

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

March 26, 2024

Dear Colleagues,

The APA is required to undergo periodic review to maintain recognition as an accrediting agency by the United States Department of Education (ED or Department) and the Council of Higher Education Accreditation (CHEA). The APA's scope of recognition includes the accreditation of doctoral programs in health service psychology (i.e., clinical, counseling, and school psychology, combinations of two or more of these practice areas and other developed practice areas in health service psychology), doctoral internship programs in health service psychology, and postdoctoral residency programs in health service psychology. As such, accreditation standards and procedures must align with the recognition criteria of both the ED and the CHEA.

The *Standards of Accreditation for Health Service Psychology* (SoA) outline education and training requirements for programs at the doctoral, doctoral internship, and postdoctoral levels. This call for comment reflects revisions to the SoA that follow a call made in 2023 and are reflective of the comments received. This second round of public comment includes an amendment to the eligibility requirements for specialty postdoctoral practice areas; this change is consistent with previous versions of the SoA (2015) by including the committees and organizations identifying specialty areas of practice in the field. In addition, changes in the field, particularly modifications to the internship imbalance have led to a need for clarity regarding defining the number of interns required for a program to seek and maintain accreditation. As a result, language in the SoA has changed from requiring "two interns" to having "sufficient interns." There is additional clarification on expectations related to intern sufficiency in a new Implementing Regulation (IR; see IR C-30 I, also out for public comment).

The SoA also include that internship training is to make a successful graduate competent to independently practice at the entry level following program completion and that supervision in residency training must be scheduled. These modifications are to clarify program inputs in terms of supervision and outputs in terms of residency.

The revisions also include some additional clarifications, supplementing the last round of related changes on equity, diversity and inclusion (EDI). The modifications focus on the recruitment of diverse student/intern/resident cohorts as well as recruitment and retention of a diverse faculty/staff at all levels of APA-accredited programs to enable accredited programs to comply with APA's standards while navigating the myriad of state laws seeking to regulate higher education and EDI, which have arisen since the current SoA was approved. These changes continue to require accredited programs to engage in concrete actions that demonstrate commitment to diverse groups of people in the recruitment and retention of students and trainees, and faculty and staff who offer education and supervision within programs. In addition, the Commission continues to emphasize that programs understand the importance of diversity in the instruction of students and trainees.

In accordance with the APA "Policies for Accreditation Governance" and U.S. Department of Education regulations for notice and comment, the CoA will make the proposed revisions available for a ninety (90) day period of public review and comment. The comment period is scheduled to begin at **5:00 pm Eastern Standard Time on March 26, 2024 and will continue through 5:00pm Eastern Standard Time on June**

24, 2024. Information about the proposed standards and public comment is available at <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 the Office of Program Consultation and Accreditation at (202) 336-5979 or apaaccred@apa.org. On behalf of the CoA, thank you for your review and comments.

Standards of Accreditation for Programs in Health Service Psychology

Introduction

I. Scope of Accreditation

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

For the purposes of accreditation by the APA Commission on Accreditation (CoA) *health service psychology* is defined as the integration of psychological science and practice in order to facilitate human development and functioning. Health service psychology includes the generation, application, and promulgation of knowledge and practices that encompass a wide range of professional activities relevant to health promotion, prevention, consultation, assessment, and treatment for psychological and other health-related disorders. Accredited programs train individuals to understand the significance of equity, diversity, and inclusion and prepare individuals to work in diverse settings with diverse populations, consistent with their particular missions. Programs that are accredited to provide training in health service psychology train individuals to be eligible to pursue licensure and/or relevant credentials.

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

A. Scope of Accreditation for Doctoral Programs:

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

B. Scope of Accreditation for Internship Programs:

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

C. Scope of Accreditation for Postdoctoral Residency Programs:

The CoA reviews postdoctoral residency programs providing education and training in preparation for health service psychology practice at an advanced level of competency in: (a) the developed practice areas that have been defined within the scope of accreditation at the doctoral level; (b) a focus area that promotes attainment of advanced competencies in a content within one or more of the developed practice areas that have been defined within the scope of accreditation at the doctoral level; and/or (c) in a recognized specialty practice area in health service psychology.

II. Guiding Principles of Accreditation

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

A. The Purpose and Practice of Accreditation

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

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

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

The accreditation process involves judging the degree to which a program has achieved (a) its educational aims, (b) the standards described in this document, and (c) minimum levels of both discipline-specific knowledge and profession-wide competencies among its students/trainees and graduates. The CoA does not explicitly prescribe the processes by which competencies should be reached; rather, it considers the degree to which a program's processes produce educational and training outcomes consistent with its aims and the Standards of Accreditation. Thus, accreditation in psychology is intended to "achieve general agreement on the goals of training ... encourage experimentation on methods of achieving those goals and ... suggest ways of establishing high standards in a setting of flexibility and reasonable freedom¹."

B. Professional Values

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

a. Quality

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

b. Transparency

As part of its commitment to accountability, the CoA is transparent regarding the policies, standards, and procedures by which it operates. It is open to, and values input regarding these from the public, students, faculty, and practitioners. The CoA is

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

also committed to transparency regarding its decisions, within the limits imposed by the confidentiality of the information it receives from programs as part of their application process.

c. Peer Review

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

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

a. Commitment to Equity, Diversity, and Inclusion

The Commission recognizes the educational benefits of equity, diversity, and inclusion as those terms are defined below and consistent with applicable federal, state, and local laws. Accredited programs demonstrate their commitment to these understanding of the importance of equity, diversity, and inclusion by undertaking concrete efforts to create and maintain a learning environment in which diverse voices and perspectives are included, all students have an opportunity to reach their full potential, and all students are prepared to serve individuals of varying backgrounds in diverse settings. The Commission further recognizes that programs will demonstrate their commitment to the principles of equity, diversity and inclusion in different ways depending on their particular contexts and missions.

For the purposes of these Standards:

Equity is defined as an ongoing commitment to fair and holistic needs assessment and a commitment to creating bias-free conditions for optimal outcomes for all students.

Diversity is defined as intentional inclusion of a broad range of individuals and groups, including those who may be identified by their race, ethnicity, culture, gender, gender identity and expression, sexual orientation, socioeconomic status, religion, spirituality, disability, age, national origin, immigration status, and language. Diversity further involves recognition that individuals can belong to multiple groups and that social identities are intersectional and have different salience and impact in different contexts.

Inclusion is be defined as an environment that offers affirmation, celebration, and appreciation of different approaches, styles, perspectives, and experiences, thus allowing individuals to bring in their whole selves (and all of their identities) and to demonstrate their strengths and capacity”.

These definitions should be construed consistently with applicable federal, state, and local laws and may be adapted by programs to be consistent with their institutional missions and applicable laws.

b. Preparation for Entry Level Practice

Education and training in preparation for entry-level practice in health service psychology at the doctoral level (including internship) should be general in its orientation rather than narrow and specialized. This preparation should be based on the existing and evolving body of knowledge, skills, and competencies that define the declared substantive practice area(s) and should be well grounded in the broad theoretical and scientific foundations of the discipline and field of psychology in general.

Education in health service psychology is on a continuum: ranging from in-depth, integrative, broad and general preparation at the doctoral and internship levels, to advanced preparation at the postdoctoral level in a focus area and/or recognized specialty.

c. Advanced Preparation for Practice at the Postdoctoral Level in a Focus Area and/or Recognized Specialty

Postdoctoral residency education and training in health service psychology reflects advanced and focused knowledge of the science and practice of psychology. It builds upon the breadth of knowledge attained in doctoral and internship education to ensure competence in health service psychology and is of sufficient depth and focus to ensure advanced competence in the practice area for which the residents are being prepared. This preparation should be based on the existing and evolving body of knowledge, skills, and competencies that define the practice area(s) and should be well integrated with the broad theoretical and scientific foundations of the discipline and field of psychology in general.

d. Science and Practice

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

e. Program Aims and Student/Trainee Competencies

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

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

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

C. Outcome Oriented Evaluation Focus

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

Consistent with this outcomes-oriented approach, the accreditation standards do not contain a "checklist" of criteria. Rather, they identify and describe the profession-wide competencies and the discipline-specific knowledge that all programs must address as well as general areas that are considered essential to the success of any training program in health service psychology. Programs are expected to document their record of achievements in these areas (in the case of already accredited programs), or their potential for success (in the case of applicant programs). It is assumed that, with reasonable guidance about the kind of information needed by the CoA, programs can decide how best to present their aims, competencies, and outcomes. Similarly, it is assumed that with adequate information from a program, the CoA can reach an informed, fair, and reasonable decision about that program without relying solely on highly restrictive lists of specific criteria.

Protection of the interests of the program and the public are ensured by the CoA using fair and reasonable evaluative methods to assess:

1. The clarity of program aims and outcomes and their consistency with accreditation standards;

2. The sufficiency of resources and adequacy of processes to support the accomplishment of the program's aims;
3. The effectiveness of a program in achieving its aims and outcomes; and
4. The likelihood that such outcomes can be maintained or improved over time.

D. Function of the CoA: Professional Judgment

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

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

**Standards of Accreditation in Health Service Psychology:
Doctoral**

I. Institutional and Program Context

A. Type of Program

1. **Health Service Psychology.** The program offers broad and general doctoral education and training that includes preparation in health service psychology (HSP). A doctoral program that is accredited in health service psychology must demonstrate that it contains the following elements:
 - a. Integration of empirical evidence and practice: Practice is evidence-based, and evidence is practice-informed.
 - b. Training is cumulative, graded in complexity, and designed to prepare students for practice or further organized training.
 - c. The program understands the importance of equity, diversity, and inclusion. It includes diverse voices and perspectives in its training and prepares professionals to work with individuals from diverse backgrounds in their careers.
 - d. Training in discipline-specific knowledge and across the profession-wide competencies includes integrative in-depth education in the underlying assumptions and philosophies of the theories and methods of science and practice.

2. **Practice Area.** Health service psychology includes several practice areas in which an accredited program may focus, including the areas of clinical psychology, counseling psychology, school psychology, combinations of these areas, and other developed practice areas.

B. Institutional and Administrative Structure

1. **Administrative Structure.** The program's purpose must be pursued in an institutional setting appropriate for doctoral education and training in health service psychology. The institution must have a clear administrative structure and commitment to the doctoral program.
 - a. The sponsoring institution of higher education must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate graduate degree-granting authority. This includes state authorization and accreditation of the institution by a nationally recognized institutional accrediting body in the United States.
 - b. The program is an integral part of the mission of the academic department, college, school, or institution in which it resides. It is represented in the institution's operating budget and plans in a manner that supports the training mission of the program. Funding and resources are stable and enable the program to achieve its aims.

2. **Administrative Responsibilities Related to Equity, Diversity, and Inclusion.** The program recognizes the importance of equity, diversity, and inclusion in the training of psychologists. The program makes systematic, coherent, and long-term efforts to attract and retain students and faculty ~~from~~ with diverse perspectives and

backgrounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for the training of individuals ~~who are diverse with varied backgrounds~~ and the provision of training opportunities for a broad spectrum of individuals. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in graduate training. Because of the United States' rich diverse higher education landscape, training may take place in both secular and faith-based settings. Thus, consistent with the Higher Education Act, the requirements related to equity, diversity, and inclusion do not exclude programs from having a religious affiliation or purpose. The CoA bases accreditation and pre-accreditation decisions on its published standards and does not use as a negative factor a program's religious mission-based policies, decisions, and practices in areas such as curriculum (provided the program's curriculum includes all components required by the Standards of Accreditation); faculty; student support services; recruiting and admissions practices; academic calendars; catalogues; publications; grading; and advertising. The CoA acknowledges that programs with a religious affiliation or purpose may adopt and apply policies in the foregoing areas that directly relate to this affiliation and purpose as long as: (a) the program gives public notice of these policies to potential students, faculty, and staff before their application or employment with the program, and (b) the policies, including any preference for persons adhering to the religious mission or affiliation, are permitted by law. Finally, compelling pedagogical interests require that each program educate students on the principles of equity, diversity, and inclusion as they apply in research and practice, and prepare graduates to effectively navigate circumstances that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

C. Program Context and Resources

1. Program Administration and Structure

- a. **Program Leadership.** The program has consistent and stable leadership with a designated leader who is a doctoral-level psychologist and a member of the core faculty. The program leader's credentials and expertise must be in an area covered by HSP accreditation and must be consistent with the program's aims. This leadership position may be held by more than one individual.
- b. **Program Administration.** The program has designated procedures and personnel responsible for making decisions about the program, including curriculum, student selection and evaluation, and program maintenance and improvement. The program's decision-making procedures, including who is involved in decision making, must be consistent with the missions of the institution and department, and with the program's aims. The program ensures a stable educational environment through its personnel and faculty leadership.

2. Length of Degree and Residency. The program has policies regarding program length and residency that permit faculty, training staff, supervisors, and administrators to execute their professional, ethical, and potentially legal obligations to promote student

development, socialization and peer interaction, faculty role modelling and the development and assessment of student competencies. Residency provides students with mentoring and supervision regarding their development and socialization into the profession, as well as continuous monitoring and assessment of student development through live face-to-face, in-person interaction with faculty and students. These obligations cannot be met in programs that are substantially or completely online. At a minimum, the program must require that each student successfully complete:

- a. a minimum of 3 full-time academic years of graduate study (or the equivalent thereof) plus an internship prior to receiving the doctoral degree;
 - b. at least 2 of the 3 academic training years (or the equivalent thereof) within the program from which the doctoral degree is granted;
 - c. at least 1 year of which must be in full-time residence (or the equivalent thereof) at that same program. Programs seeking to satisfy the requirement of one year of full-time residency based on “the equivalent thereof” must demonstrate how the proposed equivalence achieves all the purposes of the residency requirement.
3. **Partnerships/Consortia.** A graduate program may consist of, or be located under, a single administrative entity (e.g., institution, agency, school, or department) or in a partnership or consortium among separate administrative entities. A consortium is comprised of multiple independently administered entities that have, in writing, formally agreed to pool resources to conduct a training or education program.
4. **Resources.** The program has, and appropriately utilizes, the resources it needs to achieve its training aims, including student acquisition and demonstration of competencies. The program works with its academic unit and/or the administration of the sponsor institution to develop a plan for the acquisition of additional resources that may be necessary for program maintenance and development. The resources should include the following:
- a. financial support for training and educational activities;
 - b. clerical, technical, and electronic support;
 - c. training materials and equipment;
 - d. physical facilities;
 - e. services to support students with academic, financial, health, and personal issues; and
 - f. sufficient and appropriate practicum experiences to allow a program to effectively achieve the program’s training aims.

D. Program Policies and Procedures

1. **Areas of Coverage.** The program has and adheres to formal written policies and procedures that govern students as they enter, progress through, and matriculate from the program. These must include policies relevant to:
 - a. academic recruitment and admissions—retention, including general recruitment/admissions and recruitment of students who are diverse—the program’s assessment of and approach to financial and other socio-economic factors that may present barriers to some applicants.

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

II. Aims, Competencies, Curriculum, and Outcomes

A. Aims of the Program

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

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

1. Discipline-Specific Knowledge and Profession-Wide Competencies

Discipline-specific knowledge serves as a cornerstone for the establishment of identity in and orientation to health services psychology. Thus, all students in accredited programs should acquire a general knowledge base in the field of psychology, broadly construed, to serve as a foundation for further training in the practice of health service psychology.

- a. Discipline-specific knowledge represents the requisite core knowledge of psychology an individual must have to attain the profession-wide competencies. Programs may elect to demonstrate discipline-specific knowledge of students by:
 - i. Using student selection criteria that involve standardized assessment of a foundational knowledge base. In this case, the program must describe how the curriculum builds upon this foundational knowledge to enable students to demonstrate graduate level discipline-specific knowledge.
 - ii. Providing students with broad exposure to discipline-specific knowledge. In this case, the program is not required to demonstrate that students have specific foundational knowledge at entry but must describe how the program's curriculum enables students to demonstrate graduate-level discipline-specific knowledge.
- b. Profession-wide competencies include certain competencies required for all students who graduate from programs accredited in health service psychology. Programs must provide opportunities for all their students to achieve and demonstrate each required profession-wide competency. Although in general, the competencies appearing at or near the top of the following list serve as foundations upon which later competencies are built, each competency is considered critical for graduates in programs accredited in health service psychology. The specific requirements for each competency are articulated in the *CoA's Implementing Regulations*. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence-base when training students in the following competency areas.
 - i. Research
 - ii. Ethical and legal standards
 - iii. Equity, diversity, and inclusion
 - iv. Professional values, attitudes, and behaviors
 - v. Communication and interpersonal skills
 - vi. Assessment
 - vii. Intervention
 - viii. Supervision

- ix. Consultation and interprofessional/interdisciplinary skills
- 2. **Learning/Curriculum Elements Related to the Program's Aims.** The program must describe the process by which students attain discipline-specific knowledge and each profession-wide competency (i.e., the program's curriculum) and provide a description of how the curriculum is consistent with professional standards and the program's aims.
- 3. **Required Practicum Training Elements**
 - a. Practicum must include supervised experience working with diverse individuals with a variety of presenting problems, diagnoses, and issues. The purpose of practicum is to develop the requisite knowledge and skills for graduates to be able to demonstrate the competencies defined above. The doctoral program needs to demonstrate that it provides a training plan applied and documented at the individual level, appropriate to the student's current skills and ability, which ensures that by the time the student applies for internship the student has attained the requisite level of competency.
 - b. Programs must place students in settings that are (a) committed to training, (b) provide experiences that are consistent with health service psychology and the program's aims, and (c) enable students to attain and demonstrate appropriate competencies.
 - c. Supervision must be provided by appropriately trained and credentialed individuals.
 - d. As part of a program's ongoing commitment to ensuring the quality of their graduates, each practicum evaluation must be based in part on direct observation of the practicum student's developing skills (either live or electronically).
- 4. **Required Internship Training Elements.** The program must demonstrate that all students complete a one-year full-time or two-year part-time internship.
 - a. **Accredited Internships.** Students are expected to apply for, and to the extent possible, complete internship training programs that are either APA- or CPA-accredited. For students who attend accredited internships, the doctoral program is required to provide only the specific name of the internship.
 - b. **Unaccredited Internships.** When a student attends an unaccredited internship, it is the responsibility of the doctoral program to provide evidence demonstrating quality and adequacy of the internship experience. This must include information on the following:
 - i. the nature and appropriateness of the training activities;
 - ii. frequency and quality of supervision;
 - iii. credentials of the supervisors;
 - iv. how the internship evaluates student performance;
 - v. how interns demonstrate competency at the appropriate level; and
 - vi. documentation of the evaluation of its students in its student files.

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

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

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

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

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

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

D. Evaluation of Students and Program

1. Evaluation of Students' Competencies

- a. The program must evaluate students' competencies in both profession-defined and program-defined areas. By the time of degree completion, each student must demonstrate achievement of both the profession-wide competencies and those required by the program. Thus, for each competency, the program must:
 - i. Specify how it evaluates student performance, and the minimum level of achievement or performance required of the student to demonstrate competency. Programs must demonstrate how their evaluation methods and

minimum levels of achievement are appropriate for the measurement of each competency. The level of achievement expected should reflect the current standards for the profession.

- ii. Provide outcome data that clearly demonstrate that by the time of degree completion, all students have reached the appropriate level of achievement in each profession-wide competency as well as in each program-defined competency. While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with best practices in student competency evaluation.
 - iii. Present formative and summative evaluations linked to exit criteria, as well as data demonstrating achievement of competencies, for each student in the program.
- b. For program graduates, the program must provide distal evidence of students' competencies and program effectiveness and must evaluate graduates' career paths in health service psychology after they have left the program.
- i. Two years after graduation, the program must provide data on how well the program prepared students in each profession-wide and program-specific competency. The program must also provide data on students' job placement and licensure rates.
 - ii. At five years post-graduation, the program must provide data on graduates, including data on graduates' licensure (as appropriate for their current job duties) and their scholarly/research contributions (as consistent with the program's aims).
- 2. Evaluation of Program Effectiveness and Quality Improvement Efforts**
- a. The program must demonstrate a commitment to ensure competence in health service psychology through ongoing self-evaluation to monitor its performance and contribution to the fulfilment of its sponsor institution's mission.
 - b. The program must document mechanisms for engaging in regular, ongoing self-assessment that:
 - i. Involves program stakeholders, including faculty, students, graduates, and others involved in the training program.
 - ii. Evaluates its effectiveness in training students who, by the time of graduation, demonstrate the competencies required by the profession and the program, and who after graduation can engage in professional activities consistent with health service psychology and with the program's aims.
 - iii. Evaluates the currency and appropriateness of its aims, curriculum, and policies and procedures with respect to the following: its sponsor institution's mission and goals; local, state/provincial, regional, and national needs for psychological services; national standards for health service psychology; and the evolving evidence base of the profession.
 - iv. Identifies potential areas for improvement.
- 3. Documenting and Achieving Outcomes Demonstrating Program's Effectiveness.** All accredited doctoral programs are expected to document student achievement while

in the program and to look at post-graduation outcomes. Accredited programs are also expected to prepare students for internship training and document that by the time of graduation, all students are prepared for entry-level practice. The program's achievement of this should be reflected in student success in achieving licensure after completion of the program.

- a. The outcomes of program graduates including licensure rate and other proximal and distal outcomes of program graduates shall be evaluated within the context of the requirement that all accredited doctoral programs prepare students for entry-level practice; each program's expressed and implied educational aims and competencies; and statements made by the program to the public.
- b. Doctoral programs' specific educational aims and required competencies may differ from one another; therefore, there is no specified licensure rate. Instead, the Commission on Accreditation shall use its professional judgment to determine if the program's licensure rate, in combination with other factors, such as attrition of students from the program and their time to degree, demonstrates students' successful preparation for entry-level practice in health service psychology.

III. Students

A. Student Selection Processes and Criteria

1. The program has an identifiable body of students at different levels of matriculation who:
 - a. constitute a number that allows opportunities for meaningful peer interaction, support, and socialization.
 - b. are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse perspectives and backgrounds as outlined in I.B.2..
 - i. The program must implement specific activities, approaches, and initiatives to increase diversity among its students—demonstrate broad outreach to diverse communities in its recruitment efforts. It may participate in institutional-level recruitment initiatives ~~aimed toward achieving diversity~~, but these alone are not sufficient.
 - ii. The program should document the concrete steps it is taking to achieve diversity—conduct broad outreach to diverse communities, identifying the areas of ~~diversity~~ recruitment in which it excels as well as the areas in which it is working to improve. The program should describe how it examines the effectiveness of its recruitment efforts ~~to attract students who are diverse~~ and document any steps needed to revise/enhance its strategies. The program should also describe the steps it has taken to consider whether financial or other socio-economic barriers impede the recruitment process and how it addresses such barriers consistent with its mission and applicable law.
 - c. By prior achievement, students have demonstrated appropriate competency for the program's aims as well as expectations for a doctoral program.
 - i. If the program has criteria for selection that involve demonstration of prior knowledge, the program must discuss how these criteria influence program

- requirements, are appropriate for the aims of the program, and maximize student success.
- ii. If the program has broad entrance criteria (e.g., undergraduate or graduate GPA), the program must address how students will be prepared for advanced education and training in psychology, how the curriculum is structured in accord with the goal of graduate-level competency, and how the criteria relative to the curriculum maximize student success.
- d. By interest and aptitude, they are prepared to meet the program's aims.
 - e. They reflect, through their intellectual and professional development and intended career paths, the program's aims and philosophy.

B. Supportive Learning Environment

1. Program faculty are accessible to students and provide them with guidance and supervision. They serve as appropriate professional role models and engage in actions that promote the students' acquisition of knowledge, skills, and competencies consistent with the program's training aims.
2. The program recognizes the rights of students and faculty to be treated with courtesy and respect. To maximize the quality and effectiveness of students' learning experiences, all interactions among students, faculty, and staff should be collegial and conducted in a manner that reflects the highest standards of the scholarly community and of the profession (see the current *APA Ethical Principles of Psychologists and Code of Conduct*). The program has an obligation to inform students of these principles, put procedures in place to promote productive interactions, and informs students of avenues of recourse should problems arise.
3. To ensure a supportive and encouraging learning environment for all students ~~who are diverse~~, the program must:
 - a. avoid any actions that would restrict program access on grounds that are irrelevant to success in graduate training, and,
 - b. take steps to show how it understands and implements principles of equity, diversity, and inclusion.

C. Plans to Maximize Student Success

1. Program faculty engage in and document actions and procedures that actively encourage timely completion of the program and maximize student success. The program minimizes preventable causes of attrition (e.g., flawed admission procedures or unsupportive learning environments) and engages in tailored retention/completion efforts as appropriate (e.g., accommodation of student needs and special circumstances).
2. **Program Engagement.** The program engages in specific activities, approaches, and initiatives to foster equity, diversity, and inclusion and ensure a supportive learning environment for all students. The program may participate in institutional-level initiatives aimed toward retaining students who ~~are diverse~~ may face heightened

challenges to successful program completion, but these alone are not sufficient. Concrete program-level actions to retain students who ~~are diverse~~ may face heightened challenges to successful program completion should be integrated across key aspects of the program and should be documented. The program should also describe how it examines the effectiveness of its efforts to retain students who ~~are diverse~~ may face heightened challenges to successful program completion and document any steps needed to revise/enhance its strategies. The program should also describe the steps it has taken to consider whether financial or other socio-economic barriers impede retention and the steps it has taken to address any such barriers consistent with its mission and applicable law.

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

IV. Faculty

A. Program Leadership, Administration, and Management

1. Leadership of the program is stable. There is a designated leader who is a doctoral-level psychologist and a member of the core faculty. The program leader's credentials and expertise are consistent with the program's mission and aims and with the substantive area of health service psychology in which the program provides training. More than one individual can hold this leadership position.
2. The program leader(s) together with program core faculty have primary responsibility for the design, implementation, and evaluation of the program's administrative activities (e.g., policies and procedures for student admissions, student evaluations, and arrangement of practicum experiences) and for its educational offerings (e.g., coursework, practicum experiences, and research training).

B. Faculty Qualifications and Role Modeling

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

- e. are available to function as appropriate role models for students in their learning and socialization into the discipline and profession.
- 2. Additional Core Faculty Professional Characteristics**
- a. Core faculty must be composed of individuals whose education, training, and/or experience are consistent with their roles in the program considering the substantive area in which the program seeks accreditation.
 - b. Core faculty must be composed of individuals whose primary professional employment (50% or more) is at the institution where the program is housed, and to whom the institution has demonstrated a multiyear commitment. At least 50% of core faculty professional time must be devoted to program-related activities.
 - c. Core faculty must be identified with the program and centrally involved in program development, decision making, and student training. “Identified with the program” means that each faculty member is included in public and departmental documents as such, views themselves as core faculty, and is seen as core faculty by the students.
 - d. Core faculty activities directly related to the doctoral program include program-related teaching, research, scholarship, and/or professional activities; supervising students’ research, students’ dissertations, and students’ teaching activities; mentoring students’ professional development; providing clinical supervision; monitoring student outcomes; teaching in a master’s degree program that is an integral part of the doctoral program; and developing, evaluating, and maintaining the program.
 - e. Core faculty activities not directly related to the doctoral program and not seen as aspects of the core faculty role include undergraduate teaching in general and related activities; teaching and related activities in terminal master’s or other graduate programs; and clinical work or independent practice not directly associated with training, such as at a counselling center.
- 3. Associated and Adjunct Faculty.** In addition to core faculty, programs may also have associated program faculty, contributing faculty, and adjunct (visiting, auxiliary, or “other”) faculty. Associated program faculty do not meet the criteria for core faculty. They are not centrally involved in program development and decision making, but they still make a substantial contribution to the program and take on some of the tasks often associated with core faculty. Adjunct faculty are hired on an ad hoc basis to teach one or two courses, provide supervision, etc.
- 4. Faculty Sufficiency**
- a. Consistent with the program’s model, the program faculty, and in particular the core faculty, needs to be large enough to advise and supervise students’ research and practice, conduct research and/or engage in scholarly activity, attend to administrative duties, serve on institutional or program committees, provide a sense of program continuity, provide appropriate class sizes and sufficient course offerings to meet program aims, and monitor and evaluate practicum facilities, internship settings, and student progress.

- b. The program faculty, and in particular the core faculty, needs to be large enough to support student engagement and success within the program, from admissions, to matriculation, to timely completion of program requirements and graduation.
- c. At least one member of the core faculty needs to hold professional licensure as a psychologist to practice in the jurisdiction in which the program is located.
- d. The program faculty must themselves be engaged in activities demonstrating the skills they are endeavouring to teach their students, such as delivering psychological services, conducting psychological research, publishing scholarly work, presenting professional work at conferences/meetings, teaching classes/workshops, and supervising the professional work of others.

5. Equity, Diversity, and Inclusion

- a. **Recruitment of ~~Faculty who are a~~ Diverse Faculty.** Each accredited program is responsible for making systematic, coherent, and long-term efforts to attract (i.e., recruit) ~~and retain~~ faculty ~~from differing with~~ diverse perspectives and backgrounds as outlined in 1.B.2. ~~The program has developed a systematic, long-term plan to attract faculty from a range of diverse backgrounds and implemented it when possible (i.e., when there have been faculty openings).~~ The program may participate in institutional-level recruitment initiatives ~~aimed toward achieving diversity~~, but these alone are not sufficient. The program should document concrete steps it has taken to ~~achieve diversity~~ conduct broad outreach to diverse applicant pools, addressing the areas of ~~diversity~~ recruitment in which it excels as well as the areas in which it is working to improve. It should describe how it examines the effectiveness of its efforts to attract a diverse faculty ~~who are diverse~~ and document any steps needed to revise/enhance its strategies.
- b. **Retention of ~~Faculty who are a~~ Diverse Faculty.** The program has program specific activities, approaches, and initiatives it implements to retain ~~maintain diversity among its~~ faculty. A program may include institutional-level initiatives aimed toward retaining faculty ~~who are diverse~~, but these alone are not sufficient. The program describes how it examines the effectiveness of its efforts to retain faculty ~~who are diverse~~ and documents any steps needed to revise/enhance its strategies. The program monitors faculty attrition and takes appropriate corrective action to address disparate impacts that may be harming retention efforts.

V. Communication Practices

A. Public Disclosure

1. General Disclosures

- a. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, required curriculum sequence, and the expected outcomes in terms of its graduates' careers, as well as data on achievement of those expected and actual outcomes.
- b. The program must disclose its status regarding accreditation, including the specific academic program covered by that status, and the name, address, and telephone

number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program's accreditation status.

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

- a. All communications with potential students should be informative, accurate, and transparent.
- b. The program must be described accurately and completely in documents that are available to current students, prospective students, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. Program descriptions should be updated regularly as new cohorts begin and complete the program.
- c. Descriptions of the program include information about its requirements for admission and graduation; tuition and other costs; curriculum; time to completion; faculty, students, facilities, and other resources, including distance learning technologies; administrative policies and procedures; the kinds of research, practicum, and internship experiences it provides; and its education and training outcomes.
 - i. If the program has criteria for selection that involve competence-based assessments, it must describe how those criteria are appropriate for the aims of the program, how the curriculum is structured in terms of students' initial assessed competency at entry to the program, and how the criteria maximize student success.
 - ii. If the program has broad entrance criteria (e.g., undergraduate or graduate GPA), it must address how students will be prepared for advanced education and training in psychology, how the curriculum is structured in accord with the goal of graduate-level competency, and how the criteria relative to the curriculum maximize student success.
- d. The program must provide reasonable notice to its current students of changes to its aims, curriculum, program resources, and administrative policies and procedures, as well as any other program transitions that may impact its educational quality.

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

- a. Throughout the internship year, communication between the doctoral program and the internship should be maintained. This ongoing interaction can remain largely informal, depending on the needs of the program and the trainee. The doctoral program should initiate this contact at the start of the training year.
- b. Any formal, written internship evaluations must be retained in student files and used to evaluate the student competencies required for degree completion.

B. **Communication and Relationship with the Accrediting Body**

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

1. **Adherence.** The program must abide by the accrediting body's published policies and procedures as they pertain to its recognition as an accredited program. The program

- must respond in a complete and timely manner to all requests for communication from the accrediting body, including completing all required reports and responding to all questions.
- a. **Standard Reporting.** The program must respond to regular, recurring information requests (e.g., annual reports and narrative reports) as required by the accrediting body's policies and procedures.
 - b. **Nonstandard Reporting.** The program must submit timely responses to any additional information requests from the accrediting body.
 - c. **Fees.** The program must be in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.
2. **Communication.** The program must inform the accrediting body in a timely manner of changes in its environment, plans, resources, or operations that could alter the program's quality. This includes notification of any potential substantive changes in the program, such as changes in practice area or degree conferred or changes in faculty or administration.

**Standards of Accreditation in Health Service Psychology:
Doctoral Internship**

I. Institutional and Program Context

A. Type of Program

1. **Sponsoring Institution.** The program is sponsored by an institution or agency that provides service to a population sufficient in number and variability to give interns adequate experiential exposure to meet training purposes, aims, and competencies.
2. **Length of Program.** Accredited internships may be structured as full-time or part-time. The program requires interns to have the equivalent of 1 year of full-time training to be completed in no fewer than 12 months (or 10 months for school psychology internships), or the equivalent of half-time training to be completed within 24 months. The sponsoring doctoral program, internship program, and intern must have a clear understanding of the intern's plan if internship time is to be divided among two or more agencies for half-time training.
3. Programs can be single-site or multiple sites.

B. Institutional and Program Setting and Resources

1. **Internship program setting descriptions must include:**
 - a. a description of the sponsoring institution/agency;
 - b. a description of the training setting and how it is appropriate for the aims/purposes of the training program;
 - c. a description of how the setting functions primarily as a service provider; and
 - d. information on required hours.
2. **Administrative Structure.** The program offers internship education and training in psychology that prepares interns for the practice of health service psychology.
 - a. The program is an integral part of the mission of the institution in which it resides.
 - b. The administrative structure and processes facilitate systematic coordination, control, direction, and organization of the training activity and resources.
3. **Administrative Responsibilities Related to Equity, Diversity, and Inclusion.** The program recognizes the importance of equity, diversity, and inclusion in the training of psychologists. The program makes systematic, coherent, and long-term efforts to attract and retain students and faculty/staff ~~from~~ with diverse perspectives and backgrounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for the training of individuals who are diverse with varied backgrounds and the provision of training opportunities for a broad spectrum of individuals that fosters inclusion and equity. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in graduate training. Because of the United States' rich diverse higher education landscape, training may take place in both secular and faith-based settings. Thus, consistent with the Higher Education Act, the requirements related to equity, diversity, and inclusion do not exclude programs from

having a religious affiliation or purpose. The CoA bases accreditation and pre-accreditation decisions on its published standards and does not use as a negative factor a program's religious mission-based policies, decisions, and practices in areas such as curriculum (provided the program's curriculum includes all components required by the Standards of Accreditation); faculty; student support services; recruiting and admissions practices; academic calendars; catalogues; publications; grading; and advertising. The CoA acknowledges that programs with a religious affiliation or purpose may adopt and apply policies in the foregoing areas that directly relate to this affiliation and purpose as long as: (a) the program gives public notice of these policies to potential students, faculty, and staff before their application or employment with the program, and (b) the policies, including any preference for persons adhering to the religious mission or affiliation, are permitted by law. Finally, compelling pedagogical interests require that each program educate interns on the principles of equity, diversity, and inclusion as they apply in research and practice, and prepare graduates to effectively navigate circumstances that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

4. Funding and Budget

- a. Interns are provided financial support. Financial support should be set at a level that is representative and fair in relationship to both the geographic location and clinical setting of the training site.
- b. The program must have financial support for faculty/staff and sufficient and dependable training activities for the duration of the year or years of the contract with interns.
- c. Funding for the program should be represented in the institution's operating budget and plans in a manner that enables the program to achieve its training aims.

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

- a. clerical, technical, and electronic support sufficient to meet the program's needs;
- b. training materials, equipment, and access to the current knowledge base in the profession, including access to appropriate technology and resources to stay current with the scholarly literature; and
- c. physical facilities.

C. Program Policies and Procedures

1. **Areas of Coverage.** The program has and adheres to, and makes available to all interested parties, formal written policies and procedures that govern interns as they enter and complete the program. These must include policies relevant to:
 - a. intern recruitment and selection;
 - b. any required prior doctoral program preparation and experiences;
 - c. administrative and financial assistance;
 - d. requirements for successful internship performance (including required competencies and minimal levels of achievement for completion);

- e. intern performance evaluation, feedback, retention, and termination decisions;
 - f. identification and remediation of insufficient competence and/or problematic behavior, which shall include necessary due process steps of notice, hearing and appeal;
 - g. grievance procedures for interns including due process;
 - h. supervision requirements;
 - i. maintenance of records; and
 - j. documentation of non-discrimination policies and operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in graduate training or the profession.
2. **Implementation.** All policies and procedures used by the program must be consistent with the profession's current ethics code and must adhere to the sponsor institution's regulations and local, state, and federal statutes regarding due process and fair treatment. The program must describe how it incorporates and implements departmental and institutional policies at the program level, whenever such policies impact the program specifically.
3. **Availability of Policies and Procedures.** At the start of internship, the program must provide interns with written or electronic policies and procedures regarding program and institution requirements and expectations regarding interns' performance and continuance in the program and procedures for the termination of interns.
4. **Record Keeping**
- a. **Intern Performance.** The program must document and permanently maintain accurate records of the interns' training experiences, evaluations, and certificates of internship completion for evidence of the interns' progress through the program as well as for future reference and credentialing purposes. The program should inform interns of its records retention policies.
 - b. **Complaints and Grievances.** The program must keep information and records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of intern complaints as part of its periodic review of the program.

D. Program Climate

1. **Equity, Diversity, and Inclusion.** The program understands the importance of equity, diversity, and inclusion, and ensures a welcoming, supportive, and encouraging learning environment for all interns. It includes diverse voices and perspectives in its training and prepares professionals to work with individuals from diverse backgrounds.
- a. Program climate is reflected in the recruitment, retention, and development of training supervisors and interns, as well as in didactic and experiential training that

fosters an understanding of health disparities and promotion of health equity as it relates to professional psychology.

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

2. **Supportive Learning Environment**

- a. The program recognizes the rights of interns and faculty/staff to be treated with courtesy and respect. To maximize the quality and effectiveness of the interns' learning experiences, all interactions among interns, training supervisors, and faculty/staff should be collegial and conducted in a manner that reflects the highest standards of the profession. (See the current *APA Ethical Principles of Psychologists* and *Code of Conduct*.) The program has an obligation to inform interns of these principles and of their avenues of recourse should problems arise.
- b. Program faculty/staff are accessible to interns and provides them with a level of guidance and supervision that encourages successful completion of the internship. Faculty/staff members serve as appropriate professional role models and engage in actions that promote interns' acquisition of knowledge, skills, and competencies consistent with the program's training aims.

II. Aims, Training, Competencies, and Outcomes

A. Required Profession-Wide Competencies

1. Certain competencies are required for all interns who graduate from programs accredited in health service psychology. Programs must provide opportunities for all their interns to achieve and demonstrate that each required profession-wide competency has been met.
2. The role of the internship is to build upon a trainee's competencies in all the competency areas. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence base when training and assessing interns in the competency areas. Interns must demonstrate competence in:
 - a. Research
 - b. Ethical and legal standards
 - c. Equity, diversity, and inclusion
 - d. Professional values, attitudes, and behaviors
 - e. Communication and interpersonal skills
 - f. Assessment
 - g. Intervention
 - h. Supervision
 - i. Consultation and interprofessional/interdisciplinary skills

B. Program-Specific Aims and Competencies

1. **Specific Aims of the Training Program.** Consistent with profession-wide competencies required of all programs, the program must provide information on the

specific aims of the training program. The program's aims should be aligned with the program's training activities and intended outcomes.

2. **Program-Specific Competencies.** While internship programs accredited in health service psychology must encompass profession-wide competencies required of all programs, they may also elect to demonstrate program-specific competencies.
 - a. The program must specify if its intended training outcomes will place special emphasis on the development of any competencies in addition to those expected for all psychology interns or to a greater degree of achievement than might be expected for all psychology interns.
 - b. Additional competencies, if any, must be current and consistent with the definition of health service psychology, ethics of the profession, and aims of the program.

C. Learning Elements to Develop Competencies

1. **Educational Activities.** It is the responsibility of the program to have a clear and coherent plan for educational activities that support interns' achievement of both profession-wide and any program-specific competencies.
2. **Learning Elements**
 - a. The program's primary training method must be experiential (i.e., service delivery in direct contact with service recipients) and include sufficient observation and supervision by psychologists to facilitate interns' readiness to enter the general practice of psychology on training completion.
 - b. The program must follow a logical training sequence that builds on the skills and competencies acquired during doctoral training.
 - c. Training for practice must be cumulative, graded in complexity, and designed to prepare interns for practice or further organized training in a manner consistent with the program's training structure.
 - d. The program must describe how intern service delivery tasks and duties are primarily learning-oriented and training considerations take precedence over service delivery and revenue generation.
3. **Supervision**
 - a. Supervision is regularly scheduled.
 - b. Interns receive at least 4 hours of supervision per week.
 - c. One or more doctoral level psychologists, who are appropriately trained and licensed, are involved in ongoing supervisory relationships with an intern and have primary professional responsibility for the cases on which supervision is provided. The supervisor(s) must conduct a total of at least 2 hours per week of individual supervision with the intern during the year.
 - d. Supervisory hours beyond the 2 hours of individual supervision may be provided in an individual or group format and must be:
 - i. Characterized as an interactive educational experience between the intern and supervisor. The relationship between supervisor and intern must be

- evaluative and hierarchical, must extend over time, and must have the simultaneous purposes of enhancing the professional functioning of the more junior person, monitoring the quality of professional services offered, and serving as a gatekeeper for those who are to enter the profession.
- ii. Provided by health care professionals who are appropriately credentialed for their role/contribution to the program.
 - e. Interns should have access to consultation and supervision during times they are providing clinical services.
 - f. The doctoral-level licensed psychologist supervisors maintain overall responsibility for all supervision, including oversight and integration of supervision provided by other professionals.

D. Outcomes and Program Effectiveness

1. Evaluation of Interns' Competencies

- a. **Current Interns.** As part of its ongoing commitment to ensuring the quality of its graduates, the program must evaluate intern in both profession-wide competencies and any program-defined competencies. By the end of the internship, each intern must demonstrate achievement of both the profession-wide competencies and any additional competencies required by the program at the level of independent entry-level practice. For each competency, the program must:
 - i. specify how it evaluates intern performance;
 - ii. identify the minimum level of achievement or performance required of the intern to demonstrate competency;
 - iii. provide outcome data that clearly demonstrate all interns successfully completing the program have attained the minimal level of achievement of both the profession-wide and any program-specific competencies;
 - iv. base each intern evaluation in part on direct observation (either live or electronic) of the intern; and
 - v. While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with professionally accepted practices in intern competencies evaluation.
- b. **Internship Program Alumni.** The program must evaluate the functioning of alumni in terms of their career paths in health service psychology. Each program must provide data on how well the program prepared interns in each of the profession-wide and any program-specific competencies. The program must also provide data on interns' job placement and licensure status.

2. Evaluation of Program Effectiveness and Quality Improvement Efforts

- a. The program must demonstrate ongoing self-evaluation to monitor its performance to ensure competence in health service psychology and contribute to fulfillment of its sponsor institution's mission.
- b. The program must document mechanisms for engaging in regular, ongoing self-assessment that:

- i. involves program stakeholders, including training faculty/staff, interns, program graduates, and others involved in the training program;
- ii. evaluates its effectiveness in training interns who, by the completion of the internship, demonstrate competencies required by the profession and the program, and who can engage in professional activities consistent with health service psychology and with the program's aims;
- iii. has procedures in place to use proximal and distal data to monitor, make changes in, and improve the program;
- iv. provides resources and/or opportunities to enhance the quality of its training and supervision faculty/staff through continual professional development; and
- v. evaluates the currency and appropriateness of its aims, educational activities, policies, and procedures with respect to its sponsor institution's mission and goals; local, state/provincial, regional, and national needs for psychological services; national standards for health service psychology; and the evolving evidence base of the profession.

III. Interns

A. Intern Selection Process and Criteria

1. **Identifiable Body of Interns.** The program has an identifiable body of interns who are qualified to begin doctoral internship training.
 - a. They are currently enrolled in a doctoral program accredited by an accrediting body recognized by the U.S. Secretary of Education or by the Canadian Psychological Association. If the internship accepts an intern from an unaccredited program, the program must discuss how the intern is appropriate for the internship program.
 - b. Interns have interests, aptitudes, and prior academic and practicum experiences that are appropriate for the internship's training aims and competencies.
 - c. Adequate and appropriate supervised practicum training for the internship program must include face-to-face delivery of health service psychological services.
2. **Recruitment of Diverse Intern Cohorts**
 - a. The program engages in specific activities, approaches, and initiatives to foster equity, diversity, and inclusion and to attract interns with diverse perspectives and backgrounds as outlined in Introduction II.B.2.a. The program may participate in institutional-level recruitment initiatives, but these alone are not sufficient. Concrete program-level steps to conduct broad outreach to diverse communities should be incorporated across key aspects of the program and should be documented. The program should also describe how it examines the effectiveness of its recruitment efforts and document any steps needed to revise/enhance its strategies. The program should also describe the steps it has taken to consider whether financial or other socio-economic barriers impede the recruitment process and how it addresses such barriers consistent with its mission and applicable law.

- b. Consistent with such efforts, the program acts to ensure a supportive and encouraging learning environment appropriate for the training of interns and provides training opportunities for individuals with varying backgrounds that promote inclusion and equity to enable interns to effectively navigate working with individuals different from themselves. The program reviews its success with these efforts and makes changes as appropriate.
3. **Intern Sufficiency.** The program has ~~at least two~~ a sufficient number of interns who:
 - a. are provided with opportunities that ensure appropriate peer interaction, support, and socialization;
 - b. are provided with opportunities for socialization and interaction with professional colleagues in a manner consistent with the program’s training structure;
 - c. understand the program’s, aims, and required competencies; and
 - d. have a training status at the site that is officially recognized in the form of a title or designation such as “psychology intern” (consistent with the licensing laws of the jurisdiction in which the internship is located and with the sponsoring institution).

B. Feedback to Interns

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

IV. Supervisor/Faculty/Staff Leadership

A. Program Leadership

1. Internship Program Director

- a. The program director is primarily responsible for directing the training program and has administrative authority commensurate with that responsibility.
- b. The director should have appropriate administrative skills to ensure the success of the program and serve as a role model for the interns.
- c. The director must be a psychologist, appropriately trained and credentialed (i.e., licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located.
- d. The director’s credentials and expertise must be consistent with the program’s aims and the required competencies of its interns.

2. **Administrative and Program Leadership Structure.** The program’s administrative structure and processes facilitate appropriate review and continuous program improvement to ensure the program achieves its aims and provides the training environment needed for interns to attain all competencies. The program must describe how faculty/staff and interns contribute to the planning and implementation of the training program.
3. **Intern Training Supervisors**
 - a. Supervisors function as an integral part of the site where the program is housed and have primary responsibility for professional service delivery.
 - b. The program must have a sufficient number of supervisors to accomplish the program’s service delivery and to supervise training activities and program aims. An accredited internship program must have a minimum of two doctoral-level psychologists ~~on-site~~.
 - c. Supervisors are doctoral-level psychologists who have primary professional responsibility for the cases that they provide supervision and are appropriately trained and credentialed (i.e., licensed, registered, or certified) to practice psychology in the jurisdiction in which the internship is located.
 - i. When supervision services are conducted in a context where a state or territory credential is required for practice, the supervisor holds that required credential.
 - ii. When supervision services are conducted in a federal jurisdiction (e.g., the VA or Bureau of Prisons), the credentialing rules pertaining to practice in a federal setting apply.
 - iii. Supervision requirements of school settings are governed by Federal general education and special education laws.
 - d. Supervisors are responsible for reviewing with the interns the relevant scientific and empirical bases for the professional services delivered by the interns.
 - e. Supervisors participate actively in the program’s planning, implementation, and evaluation and serve as professional role models to the interns consistent with the program’s training aims and required competencies.
 - f. Other professionals who are appropriately credentialed can participate in the training program. These individuals may augment and expand interns’ training experiences if they are integrated into the program and are held to standards of competence appropriate to their role/contribution within the program.

B. Equity, Diversity, and Inclusion

1. **Recruitment of a Diverse Faculty/Staff.** Each accredited program is responsible for making systematic, coherent, and long-term efforts to attract (i.e., recruit) faculty/staff with diverse perspectives and backgrounds, as outlined in the Introduction II.B.2a. The program may participate in institutional-level recruitment initiatives, but these alone are not sufficient. The program should document concrete steps it has taken to conduct broad outreach to diverse applicant pools, addressing the areas of recruitment in which it excels as well as the areas in which it is working

to improve. It should describe how it examines the effectiveness of its efforts to attract a diverse faculty/staff and document any steps needed to revise/enhance its strategies.

2. **Retention of a Diverse Faculty/Staff.** The program has program specific activities, approaches, and initiatives to retain faculty/staff. A program may include institutional-level recruitment initiatives, but these alone are not sufficient. The program describes how it examines the effectiveness of its efforts to retain faculty/staff and documents any steps needed to revise/enhance its strategies. The program monitors faculty/staff attrition and takes appropriate corrective action to address disparate impacts that may be harming retention efforts.

V. Communication Practices

A. Public Disclosure

1. General Disclosures

- a. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum this includes general program information pertaining to its aims, required training sequence, any program-specific competencies, and expected outcomes in terms of its interns' careers
- b. The program also demonstrates commitment to public disclosure by providing current information on its use of distance education technologies for training and supervision.
- c. The program articulates its commitment to attracting and training diverse interns with a range of backgrounds and perspectives.
- d. The program provides its status regarding accreditation, including the specific training program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials that pertain to the program's accreditation status.

2. Communication With Prospective and Current Interns

- a. All communications with potential interns should be informative, accurate, and transparent.
- b. The program is described accurately and completely in documents that are available to current interns, prospective interns, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. Program descriptions should be updated regularly as new cohorts begin and complete the program.
- c. The program describes its aims; requirements for admission and completion; curriculum; training supervisors, facilities, and other resources; administrative policies and procedures, including leave policies; the kinds of experiences it provides; anticipated workload requirements; and training outcomes in documents available to current interns, prospective interns, and other publics.

- d. The program provides reasonable notice to its current interns of changes to its aims, didactics, program resources, and administrative policies and procedures, as well as any other program transitions that may impact its training quality.
- e. The program issues a certificate of completion to all interns who have successfully met all program requirements. The certificate of completion must include a statement about the program's scope of accreditation (e.g., Internship in Health Service Psychology).

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

- a. Throughout the internship year, there should be communication between the doctoral program and the internship program. The nature and frequency of this communication will depend on needs. Communication must take place when problems arise with interns.
- b. The internship should send formal written intern evaluations to the doctoral program at or near the midpoint of the training year and again at internship completion.

B. **Communication and Relationship with Accrediting Body**

The program demonstrates its commitment to the accreditation process through:

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

**Standards of Accreditation in Health Service Psychology:
Postdoctoral Residency**

I. Institutional and Program Context

A. Program Type and Structure

1. **Areas of Postdoctoral Accreditation.** Programs providing training in health service psychology (HSP) may be accredited in one or more areas:
 - a. An area that promotes attainment of advanced competencies in one or more of the major areas of training in health service psychology that are recognized within the scope of accreditation (i.e., clinical, counseling, school, and other developed practice areas).
 - b. ~~Postdoctoral residency programs may seek accreditation in CoA-recognized specialty practice areas. CoA recognition of other established specialty practice areas is undertaken in consultation with relevant stakeholders, after which the CoA will establish competencies and standards appropriate for that practice area.~~ Specialty practice areas in health service psychology. If accreditation is sought in a recognized specialty practice area, the specialty practice area must meet at least two of the following requirements:
 - i. The specialty is recognized by the Commission on the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) or the American Psychological Association or by the American Board of Professional Psychology (ABPP).
 - ii. The specialty is recognized by and holds membership on the Council of Specialties (CoS).
 - iii. The specialty has provided the Commission on Accreditation with specialty-specific postdoctoral educational and training guidelines, endorsed by the Council of Specialties.
2. **Length of Program.** Each resident must complete a minimum of 1 year of full-time training in no less than 12 months (10 months for school psychology postdoctoral training programs), or 2 years of half-time training in no less than 24 months. Specialty practice residencies may require longer training periods, as described by the CoA.
3. **Direct Service Delivery.** This is a required element of training that promotes advanced competencies in health service psychology. Programs must allocate sufficient time to direct service delivery to ensure achievement of all required advanced competencies.
4. **Learning.** Learning must take precedence over service delivery. The program must demonstrate that residents' service delivery activities are primarily learning-oriented and that training considerations take precedence over service needs and revenue generation.

B. Institutional and Program Setting, Structure, and Resources

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

outcomes. The service population must be appropriate and sufficient to meet the direct service activities that foster development of advanced competencies.

2. Administrative Structure

- a. The program's aims are consistent with the mission of the larger institution in which it resides. The program is represented in the institution's operating budget and plans in a manner that enables it to achieve its aims.
- b. The administrative structure and processes facilitate systematic coordination, control, direction, and organization of the training activity and resources.
- c. A postdoctoral training program may consist of, or be located under, a single administrative entity (e.g., institution, agency, school, or department) or may take the form of a consortium.

3. Administrative Responsibilities Related to Equity, Diversity, and Inclusion.

The program understands the importance of equity, diversity, and inclusion in the training of psychologists. The program makes systematic, coherent, and long-term efforts to attract and retain residents and faculty/staff ~~from~~with diverse perspectives and backgrounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for the training of individuals ~~who are diverse with varied backgrounds~~ and the provision of training opportunities for a broad spectrum of individuals. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in graduate training.

4. Because of the United States' rich diverse higher education landscape, training may take place in both secular and faith-based settings. Thus, consistent with the Higher Education Act, the requirements related to equity, diversity, and inclusion do not exclude programs from having a religious affiliation or purpose. The Commission on Accreditation bases accreditation and pre-accreditation decisions on its published standards and does not use as a negative factor a program's religious mission-based policies, decisions, and practices in areas such as curriculum (provided the program's curriculum includes all components required by the Standards of Accreditation); faculty; student support services; recruiting and admissions practices; academic calendars; catalogues; publications; grading; and advertising. The CoA acknowledges that programs with a religious affiliation or purpose may adopt and apply policies in the foregoing areas that directly relate to this affiliation and purpose as long as: (a) the program gives public notice of these policies to potential residents, faculty, and staff before their application or employment with the program, and (b) the policies, including any preference for persons adhering to the religious mission or affiliation, are permitted by law. Finally, compelling pedagogical interests require that each program educate residents on the principles of equity, diversity, and inclusion as they apply in research and practice, and prepare graduates to effectively navigate circumstances that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

5. **Funding and Budget Sources**

- a. A program must have ongoing stable and sufficient funding to conduct the training necessary to meet its aims which is reflected in the institution's operating budget.
- b. All residents must be financially supported at a level consistent with comparable postdoctoral-level professionals in training at the same site or in the region.

6. **Training Resources, Facilities, and Support Services**

- a. The program provides sufficient and appropriate resources to fulfill the aims of the program (e.g., office space, supplies, computers, clerical support, library, and test equipment).
- b. These resources and facilities must be accessible to all residents when the resident is working.

C. **Program Policies and Procedures**

1. **Administrative**

a. **Resident Recruitment and Selection**

- i. The program has procedures for resident selection that ensure residents are appropriately prepared for the advanced training offered.
- ii. At the initiation of training, residents must have completed all requirements for the doctoral degree including an internship. Training should be in programs accredited by an accrediting body recognized by the U.S. Secretary of Education or by the Canadian Psychological Association. If the program accepts residents who attended unaccredited programs, the residency must describe how the program ensures that selected residents are otherwise qualified and appropriately prepared for advanced training in the residency program.

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

- i. resident recruitment and selection;
- ii. any required prior doctoral program and internship preparation and experiences;
- iii. administrative and financial assistance;
- iv. requirements for successful resident performance (including required competencies and minimal levels of achievement for completion);
- v. resident performance evaluation, feedback, retention, and termination decisions;
- vi. identification and remediation of insufficient competence and/or problematic behavior, which shall include necessary due process steps of notice, hearing, and appeal
- vii. grievance procedures for residents, including due process;
- viii. supervision requirements;
- ix. maintenance of records; and

- x. documentation of non-discrimination policies and operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in post-doctoral training or the profession.
2. **Resident Evaluation.** Residents must receive written feedback on the extent to which they are meeting performance requirements at least semiannually (or more often as the need arises).
 3. **Implementation.** All policies and procedures used by the program must be consistent with the profession's current ethics code and must adhere to the sponsor institution's regulations and local, state, and federal statutes regarding due process and fair treatment. The program must describe how it incorporates and implements departmental and institutional policies at the program level, whenever such policies specifically impact the program.
 4. **Availability of Policies and Procedures.** At the start of residency, the program must provide residents with written or electronic copies of policies and procedures regarding program and institution requirements and expectations regarding residents' performance and continuance in the program and procedures for the termination of resident training.
 5. **Record Keeping**
 - a. Resident Performance: The program documents and permanently maintains accurate records of the residents' supervised training experiences and evaluations for future reference, certification, licensing, and credentialing purposes.
 - b. Complaints and Grievances: Each program is responsible for maintaining records of all formal complaints and grievances against the program of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of residents' complaints as part of its periodic review of the program.

D. Program Climate

1. The program understands the importance of equity, diversity, and inclusion, and ensures a welcoming, supportive, and encouraging learning environment for all residents. It includes diverse voices and perspectives in its training and prepares professionals to work with individuals of diverse backgrounds.
 - a. Program climate is reflected in the recruitment, retention, and development of training supervisors and all residents, as well as in didactic and experiential training that fosters an understanding of health disparities and promotion of health equity as it relates to professional psychology.
 - b. The program conducts periodic self-assessment of its training climate in regards to equity, diversity, and inclusion and takes steps to improve and maintain an atmosphere that promotes the success of all residents.

2. Resident/Faculty/Staff Relationship Climate

- a. The program recognizes the rights of residents and training supervisors to be treated with courtesy and respect. To maximize the quality and effectiveness of residents' learning experiences, interactions among residents, training supervisors, and program staff should be collegial and conducted in a manner that reflects the highest standards of the profession. (See the current *APA Ethical Principles of Psychologists and Code of Conduct*.) The program has an obligation to inform residents of these principles and of their avenues of recourse should problems arise.
- b. Program faculty/staff are accessible to residents and provide them with a level of guidance and supervision that encourages successful completion of the internship. Faculty/staff members serve as appropriate professional role models and engage in actions that promote residents' acquisition of knowledge, skills, and competencies consistent with the program's training aims.
- c. The program provides opportunities for socialization into the profession.
- d. The program encourages peer interaction, and residents are provided with opportunities for appropriate peer interaction, support, and learning.
- e. Residents are provided with opportunities for collegial interaction with professionals and/or trainees in other disciplines.

II. Aims, Competencies, Training, and Outcomes

A. Aims of the Program.

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

B. Competencies.

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

1. Level 1—Advanced Competency Areas Required of All Programs at the Postdoctoral Level

- a. **Integration of Science and Practice.** This includes the influence of science on practice and of practice on science.
- b. **Equity, Diversity, and Inclusion.** This includes issues of equity, diversity, and inclusion relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.
- c. **Ethical and Legal.** This includes professional conduct, ethics and law, and professional standards for providers of psychological services relevant to

advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.

2. **Level 2— Program-Specific or Area of Focus Competencies.** Programs accredited in traditional practice areas (clinical, counseling and/or school) must include one or more of Level 2 competencies. The program specifies the relevant expected learning outcomes appropriate and relevant for any optional level 2 competencies.
3. **Level 3—Specialty Competencies.** To be accredited in a specialty practice area, the program must fulfill the standards for accreditation in relation to the specialty competencies established by CoA for that specialty practice area.

C. Learning Experiences that Promote the Development of Advanced Competencies

1. A formal, goal-directed, individualized training plan describing planned training experiences must be developed for each resident. The individualized training plan should include the resident's level of competence at entry in planning for how they will successfully attain the program's exit criteria. Educational activities may occur in an interprofessional context or may make use of existing didactics occurring in the setting if they are appropriate for achieving an advanced level of competence in health services psychology.
2. **Educational Activities** (e.g., didactics, clinical conferences, grand rounds, group supervision). The program must describe how structured educational activities complement experiential training and how they are linked to competencies in Levels 1–3 above.
3. **Clinical Activities.** The program must provide supervised service delivery experiences in an appropriate setting that promote the development of the advanced competencies identified in Levels 1–3.
4. **Individual Supervision**
 - a. At least two hours per week of individual supervision focused on resident professional activities must be conducted by an appropriately trained and licensed doctoral-level psychologist. Individual supervision must have the following characteristics:
 - i. It is an interactive educational experience between the resident and supervisor. The relationship between supervisor and resident must be evaluative and hierarchical, must extend over time, and must have the simultaneous purposes of enhancing the professional functioning of the more junior person, monitoring the quality of professional services offered, and serving as a gatekeeper for those who are to enter the profession.
 - ii. Provided by licensed/credentialed health care professionals who are appropriately trained and credentialed for their role/contribution to the program and area in which the program is accredited.

- b. Supervisors must maintain an ongoing supervisory relationship with the resident and have primary professional clinical responsibility for the cases for which they provide supervision.
- c. A resident must have an appropriately trained and licensed doctoral-level psychologist serving as primary supervisor in order to ensure continuity of the training plan.
- d. The primary supervisor must maintain overall responsibility for all supervision, including oversight and integration of supervision provided by other health professionals.
- e. Program required supervisory hours beyond the two hours of individual supervision noted above can be provided in an individual or group format and must be:
 - i. Characterized as an interactive educational experience between the resident and supervisor. The relationship between supervisor and resident must be evaluative and hierarchical, must extend over time, and must have the simultaneous purposes of enhancing the professional functioning of the more junior person, monitoring the quality of professional services offered, and serving as a gatekeeper for those who are to enter the profession.
 - ii. Provided by licensed/credentialed health care professionals who are appropriately trained and credentialed for their role/contribution to the program and area in which the program is accredited.

D. Evaluation

1. Evaluation of Resident Competencies

- a. An evaluation is made of the resident's progress toward satisfactory attainment of the program's required competencies, as reflected in the attainment of the program's stated minimum levels of achievement and other program requirements.
- b. Data on residents' competencies must include competency-based assessments of residents as they progress through, and at completion of, the program (proximal data), as well as graduates' evaluations of the specific contributions of program training in the attainment of all required competencies (distal data).
 - i. Proximal data will, at the least, include evaluations of residents by knowledgeable others (i.e., supervisors or trainers). The evaluation process and assessment forms must parallel the program's required competencies. These evaluations include the feedback provided to residents as required in Standard I.C.1(d).
 - ii. At each evaluation interval, the evaluation must be based in part on direct observation of the competencies evaluated.
 - iii. Distal data reflect the program's effectiveness in achieving its aims.
 - iv. Distal data typically include information obtained from alumni surveys assessing former residents' perception of the degree to which the program contributed to their achievement of program aims, including preparing them in advanced competencies.

2. **Quality Improvement of the Program.** The program must demonstrate continuous self-evaluation, ensuring that its aims are met, that the quality of its professional education and training are enhanced, and that it contributes to the fulfillment of its host institution's mission.
 - a. The program, with appropriate involvement of its training supervisors, residents, and former residents, engages in ongoing self-evaluation that addresses:
 - i. its expectations for the quality and quantity of the resident's preparation and performance in the program;
 - ii. its effectiveness in achieving program aims for residents, including responsiveness to outcome data (while residents are in the program and after completion) that takes into account the residents' views regarding the quality of the training experiences and the program as appropriate;
 - iii. its procedures to maintain current achievements or to make changes as necessary; and
 - iv. its aims and expected outcomes as they relate to local, regional, state/provincial, and national needs, as well as advances in the knowledge base of the profession and the practice area in which the program provides its training.
 - b. The program provides resources and/or opportunities to enhance the quality of its training and supervision staff through continued professional development.
 - c. The program and its host institution value and recognize the importance of resident training and of the supervisors' training and supervisory efforts and demonstrate this in tangible ways.
 - d. The program describes how it utilizes proximal and distal data to monitor and improve the program.

III. Program Residents

A. Resident Selection Processes & Criteria

1. **Resident Selection.** As evidence that residents meet the program's entry requirements, the program ensures that its residents:
 - a. have completed appropriate doctoral education and training in health service psychology, including the completion of an appropriate internship as described in Postdoctoral Residency §I.C.1.a.ii; and
 - b. have interests and abilities that are appropriate for the postdoctoral training program's aims and required competencies.
2. **Postdoctoral Psychology Residents.**
 - a. The program has one or more postdoctoral psychology residents who
 - i. understand the program's aims and required competencies;
 - ii. have meaningful involvement in those activities and decisions that serve to enhance resident training and education;
 - iii. have a title commensurate with the title used in that setting by other professionals in training who have comparable responsibility, education, and training, consistent with the laws of the jurisdiction in which the program is located.

3. **Recruitment of a Diverse Resident Cohort**

- a. The program engages in specific activities, approaches, and initiatives to foster equity, diversity, and inclusion and to attract residents with diverse perspectives and backgrounds as outlined in the Introduction II.B.2a. The program may participate in institutional-level recruitment initiatives, but these alone are not sufficient. Concrete program-level actions to conduct broad outreach to diverse communities should be incorporated across key aspects of the program and should be documented. The program should also describe how it examines the effectiveness of its recruitment efforts and document any steps needed to revise/enhance its strategies. The program should also describe the steps it has taken to consider whether financial or other socio-economic barriers impede the recruitment process and how it addresses such barriers consistent with its mission and applicable law.
- b. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment for all residents. It reviews its success with these efforts and makes changes as appropriate.

B. Feedback to Residents

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

- C. Program Activities, Resources, and Processes.** These are designed to maximize the likelihood of all residents' success in completing the program. The program must provide professional mentoring to residents in addition to supervision.

IV. Program Faculty/Staff

A. Program Leadership

1. Program Leadership

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

- b. The program director’s credentials and expertise must be consistent with the program’s aims.
 - c. For programs that include a recognized specialty practice area, the individual providing leadership of that area must have appropriate expertise and credentials in that specialty.
2. **Program Leadership Structure.** The program must describe how faculty/staff and residents contribute to the planning and implementation of the training program.
 3. **Administrative and Program Leadership Structure.** The program’s administrative structure and processes facilitate appropriate review and continuous program improvement to ensure the program achieves its aims and provides the training environment needed for residents to attain all competencies. The program must describe how faculty/staff and residents contribute to the planning and implementation of the training program.

B. Faculty/Staff

1. **Supervisor Sufficiency.** The program has formally designated supervisors, including at least two psychologists, who:
 - a. deliver services in the setting and practice area in which postdoctoral training occurs;
 - b. function as an integral part of the program at the site where the program is housed;
 - c. have primary professional and clinical responsibility for the cases on which they provide supervision;
 - d. are appropriately trained and credentialed (i.e., licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located;
 - i. When supervision services are conducted in a context where a state or territory credential is required for practice, the supervisor holds that required credential.
 - ii. When supervision services are conducted in a federal jurisdiction (e.g., the VA or Bureau of Prisons), the credentialing rules pertaining to practice in a federal setting apply.
 - iii. Supervision requirements of school settings are governed by Federal general education and special education laws.
 - e. are of appropriate quality for the program’s aims and have appropriate qualifications for advanced training in the focus area or specialty;
 - f. participate actively in the program’s planning, its implementation, and its evaluation; and
 - g. serve as professional role models for the residents.

C. Equity, Diversity, and Inclusion

1. **Recruitment of a Diverse Faculty/Staff.** Each accredited program has developed a systematic, long-term plan to attract faculty/staff with diverse perspectives and backgrounds. The program may participate in institutional-level recruitment initiatives, but these alone are not sufficient. The program should document concrete steps it has taken to conduct broad outreach to diverse applicant pools, addressing

the areas of recruitment in which it excels as well as the areas in which it is working to improve. It should describe how it examines the effectiveness of its efforts to attract a diverse faculty/staff and document any steps needed to revise/enhance its strategies.

2. **Retention of a Diverse Faculty/Staff.** The program has specific activities, approaches, and initiatives it implements to retain faculty/staff. A program may include institutional-level initiatives aimed toward retaining faculty/staff, but these alone are not sufficient. The program describes how it examines the effectiveness of its efforts to retain faculty/staff and documents any steps needed to revise/enhance its strategies. The program monitors faculty/staff attrition and takes appropriate corrective action to address disparate impacts that may be harming retention efforts.

D. Ancillary Faculty/Staff

1. The program may utilize ancillary faculty/staff in achieving its aims and competencies.
2. The program must describe how any ancillary faculty/staff are appropriate and sufficient to achieve the program's aims and ensure attainment of appropriate advanced competencies by the residents.

V. Communication Practices

A. Public Disclosure

1. General Disclosures

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

- b. The program also demonstrates commitment to public disclosure by providing current information on its use of distance education technologies for training and supervision.
 - c. The program provides its status regarding accreditation, including the specific training program covered by that status, and the name, address, and telephone number of the CoA. The program makes available, as appropriate through its sponsor institution, such reports or other materials that pertain to the program's accreditation status.
2. **Communication With Prospective and Current Residents**
 - a. All communications with potential residents should be informative, accurate, and transparent.
 - b. The program provides current information on relevant training outcomes.
 - c. The program is described accurately and completely in documents available to current residents, prospective residents, and other publics. This information should be presented in a manner that allows applicants to make informed

decisions about entering the program. At a minimum, descriptions of the program should include the licensure status, employment status, and advanced certifications residents can expect to obtain. Program descriptions should be updated regularly as new cohorts begin and complete the program.

- d. The program describes its aims; requirements for admission and completion; curriculum; training supervisors, facilities, and other resources; administrative policies and procedures, including leave policies; the kinds of experiences it provides; anticipated workload requirements; and training outcomes in documents available to current interns, prospective interns, and other publics.
- e. The program provides reasonable notice to its current residents of changes to its aims, didactics, program resources, and administrative policies and procedures, as well as any program transitions that may impact training quality.
- f. The program issues a certificate of completion to residents who successfully attain the required competencies and complete the contracted learning period. The certificate of completion must include a statement about the program's type and scope of accreditation.

B. Communication and Relationship with Accrediting Body. The program demonstrates its commitment to the accreditation process through:

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