA) and Section 8.7 P of the Accreditation Operating Procedures (AOP), all accredited programs, whether under a single administrative entity or in a consortium, must inform the accrediting body in a timely manner of changes that could alter the program's quality.

The Commission on Accreditation (CoA) must be informed in advance of major program changes such as changes in policies/procedures, administrative structure, staff resources, supervision resources, area of emphases, or tracks/rotations. This includes new, additional, or eliminated rotation experiences or training sites. For example, consortium programs must inform the CoA of any substantial changes in structure, design or training sites. It also includes requests for changes in accreditation status (e.g., request to transition from inactive back to active status prior to recruitment).

Programs must submit to the Office of Program Consultation and Accreditation a detailed written description of the proposed change(s) and the potential impact upon the relevant accreditation standards. The CoA will review the program change(s) and may request additional information or a new self-study. ~~In the case of a substantive change (such as change in consortium membership or major change in training focus),~~ As noted in Section 1.1 of the AOP, if the report is not complete or raises questions about the program's continued consistency with the SoA, the CoA may, at any time, request additional information or request an invitation for a site visit. Such action may take one of the following forms:

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- Defer reaffirmation and ask the program to show cause why it should not be placed on probation

~~the Commission may also determine that a site visit is needed to assess whether the revised program is consistent with the SoA. Upon completion of this review, the Commission will note the proposed change and include the information in the next scheduled review or inform the program of any needed immediate additional actions.~~

The only exception to the policy of informing the Commission in advance is the occurrence of an unavoidable event beyond the reasonable control and anticipation of the program (e.g., educational/training site unexpectedly withdrawing from a consortium because of financial crisis; resources affected by a natural disaster). In such circumstances, it is incumbent upon the program to immediately inform the CoA in writing of the change and to include in its notification a proposed plan for maintaining program consistency with the SoA. The CoA will then proceed as above. Consultation on program changes is available from the Office of Program Consultation and Accreditation.