

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

March 1, 2022

Dear Colleagues:

The *Accreditation Operating Procedures* (AOP) outline training requirements for programs at the doctoral, doctoral internship, and postdoctoral levels. Correspondent to the AOP are a set of 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. Opportunities for clarification have arisen regarding an IR in Section D (IR D 4.7(a)), which relates specifically to annual program review. In addition, review of received public comment has resulted in the need for further clarification to a proposed IR (D.4-11).

Consistent with Section 1 of the AOP, all accredited programs are reviewed annually. IR D 4.7(a) addresses the use of annual reports for reaffirmation of accredited status and monitoring of individual programs. In this IR, four success indicator thresholds are described, for which performance may be tied to specific accreditation standards (i.e., as noted in the *Standards of Accreditation for Health Service Psychology*). The revision to IR D 4.7(a) includes changes to the Standards used to annually evaluate program performance for accredited doctoral programs for each of the four success indicator thresholds.

Per the AOP (§1.3), an accredited program may request to voluntarily withdraw from accredited status at any time by advising the CoA in writing in advance of the requested withdrawal date. IR D.4-11 has been created to provide APA-accredited programs with clarification regarding AOP-compliant withdrawal procedures for programs who wish to withdraw from accreditation and continue to operate. This IR is out for a second round of public comment.

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 thirty (30) day period of public review and comment. The comment period is scheduled to begin at **5:00 pm Eastern Standard Time on March 1, 2022 and will continue through 5:00pm Eastern Standard Time on March 31, 2022.**

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:

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

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

##### ALL PROGRAMS:

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

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

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

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

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

##### DOCTORAL PROGRAMS ONLY:

Since programs are generally accredited for multiple years, CoA needs a mechanism to identify programs that might be experiencing changes in their ability to meet key outcomes in the SoA in the time period

between full accreditation reviews. The goal of this identification is to “flag” programs that appear not to be meeting minimal standards between full reviews in order to ensure that all programs are consistent with the standards of the profession.

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

Six items are important about these thresholds:

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

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

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

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

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

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

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

1. Standard I. Institutional and Program Context: I.C.2 Length of Degree and Residency;
2. [Standard II. Aims, Competencies Curriculum and Outcomes: II.A.2 Aims of the Program](#)
3. ~~Standard II. Aims, Competencies Curriculum and Outcomes: II.B. Discipline Specific Knowledge, Profession Wide Competencies, and Learning/Curriculum Elements Required by the Profession;~~
4. ~~Standard II. Aims, Competencies Curriculum and Outcomes: II.C. Program Specific Elements— Degree Type, Competencies, and Related Curriculum;~~
3. Standard II. Aims, Competencies Curriculum and Outcomes: II.-D.2 Evaluation of Students and Program;
4. Standard III. Students: III.A.1 Student Selection Process and Criteria;
5. Standard III. Students: III.B.1 Supportive Learning Environment;
6. Standard III. Students: III C.1 Plans to Maximize Student Success;
7. ~~and~~ [Standard IV. Faculty: A.2 Program Leadership, Administration, and Management](#)
8. Standard IV. Faculty: B.4. Faculty Sufficiency; ~~and-~~
9. [Standard V. Communication Practices: A.2 Public Disclosure.](#)

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

1. Standard I. Institutional and Program Context: I.CB.42 [Program Context and Resources](#) ~~Administrative Responsibilities Related to Cultural and Individual Differences and Diversity~~
2. [Standard I. Institutional and Program Context: I.D.4 Program Policies and Procedures](#)
3. ~~Standard II. Aims, Competencies Curriculum and Outcomes: II.B. Discipline Specific Knowledge, Profession Wide Competencies, and Learning/Curriculum Elements Required by the Profession;~~
4. ~~Standard II. Aims, Competencies Curriculum and Outcomes: II.C. Program Specific Elements— Degree Type, Competencies, and Related Curriculum;~~
3. Standard II. Aims, Competencies Curriculum and Outcomes: II.-D.1 Evaluation of Students and Program;
4. Standard III. Students: III.A.1 Student Selection Process and Criteria;
5. Standard III. Students: III.B.1 Supportive Learning Environment;
6. Standard III. Students: III.C.1 Plans to Maximize Student Success;
7. [Standard III. Students: III.C.3 Plans to Maximize Student Success;](#)
8. Standard IV. Faculty: B.4. Faculty Sufficiency; ~~and-~~
9. [Standard V. Communication Practices: A.2 Public Disclosure.](#)

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

1. [Standard I. Institutional and Program Context: I.C.4 Program Context and Resources](#)
2. ~~Standard I. Institutional and Program Context: I.C.4 (f) Resources (Sufficiency and appropriateness of practicum experiences);~~

2. Standard II. Aims, Competencies Curriculum and Outcomes: II.-B.3 Required Practicum Training Elements; ~~and;~~
3. Standard II. Aims, Competencies Curriculum and Outcomes: II.-B.4. Required Internship Training Elements;
4. Standard II. Aims, Competencies Curriculum and Outcomes: II.D.1 Evaluation of Students and Program;
5. Standard II. Aims, Competencies Curriculum and Outcomes: II.D.2 Evaluation of Students and Program;
6. Standard III. Students: III.A.1 Student Selection Process and Criteria;
7. Standard III. Students: III.B.1 Supportive Learning Environment;
8. Standard III. Students: III.C.3 Plans to Maximize Student Success; and
9. Standard IV. Faculty: B.4. Faculty Sufficiency.

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

1. Standard I. Institutional and Program Context: I.B.1.b Institutional and Administrative Structure (Administrative Structure)
- ~~2. Standard II. Aims, Competencies Curriculum and Outcomes: II.B. Discipline Specific Knowledge, Profession-Wide Competencies, and Learning/Curriculum Elements Required by the Profession;~~
- ~~3. Standard II. Aims, Competencies Curriculum and Outcomes: II.C. Program Specific Elements— Degree Type, Competencies, and Related Curriculum;~~
- ~~4. Standard II. Aims, Competencies Curriculum and Outcomes: II D. Evaluation of Students and Program;~~
2. Standard III. Students: III.A.1 Student Selection Process and Criteria;
3. Standard III. Students: III.B.1 Supportive Learning Environment;
4. Standard III. Students: III.C.1 Plans to Maximize Student Success;
5. Standard IV. Faculty: A.1 Program Leadership, Administration, and Management;
6. Standard IV. Faculty: B.1 Faculty Qualifications and Role Modeling;
7. Standard IV. Faculty: B.2 Faculty Qualifications and Role Modeling;
8. Standard IV. Faculty: B.4. Faculty Qualifications and Role Modeling; and Faculty Sufficiency
9. Standard IV. Faculty: B.5.b Faculty Qualifications and Role Modeling (Cultural and Individual Differences Diversity)

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

1. After all programs have entered their ARO data, staff produces a list of each doctoral program's "threshold" data. All data are compared against the thresholds developed by the CoA as outlined in IR D.4-7(b).
2. Individual doctoral program data for the current year, or 3-year summary as outlined in IR D.4-

7(b), are compared with the program's data from the previous year or the listed threshold as identified for the variable of interest. During the review of the thresholds, the Research Committee and CoA take into account issues related to base rate concerns and the 3-year moving average. Given that for two of the thresholds the threshold is a percentage (i.e., attrition and internship placement rate), the CoA looks at the total number of students in the program for a better idea of whether this is a base rate issue. For example, if the total number of students in the program is low, any student leaving the program or not obtaining an accredited internship may lead to a higher percentage than the threshold. Also, the thresholds using a 3-year moving average (i.e., time-to-degree completion, attrition, internship placement), may be determined to be a consequence of one of the prior two years' results, suggesting that improvement is occurring based on a review of the raw data from each year.

3. All programs with threshold data not meeting the parameters in IR D.4-7(b) are identified and brought to the attention of the CoA. The CoA will defer reaffirmation of the program's accredited status pending receipt of additional information from the program to address the threshold(s) of concern in relation to ongoing compliance with the linked Standards. If, in the professional judgment of the CoA, the requested additional information is not sufficient to demonstrate compliance with the linked Standards, the program will be asked to show cause why it should not be placed on probation.
4. Programs not responding to queries requesting additional information on one or more indicators will be sent a letter about the program's accredited status consistent with AOP Section 1.3 indicating that a lack of programmatic response may mean the program is "deemed to have withdrawn" from accredited status.

#### **D.4-11. Voluntary Withdrawal from Accreditation**

(Commission on Accreditation, [revised for public comment February 2022](#))

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

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

##### **Doctoral Programs**

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

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

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

The formal request to withdraw from APA-accreditation should be submitted in advance of the end-date (~~but no earlier than 1 year before its intended withdrawal date~~) and should include confirmation that all current and prospective students have received advanced notice of this voluntary action. [Should the end-date change the program is asked to notify the CoA.](#)

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

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

For All Levels of Training

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