



Dear colleagues,

The Standards of Accreditation for Health Service Psychology (SoA) outline training requirements for programs at the doctoral, doctoral internship, and postdoctoral levels. The Accreditation Operating Procedures (AOP) live alongside the SoA and describe the processes and procedures of the Commission on Accreditation (CoA). Correspondent to the SoA and AOP are the Implementing Regulations (IRs), which are official policy documents that “elucidate, interpret and operationally define” the CoA’s policies and procedures. IRs are divided into several different sections; Section C IRs are those which relate specifically to the SoA, and Section D IRs relate to the AOP.

In accordance with the APA "Policies for Accreditation Governance" and US Department of Education regulations for notice and comment, seven (7) IRs have recently been created or revised by the CoA and will undergo a period of public comment. The proposed regulations will be available for a ninety (90) day period of review and comment. The regulations on which the CoA is seeking comment include:

- IRs C-27 I and C-23 P: Trainee Admissions, Support, and Outcome Data
- IRs C-28 I and 24 P: Consortium
- IRs D.4-8 (a), (b), and (c): Interim Reporting

The comment period is scheduled to begin at **8:00 am Eastern Standard Time on Friday, November 9th, 2018 and will continue through 5:00 pm Eastern Standard Time on February 7th, 2019**. The comment system can be accessed at the following link: <http://apps.apa.org/accredcomment/>.

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 us using the information below. On behalf of the CoA, thank you for your review and comments.

Sincerely,

Office of Program Consultation and Accreditation

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IRs C-27 I and C-23 P: Trainee Admissions, Support, and Outcome Data

The CoA received feedback from accredited programs in 2017 that the different employment categories required for the annual report online (ARO) and for public disclosure tables implemented under the SoA created data collection challenges for programs. In response, the CoA began discussions about restructuring the employment categories in IRs C-27 I and C-23 P *Trainee Admissions, Support, and Outcome Data* to allow for a more streamlined data collection process on behalf of accredited internship and postdoctoral programs. The CoA made additional minor text changes to both IRs that are noted in red in the revision documents below.

C-27 I Trainee Admissions, Support, and Outcome Data

(Commission on Accreditation; April 2016, revised for public comment, July 2018)

Standard V.A. of the Standards of Accreditation for Internship Programs requires that programs provide potential and current trainees and the public with accurate information on the program and on program expectations. This information is meant to describe the program accurately and completely, using the most up-to-date data about important admissions, support, and outcome variables, and must be presented in a manner that allows applicants to make informed decisions about entering the program.

The CoA requires each accredited program to provide information in its public materials regarding program admissions expectations, program support provided to interns, and initial post-training placement in a standardized way. This information is required to be posted in the program's public material(s) (e.g., website, brochure), and must be updated annually. This information will be reviewed by the CoA as part of periodic program review.

Presentation of Required Information

To ensure that the required information for each program is available to the public in a consistent fashion, programs are required to update information annually, no later than September 1.

- The information must all be located in a single place and be titled “Internship Admissions, Support, and Initial Placement Data”;
- If the program has a website, the information must be located no more than one click away from the main/home program landing page (e.g., within the program’s online brochure); and the link must be titled “Internship Admissions, Support, and Initial Placement Data”;
- If the program has more than one source of public materials (e.g., website and brochure), the information must be included in the primary recruiting document used to educate potential applicants about the program. For instance, if a brief brochure is provided and then applicants are directed to a website, then the information would be located on the website. Alternatively, if a program has a website “introductory page” and then applicants are instructed to download an extensive brochure, the information can be contained in the brochure;
- Table cells must not be left blank; instead, if not applicable, please enter “NA” ~~if not applicable;~~ (if a text response is required) or “0” (if a number value is required);
- The data must be presented in tables consistent with those listed at the end of this regulation. Programs may choose to provide other data to supplement the requirements of this regulation, but these tables must be provided. If the program chooses to provide supplemental information, it should be provided below the corresponding required tables.;
- While consortium programs are expected to pool resources and thus provide equivalent financial and other benefit support across sites, the CoA recognizes that there are instances in which this is not possible. In those instances, consortium sites must replicate the table titled “Financial and Other Benefit Support for Upcoming Training Year” for each site as necessary to ensure accurate representation of support available.

INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: _____

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:
Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:
Total Direct Contact Intervention Hours: <u> N </u> <u> Y </u> <u>Amount:</u>
Total Direct Contact Assessment Hours: <u> N </u> <u> Y </u> <u>Amount:</u>
Describe any other required minimum criteria used to screen applicants:

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns		
Annual Stipend/Salary for Half-time Interns		
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)		
Hours of Annual Paid Sick Leave		
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	No
Other benefits (please describe):		

Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Initial Post-Internship Positions
(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	<u>2012-15</u> <u>2014-17</u>	
Total # of interns who were in the 3 cohorts		
Total # of interns who remain in training in the residency program		
	PD	EP
<u>Academic Teaching</u>		
Community mental health center		
Federally qualified health center <u>Consortium</u>		
Independent primary care facility/clinic		
University counseling center <u>Counseling Center</u>		
Veterans Affairs medical center <u>Hospital/Medical Center</u>		
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital <u>facility</u>		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
<u>Health Maintenance Organization</u>		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

C-23 P. Trainees Admissions, Support, and Outcome Data

(Commission on Accreditation, April 2016; revised for public comment, July 2018)

Standard V.A.1 of the Standards of Accreditation for Postdoctoral Programs requires that programs provide potential and current trainees and the public with accurate information on the program and on program expectations. This information is meant to describe the program accurately and completely, using the most up-to-date data about important admissions, support, and outcome variables, and must be presented in a manner that allows applicants to make informed decisions about entering the program.

The CoA requires each accredited program to provide information in its public materials regarding program admissions expectations, program support provided to residents, and initial post-training placement in a standardized way. This information is required to be posted in the program's public material(s) (e.g., website, brochure), and should be updated annually. This information will be reviewed by the CoA as part of periodic program review.

Presentation of Required Information

To ensure that the required information for each program is available to the public in a consistent fashion, programs are required to update information annually, no later than December 1.

- The information must all be located in a single place and be titled “Postdoctoral Residency Admissions, Support, and Initial Placement Data”;
- If the program has a website, the information must be located no more than one click away from the main/home program landing page (e.g., within the program’s online brochure); and the link must be titled “Postdoctoral Residency Admissions, Support, and Initial Placement Data”;
- If the program has more than one source of public materials (e.g., website and brochure), the information must be included in the primary recruiting document used to educate potential applicants about the program. For instance, if a brief brochure is provided and then applicants are directed to a website, then the information would be located on the website. Alternatively, if a program has a website “introductory page” and then applicants are instructed to download an extensive brochure, the information can be contained in the brochure;
- Table cells must not be left blank; instead, if not applicable, please enter “NA” if not applicable; (if a text response is required) or “0” (if a number value is required);
- The data must be presented in tables consistent with those listed at the end of this regulation. Programs may choose to provide other data to supplement the requirements of this regulation, but these tables must be provided. If the program chooses to provide supplemental information, it should be provided below the corresponding required tables.
- While consortium programs are expected to pool resources and thus provide equivalent financial and other benefit support across sites, the CoA recognizes that there are instances in which this is not possible. In those instances, consortium sites must replicate the table titled “Financial and Other Benefit Support for Upcoming Training Year” for each site as necessary to ensure accurate representation of support available.

- If the program is two years, the program must provide Annual Stipend/Salary for each year in the table titled “Financial and Other Benefit Support for Upcoming Training Year”.

POST-DOCTORAL RESIDENCY PROGRAM TABLES

Date Program Tables are updated: _____

Postdoctoral Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on resident selection and practicum and academic preparation requirements:
Describe any other required minimum criteria used to screen applicants:

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	
Annual Stipend/Salary for Half-time Residents	
Program provides access to medical insurance for resident?	Yes No
If access to medical insurance is provided	
Trainee contribution to cost required?	Yes No
Coverage of family member(s) available?	Yes No
Coverage of legally married partner available?	Yes No
Coverage of domestic partner available?	Yes No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	
Hours of Annual Paid Sick Leave	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes No
Other Benefits (please describe)	

* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 cohorts)

	2012-15 <u>2014-17</u>	
Total # of residents who were in the 3 cohorts		
Total # of residents who remain in training in the residency program		
	PD	EP
<u>Academic Teaching</u>		
Community mental health center		
Federally qualified health center <u>Consortium</u>		
Independent primary care facility/clinic		
University counseling center <u>Counseling Center</u>		
Veterans Affairs medical center <u>Hospital/Medical Center</u>		
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital <u>facility</u>		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
<u>Health Maintenance Organization</u>		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		

Note. “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

IRs C-28 I and 24 P: Consortium

In recent years, the CoA has received several requests from accredited consortium programs to dissolve and become independently accredited. Similarly, requests have been received from independently-accredited programs to merge into unitarily-accredited consortiums. The CoA has revised its consortium implementing regulation to ensure that appropriate requirements are in place for consortium mergers and separations. Please note that IRs C-28 I and 24 P *Consortium* are not intended to account for all possible merger/separation scenarios, and instead aim to provide a general pathway for programs undergoing such changes.

IR C-28 I. Consortium

(Commission on Accreditation, October 2016; Revised for public comment, **October 2018**)

I. Development of Consortium

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

- a) The nature and characteristics of the participating entities;
- b) The rationale for the consortial partnership;
- c) Each partner's commitment to the training/education program and its aim(s);
- d) Each partner's obligations regarding contributions, financial support (see IR C-6 I), and access to resources.
- e) Each partner's agreement to adhere to central control and coordination of the training program by the consortium's administrative structure;
- f) Each partner's commitment to uniform administration and implementation of the program's training principles, policies, and procedures addressing trainee admission, training resource access, potential performance expectations, and evaluations;
- g) Each partner's commitment to ensure continuation of training for interns in the consortium, particularly if at least one partner leaves the consortium; and
- h) Approval by each entity's administrative authority (with authority to sign contracts for the entity) to honor this agreement including signature and date.

Consistent with IR C-24 I, any change in components a-g above and/or in the leadership of the programs in the consortium, must be communicated to the CoA.

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

II. General Information for a Currently Accredited Consortium Undergoing Dissolution or the Development of New Consortium When One or More Member Entities is Currently Accredited

Given the differences in consortium programs, transition processes are complex. An accredited program that is seeking to form or dissolve a consortium is strongly advised to consult with the Office of Program Consultation and Accreditation early in the planning process. Further, consistent with IR C-24 I, the CoA must be informed in advance of such major program changes as well as the intended timeframe of the planned transition.

Per Accreditation Operating Procedures and IR D.4-6, the CoA's responsibility for accreditation extends to programs and not individuals completing programs; therefore, the accreditation status of a program on the final day of the internship year is the status that is to be designated on internship completion certificates.

Consistent with Standard V of the Standards of Accreditation, programs must be accurately and completely described in documents that are available to current interns, applicants, and the public. It is especially important for all accredited programs (independent or consortium) to communicate clearly in public materials to current and prospective interns. Such communication should include the current accreditation status of the program, the accreditation status for which the member entity is applying, and the specific training experiences of each program. In addition, communication of the program's decision to dissolve or develop a consortium during the training year and how these changes may impact accreditation status is to be included.

The general procedures and guidelines for reviewing applications are outlined in the Accreditation Operating Procedures. An expedited review process for any transition application for member entities in a consortium cannot be guaranteed.

III. Specific Information Related to the Dissolution of an Accredited Consortium

Member entities that comprise an existing accredited consortium may wish to separate and become independently accredited. Transitioning from being a member entity of an accredited consortium to becoming an independently accredited internship program requires each independent member entity to apply for accreditation as a separate program. When the member entity decides to separate from the consortium it may choose to: Option 1) separate entirely from the consortium and then apply for contingent or full accreditation status or: Option 2) remain in the accredited consortium while concurrently applying as an individually accredited program. In making the decision regarding which option to choose, the member entity must consider the impact of such changes on the current and/or incoming intern cohort(s).

If the member entity chooses Option 1, the following applies

- a) The member entity may decide to apply through two mechanisms available to all applicants: 1) "accredited, on contingency" status or 2) full accreditation. During the time that the program has separated from the consortium and has not yet been independently

accredited, the program is not accredited. A member entity may also seek to declare intent to apply, consistent with IR C-25 I.

- b) If the member entity applies for “accredited, on contingency” status then it must meet all requirements in IR C-26 I.
- c) If the member entity applies for full accreditation it is expected to provide proximal and distal outcome data, consistent with IR C-16 I. These data must be specific to the independent site applying for accreditation. In certain cases, when consortium program data is easily attributed to the program that is seeking independent accreditation, data that has been collected during the consortium time period may be used as part of that included in an application for full accreditation. Programs seeking to do this should consult with the Office of Program Consultation and Accreditation.

If the member entity chooses option 2, the following will occur:

- a) The member entity must simultaneously meet all Standards of Accreditation as the consortium member entity AND the requirements for one of the other applicant options: “accredited, on contingency”, as outlined in IR C-26 I or full accreditation.
- b) Consistent with IR C-24 I, the consortium must communicate to the CoA how it will be able to meet the Standards of Accreditation without the components that the withdrawing member entity was contributing to the consortium.
- c) The consortium agreement must be maintained during the transition period.

In the situation of a two-member consortium, if one-member entity withdraws from the consortium, then neither program is accredited as a consortium or as an individual program at the time of separation unless independent accreditation has already been attained by the separating entity(ies). Each member entity may make a decision to apply for accreditation as outlined in IR C-26 I for “accredited, on contingency” or for full accreditation. If they have separated, neither of the member entities may advertise themselves as independently accredited programs until the CoA has reviewed and approved the accreditation for each independent program.

IV. Specific Information Related to Development of a New Consortium if One or More Member Entity(ies) is Currently Independently Accredited

The following parameters do not apply to programs that are already accredited as a consortium and wish to add member entities into the existing accredited consortium. The addition of a consortium member to an accredited consortium should be communicated to CoA as a substantive change, consistent with IR C-24 I.

In the event that two or more independent programs (at least one of which is already independently accredited) wish to enter into a newly developed consortial agreement, they may decide to apply through two mechanisms available to all applicants: 1) accredited on contingency status or 2) full accreditation. Two or more independent programs may also seek to declare the intent to apply as a consortium consistent with IR C-25 I. The accreditation status of one independently accredited program does not transfer to any other unaccredited member entity(ies) when programs join together; the unaccredited program is not and may not advertise as an accredited program or

member of an accredited consortium until the consortium has applied for and received accreditation.

If the independently accredited program chooses to maintain independent accreditation while concurrently applying for an accreditation status as a consortium program, then the independent program must meet all Standards of Accreditation as an independently accredited program AND as a consortium member entity. At a minimum, the basic integrity of the independent program and the training aim(s), profession-wide and any program-specific competencies must be maintained during the transition period. Since more than one already independently accredited program may be transitioning to a consortium, it follows that each program may have additional or more refined aims and program-specific competencies that must be clarified. In addition, the program must clarify the resources (i.e., supervision, space, clerical support) available to the consortium entity and to the independently accredited program. These resources may overlap as long as both programs remain in compliance with the Standards of Accreditation, but there must be sufficient resources to maintain the programs. During the transition period, the independently accredited program and the accredited consortium may not advertise that the independent program is a member entity until the accreditation status for the consortium program has been approved by the CoA.

IR C-24 P. Consortium

(Commission on Accreditation, October 2016; Revised for public comment, July 2018)

I. Development of Consortium

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

- i) The nature and characteristics of the participating entities;
- j) The rationale for the consortial partnership;
- k) Each partner's commitment to the training/education program and its aim(s);
- l) Each partner's obligations regarding contributions, financial support, and access to resources.
- m) Each partner's agreement to adhere to central control and coordination of the training program by the consortium's administrative structure;
- n) Each partner's commitment to uniform administration and implementation of the program's training principles, policies, and procedures addressing trainee admission, training resource access, potential performance expectations, and evaluations;
- o) Each partner's commitment to ensure continuation of training for residents in the consortium, particularly if at least one partner leaves the consortium; and
- p) Approval by each entity's administrative authority (with authority to sign contracts for the entity) to honor this agreement including signature and date.

Consistent with IR C-20 P, any change in components a-g above and/or in the leadership of the programs in the consortium, must be communicated to the CoA.

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

II. General Information for a Currently Accredited Consortium Undergoing Dissolution or the Development of New Consortium When One or More Member Entities is Currently Accredited

Given the differences in consortium programs, transition processes are complex. An accredited program that is seeking to form or dissolve a consortium is strongly advised to consult with the Office of Program Consultation and Accreditation early in the planning process. Further, consistent with IR C-20 P, the CoA must be informed in advance of such major program changes as well as the intended timeframe of the planned transition.

Per Accreditation Operating Procedures and IR D.4-6, the CoA's responsibility for accreditation extends to programs and not individuals completing programs; therefore, the accreditation status of a program on the final day of the residency year is the status that is to be designated on program completion certificates.

Consistent with Standard V of the Standards of Accreditation, programs must be accurately and completely described in documents that are available to current residents, applicants, and the public. It is especially important for all accredited programs (independent or consortium) to communicate clearly in public materials to current and prospective residents. Such communication should include the current accreditation status of the program, the accreditation status for which the member entity is applying, and the specific training experiences of each program. In addition, communication of the program's decision to dissolve or develop a consortium during the training year and how these changes may impact accreditation status is to be included.

The general procedures and guidelines for reviewing applications are outlined in the Accreditation Operating Procedures. An expedited review process for any transition application for member entities in a consortium cannot be guaranteed.

III. Specific Information Related to the Dissolution of an Accredited Consortium

Member entities that comprise an existing accredited consortium may wish to separate and become independently accredited. Transitioning from being a member entity of an accredited consortium to becoming an independently accredited postdoctoral program requires each independent member entity to apply for accreditation as a separate program. When the member entity decides to separate from the consortium it may choose to: Option 1) separate entirely from the consortium and then apply for contingent or full accreditation status or: Option 2) remain in the accredited consortium while concurrently applying as an individually accredited program. In making the decision regarding which option to choose, the member entity must consider the impact of such changes on the current and/or incoming resident cohort(s).

If the member entity chooses Option 1, the following applies

- d) The member entity may decide to apply through two mechanisms available to all applicants: 1) "accredited, on contingency" status or 2) full accreditation. During the time that the program has separated from the consortium and has not yet been independently

accredited, the program is not accredited. A member entity may also seek to declare intent to apply, consistent with IR C-21 P.

- e) If the member entity applies for “accredited, on contingency” status then it must meet all requirements in IR C-22 P.
- f) If the member entity applies for full accreditation it is expected to provide proximal and distal outcome data, consistent with IR C-16 P. These data must be specific to the independent site applying for accreditation. In certain cases, when consortium program data is easily attributed to the program that is seeking independent accreditation, data that has been collected during the consortium time period may be used as part of that included in an application for full accreditation. Programs seeking to do this should consult with the Office of Program Consultation and Accreditation.

If the member entity chooses option 2, the following will occur:

- d) The member entity must simultaneously meet all Standards of Accreditation as the consortium member entity AND the requirements for one of the other applicant options: “accredited, on contingency”, as outlined in IR C-22 P or full accreditation.
- e) Consistent with IR C-20 P, the consortium must communicate to the CoA how it will be able to meet the Standards of Accreditation without the components that the withdrawing member entity was contributing to the consortium.
- f) The consortium agreement must be maintained during the transition period.

In the situation of a two-member consortium, if one-member entity withdraws from the consortium, then neither program is accredited as a consortium or as an individual program at the time of separation unless independent accreditation has already been attained by the separating entity(ies). Each member entity may make a decision to apply for accreditation as outlined in IR C-22 P for “accredited, on contingency” or for full accreditation. If they have separated, neither of the member entities may advertise themselves as independently accredited programs until the CoA has reviewed and approved the accreditation for each independent program.

IV. Specific Information Related to Development of a New Consortium if One or More Member Entity(ies) is Currently Independently Accredited

The following parameters do not apply to programs that are already accredited as a consortium and wish to add member entities into the existing accredited consortium. The addition of a consortium member to an accredited consortium should be communicated to CoA as a substantive change, consistent with IR C-20 P.

In the event that two or more independent programs (at least one of which is already independently accredited) wish to enter into a newly developed consortial agreement, they may decide to apply through two mechanisms available to all applicants: 1) accredited on contingency status or 2) full accreditation. Two or more independent programs may also seek to declare the intent to apply as a consortium consistent with IR C-22 P. The accreditation status of one independently accredited program does not transfer to any other unaccredited member entity(ies) when programs join together; the unaccredited program is not and may not advertise as an accredited program or

member of an accredited consortium until the consortium has applied for and received accreditation.

If the independently accredited program chooses to maintain independent accreditation while concurrently applying for an accreditation status as a consortium program, then the independent program must meet all Standards of Accreditation as an independently accredited program AND as a consortium member entity. At a minimum, the basic integrity of the independent program and the training aim(s) and Level 1, 2, and 3 competencies (as appropriate) must be maintained during the transition period. Since more than one already independently accredited program may be transitioning to a consortium, it follows that each program may have additional or more refined aims and program-specific competencies that must be clarified. In addition, the program must clarify the resources (i.e., supervision, space, clerical support) available to the consortium entity and to the independently accredited program. These resources may overlap as long as both programs remain in compliance with the Standards of Accreditation, but there must be sufficient resources to maintain the programs. During the transition period, the independently accredited program and the accredited consortium may not advertise that the independent program is a member entity until the accreditation status for the consortium program has been approved by the CoA.

IRs D.4-8 (a), (b), and (c): Interim Reporting

The CoA implemented the SoA and a new AOP in 2017. The new AOP allows for periods of up to 10 years between periodic reviews. In order to permit 10-year review cycles, the CoA determined it necessary for programs receiving 10-year accreditation terms to submit interim reports at the 5-year point to ensure ongoing compliance with the SoA. Implementing Regulations (IR) D.4—8 (a-c) *Interim Reporting* outline the CoA's expectations for this report, which will require programs to submit proximal data (in a standardized table) and distal data along with updates on substantive changes and any complaints or grievances received since the most recent site visit. Additional specific guidance about how to fill out and complete the tables in the report will be made available on the CoA's website and in other training materials when this regulation goes into effect.

D.4-8 (a). Doctoral Interim Reporting

(Commission on Accreditation; Prepared for public comment, July 2018)

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

Outcome data:

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

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

Substantive change reporting:

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

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

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

Table - Substantive Change History

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

Complaint/grievance reporting:

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

Review process

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

IR D.4-8 (a) Proximal Data Table

<p><i>In cell B1, enter the year in which program received 10-year term.</i></p>	<p>2017</p>		<p><i>For each year listed in the columns below, enter the N who attempted and attained the MLA divided by the N who attempted the MLA in the academic year beginning in the listed year to calculate the percentage of successful attainment. The excel formula requires that you use the "=" symbol: (e.g., =5/5). When percentages fall below 100%, programs should explain in an appended narrative response how performance was remediated/due process policies were appropriately followed.</i></p>					
<p>Discipline-specific knowledge areas (IR C-7 D)</p>	<p>Outcome measure (start a new row for each measure)</p>	<p>Minimum level of achievement (MLA, e.g., minimum grade)</p>	<p>2017</p>	<p>2018</p>	<p>2019</p>	<p>2020</p>	<p>2021</p>	<p>% meeting MLA by end of program</p>
<p>History and Systems of Psychology*</p>								
<p>Affective Aspects of Behavior*</p>								
<p>Biological Aspects of Behavior*</p>								
<p>Cognitive Aspects of Behavior*</p>								
<p>Developmental Aspects of Behavior*</p>								
<p>Social Aspects of Behavior*</p>								
<p>Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas</p>								
<p>Research Methods</p>								
<p>Statistical Analysis</p>								
<p>Psychometrics</p>								
<p>*DSK areas noted above with an asterisk may be attained outside of doctoral training. Refer to IR C-7 D and contact the office for guidance on data presentation.</p>								
<p>Profession-wide competencies (IR C-8 D)</p>	<p>Outcome measure (insert a new row for each measure)</p>	<p>Minimum level of achievement (MLA)</p>	<p>2017</p>	<p>2018</p>	<p>2019</p>	<p>2020</p>	<p>2021</p>	<p>2021</p>
<p>Research</p>								
<p>Ethical and Legal Standards</p>								
<p>Individual and Cultural Diversity</p>								
<p>Professional Values and Attitudes</p>								
<p>Communication and Interpersonal Skills</p>								
<p>Assessment</p>								
<p>Intervention</p>								
<p>Supervision</p>								
<p>Consultation and Interprofessional/ Interdisciplinary Skills</p>								
<p>Program-specific competencies (if any; SoA II.D.1)</p>	<p>Outcome measure (new row for each measure)</p>	<p>Minimum level of achievement (MLA)</p>	<p>2017</p>	<p>2018</p>	<p>2019</p>	<p>2020</p>	<p>2021</p>	<p>2021</p>
<p></p>								

D.4-8 (b). Doctoral Internship Interim Reporting

(Commission on Accreditation; prepared for public comment, July 2018)

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

Outcome data:

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

1. **Proximal data:** Programs must provide proximal data collected since the last site visit that demonstrate the extent to which the minimum levels of achievement (MLAs) have been met for the outcome measures identified for all profession-wide competencies (PWCs) and program-specific competencies (if any). Programs must present data in the required table (appended to this regulation and available on the CoA's website). Programs must also provide the PWC table submitted in the most recent self-study. The table must reflect any updates or revisions that the program has undertaken since the previous review (e.g., new evaluation forms). Related updates or revisions⁵ must be described in an accompanying narrative.
2. **Distal data:** Programs must submit appropriately aggregated distal data that were collected since the last site visit. Programs must present data in a manner consistent with IR C-16 I and must demonstrate program completers' perceptions of the extent to which programs promoted mastery of the PWCs. Programs must include copies of all distal data collection mechanisms (e.g., alumni surveys).
3. Programs must provide a brief narrative response that summarizes the presented data and discuss how those data address the extent to which the program is meeting its aim(s). This response should also describe any situation in which an intern did not meet required MLAs and how the program followed its due process procedures (to include appropriate remediation) in response.

Substantive change reporting:

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

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

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

Table - Substantive Change History

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

Complaint/grievance reporting:

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

Review process

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

D.4-8 (c). Postdoctoral Residency Interim Reporting

(Commission on Accreditation; prepared for public comment, July 2018)

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

Outcome data:

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

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

Substantive change reporting:

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

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

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

Table - Substantive Change History

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

Complaint/grievance reporting:

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

Review process

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

IR D.4-8 (c) Proximal Data Table

<i>In cell B1, enter the year in which program received 10-year term.</i>	2018		<i>For each year listed in the columns below, enter the N who attempted and attained the MLA divided by the N who attempted the MLA in the academic year beginning in the listed year to calculate the percentage of successful attainment. The excel formula requires that you use the "=" symbol: (e.g., =5/5). When percentages fall below 100%, programs should explain in an appended narrative response how performance was remediated/ due process policies were appropriately followed.</i>					
Level 1—Advanced Competency Areas Required of All Programs at the Postdoctoral Level	Outcome measure (insert a new row for each measure)	Minimum level of achievement (MLA)	2018	2019	2020	2021	2022	% meeting MLA by end of program
	Integration of Science and Practice							
	Individual and Cultural Diversity							
	Ethical and Legal							
Level 2—Program-Specific or Area of Focus Competencies*	Outcome measure (new row for each measure)	Minimum level of achievement (MLA)	2018	2019	2020	2021	2022	% meeting MLA by end of program
Level 3—Specialty Competencies*	Outcome measure (new row for each measure)	Minimum level of achievement (MLA)	2018	2019	2020	2021	2022	% meeting MLA by end of program
<i>*For Level 2 and/or 3 competencies, programs should enter competencies defined by the program from Table 2 of the self-study.</i>								