

Dear colleagues,

The APA Commission on Accreditation (CoA) has initiated establishing accreditation standards and processes for Master's degree programs in health service psychology (HSP). Health service psychology is defined by the CoA as "the integration of psychological science and practice to facilitate human development and functioning."¹

Eligible programs would be those HSP programs offering terminal Master's degrees in Clinical, Counseling, and School psychology and in combinations of these practice areas. The CoA has discussed accreditation requirements for these programs, including the standards to be used for accreditation. Such standards need to consider a range of issues, including how education and training occurs in HSP Master's programs, how such education and training is similar to and unique from the education and training provided in accredited programs at the doctoral level, and what outcomes, including student achievement, are appropriate for Master's degree programs in HSP to demonstrate. From these conversations, a set of standards has been drafted. The draft of these standards is now being put forward for public comment.

In accordance with the APA "Policies for Accreditation Governance" and the US Department of Education regulations for notice and comment, the CoA is making the drafted standards available for a ninety (90) day period of public review and comment.

The comment period is scheduled to begin on **March 17, 2020 and will continue through 11:59 pm Eastern Daylight Time on June 15, 2020.**

Should you have any questions or concerns, please contact:

Office of Program Consultation and Accreditation

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

¹ American Psychological Association (2015). *Standards of Accreditation for Health Service Psychology*. https://irp-cdn.multiscreensite.com/a14f9462/files/uploaded/APA-Principles-Accreditation-SoA-AOP_200116.pdf

Standards of Accreditation in Health Service Psychology:

Master's

I. Institutional and Program Context

A. Type of Program

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

B. Institutional and Administrative Structure

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

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

C. Program Context and Resources

1. **Program Administration and Structure**
 - a. **Program Leadership.** The program has consistent and stable leadership with a designated leader who is a 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, Delivery Method, and Design.** The program's length, delivery method, and design must permit faculty, training staff, supervisors, and administrators to execute their professional, ethical, and potentially legal obligations to promote student development, peer interaction, faculty mentoring, and faculty role modelling to a sufficient degree that students are successfully socialized into the profession. The program design and delivery method must include continuous monitoring and assessment of the development of required student competencies and of achievement of program training aims. Programs may fulfil these training delivery and design requirements by having all students satisfy at least one academic year of full-time residency in graduate study at the program. Any program delivery method or design that does not require students to satisfy this minimum full-time one-year residency, such as those that are part-time, distributed, or predominantly online, must demonstrate how each training obligation listed in this section is being fulfilled. All programs must require each student successfully complete:
- a. a minimum of 2 full-time academic years of graduate-level study (or the equivalent thereof) prior to receiving the master's degree;
 - b. at least 1 of the 2 academic training years (or the equivalent thereof) within the program from which the master's degree is granted;
3. **Partnerships/Consortia.** A graduate program may consist of, or be located under, a single administrative entity (e.g., institution, agency, school, or department) or in a partnership or consortium among separate administrative entities. A consortium is comprised of multiple independently administered entities that have, in writing, formally agreed to pool resources to conduct a training or education program.
4. **Resources.** The program has, and appropriately utilizes, the resources it needs to achieve its training aims, including student acquisition and demonstration of competencies. The program works with its academic unit and/or the administration of the sponsor institution to develop a plan for the acquisition of additional resources that may be necessary for program maintenance and development. The resources should include the following:
- a. financial support for training and educational activities;
 - b. clerical, technical, and electronic support;

- c. training materials and equipment;
- d. physical facilities;
- e. services to support students with academic, financial, health, and personal issues;
- f. sufficient and appropriate clinical training experiences to allow a program to effectively achieve the program's training aims.

D. Program Policies and Procedures

1. **Areas of Coverage.** The program has and adheres to formal written policies and procedures that govern students as they enter, progress through, and matriculate from the program. These must include policies relevant to:
 - a. academic recruitment and admissions, including general recruitment/admissions and recruitment of students who are diverse.
 - b. degree requirements;
 - c. administrative and financial assistance;
 - d. student performance evaluation, feedback, advisement, retention, and termination decisions;
 - e. due process and grievance procedures;
 - f. student rights, responsibilities, and professional development;
 - g. nondiscrimination policies. The program must document nondiscriminatory policies and operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in graduate training or the profession.
2. **Implementation.** All policies and procedures used by the program must be consistent with the profession's current ethics code and must adhere to their sponsor institution's regulations and local, state, and federal statutes regarding due process and fair treatment. If the program utilizes policies developed at another level (e.g., department or institution), it must demonstrate how it implements these policies at the program level.
3. **Availability of Policies and Procedures.** The program makes the formal written policies and procedures available to all interested parties. By the time of matriculation, the program provides students with written policies and procedures regarding program and institution requirements and expectations regarding students' performance and continuance in the program and procedures for the termination of students.

4. **Record Keeping.** The program is responsible for keeping information and records related to student training and complaints/grievances against the program. Records must be maintained in accord with federal, state, and institution policies regarding record keeping and privacy. The Commission on Accreditation will examine student records and programs' records of student complaints as part of its periodic review of programs.
 - a. **Student Records.** The program must document and maintain accurate records of each student's education and training experiences and evaluations for evidence of the student's progression through the program, as well as for future reference and credentialing purposes. The program should inform students of its records retention policies.
 - b. **Complaints/Grievances.** The program must keep records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of student complaints as part of its periodic review of the program.

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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.
 - i. Programs may elect to meet the following areas of knowledge at either the undergraduate- or graduate-level (Category 1)

- (a) Affective Aspects of Behavior, including topics such as affect, mood, and emotion. Psychopathology and mood disorders do not by themselves fulfill this category.
- (b) Biological Aspects of Behavior, including multiple biological underpinnings of behavior, such as neural, physiological, anatomical, and genetic aspects of behavior. Although neuropsychological assessment and psychopharmacology can be included in this category, they do not, by themselves, fulfill this category.
- (c) Cognitive Aspects of Behavior, including topics such as learning, memory, thought processes, and decision-making. Cognitive testing and cognitive therapy do not, by themselves, fulfill this category.
- (d) Developmental Aspects of Behavior, including transitions, growth, and development across an individual's life. A coverage limited to one developmental period (e.g., infancy, childhood, adolescence, adulthood, or late life) is not sufficient.
- (e) Social Aspects of Behavior, including topics such as group processes, attributions, discrimination, and attitudes. Individual and cultural diversity and group or family therapy do not, by themselves, fulfill this category.

ii. Programs must cover the following areas of knowledge at the graduate level (Category 2)

- (a) Research Methods, including topics such as strengths, limitations, interpretation, and technical aspects of rigorous case study; correlational, experimental, and other quantitative research designs; measurement techniques; sampling; replication; theory testing; qualitative methods; mixed methods; meta-analysis; and quasi-experimentation.
- (b) Statistical Analysis, including topics such as quantitative, mathematical modeling and analysis of psychological data, statistical description and inference, univariate and multivariate analysis, null-hypothesis testing and its alternatives, power, and estimation.
- (c) Psychometrics, including topics such as theory and techniques of psychological measurement, scale and inventory construction, reliability, validity, evaluation of measurement quality, classical and contemporary measurement theory, and standardization.

- b. Profession-wide competencies include certain competencies required for all students who graduate from programs accredited in health service psychology. Programs must provide opportunities for all of their students to achieve and demonstrate each required profession-wide competency. The specific requirements for each competency are articulated in *Implementing Regulations*. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence-base when training students in the following competency areas. Students must demonstrate competence in:
- i. Integration of science and practice
 - ii. Ethical and legal standards
 - iii. Individual and cultural diversity
 - iv. Professional values, attitudes, and behaviors
 - v. Communication and interpersonal skills
 - vi. Assessment
 - vii. Intervention
 - viii. Supervision
 - ix. Consultation and interprofessional/interdisciplinary skills

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

3. Required Clinical Training Elements

- a. Clinical training must include supervised experience providing direct services to diverse individuals with a variety of presenting problems, diagnoses, and issues. The purpose of clinical training is to develop the requisite knowledge and skills for graduates to be able to demonstrate the competencies defined above. The program needs to demonstrate that it provides a training plan applied and documented at the individual level, appropriate to the student's current skills and ability, that ensures that the student has attained the requisite level of competency.
- b. Programs must place students in settings that are committed to training, that provide experiences that are consistent with health service psychology and the program's aims, and that enable students to attain and demonstrate appropriate competencies.

- c. Supervision must be provided by appropriately trained and credentialed individuals.
- d. As part of a program's ongoing commitment to ensuring the quality of their graduates, each clinical training evaluation must be based in part on direct observation of the clinical training experience of students (either live or electronically) and their developing skills as a clinician.

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

- 1. **Program-Specific Competencies and Related Curriculum.** 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 all 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, certification, and/or employment rates.
 - ii. At 5 years post-graduation, the program must provide data on graduates, including data on graduates' licensure, certification, and/or employment (as appropriate for their current job duties).

2. Evaluation of Program Effectiveness and Quality Improvement Efforts

- a. The program must demonstrate a commitment to ensure competence in health service psychology through ongoing self-evaluation in order to monitor its performance and contribution to the fulfilment of its sponsor institution's mission.
- b. The program must document mechanisms for engaging in regular, ongoing self-assessment that:
 - i. Involves program stakeholders, including faculty, students, graduates, and others involved in the training program.
 - ii. Evaluates its effectiveness in training students who, by the time of graduation, demonstrate the competencies required by the profession and the program, and who after graduation are able to engage in professional activities consistent with health service psychology and with the program's aims.
 - iii. Evaluates the currency and appropriateness of its aims, curriculum, and policies and procedures with respect to the following: its sponsor institution's mission and goals; local, state/provincial, regional, and national needs for psychological services; national standards for health service psychology; and the evolving evidence base of the profession.
 - iv. Identifies potential areas for improvement.

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

- a. The outcomes of program graduates including licensure, certification, and/or employment rate and other proximal and distal outcomes of program graduates shall be evaluated within the context of: the requirement that all accredited masters programs prepare students for entry-level practice at the master's level; each program's expressed and implied stated educational aims and competencies; and statements made by the program to the public.
- b. Programs' specific educational aims and expected competencies may differ from one another; therefore there is no specified threshold or minimum number for reviewing a program's licensure, certification, and/or employment rate. Instead the Commission on Accreditation shall use its professional judgment to determine if the program's licensure, certification, and/or employment 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 at the masters level.

III. Students

A. Student Selection Processes and Criteria

1. The program has an identifiable body of students at different levels of matriculation who are consistent with the following:
 - a. The students constitute a number that allows opportunities for meaningful peer interaction, support, and socialization.
 - b. The students are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the Glossary.
 - i. The program must implement specific activities, approaches, and initiatives to increase diversity among its students. It may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient.
 - ii. The program should document the concrete actions it is taking to achieve diversity, identifying the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract students who are diverse and document any steps needed to revise/enhance its strategies.
- C. By prior achievement, students have demonstrated appropriate preparation for the program's aims as well as expectations for a master's program. The program has admission criteria and processes that ensure students' preparation for graduate-level education and training in psychology. The program will demonstrate how it evaluates

the effectiveness of its admission criteria and processes with regard to maximizing student success.

- d. By interest and aptitude, students are prepared to meet the program's aims.
- e. The students reflect, through their intellectual and professional development and intended career paths, the program's aims and philosophy.

B. Supportive Learning Environment

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

C. Plans to Maximize Student Success

1. Program faculty engage in and document actions and procedures that actively encourage timely completion of the program and maximize student success. The program minimizes preventable causes of attrition (e.g., flawed admission criteria/processes or unsupportive learning environments) and engages in tailored retention/completion efforts as appropriate (e.g., accommodation of student needs and special circumstances).
2. **Program Engagement.** The program engages in specific activities, approaches, and initiatives to implement and maintain diversity and ensure a supportive learning environment for all students. The program may participate in institutional-level initiatives aimed toward retaining students who are diverse, but these alone are not sufficient. Concrete program-level actions to retain students who are diverse should be integrated across key aspects of the program and should be documented. The program should also demonstrate that it examines the effectiveness of its efforts to retain students who are diverse and document any steps needed to revise/enhance its strategies.

3. **Annual and routine feedback.** 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. Programs are also required to collect and retain formal evaluations from clinical training sites and supervisors.
4. **Remediation feedback and process.** When problems in student progress emerge, timely feedback must be provided, along with an opportunity to redress the concern in order to continue progress in the program. 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 member of the core faculty who's primary academic responsibility is to the master's program (i.e., with at least 50% of the leader's time devoted to program-related activities). 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) and core faculty have responsibility for the arrangement and evaluation of clinical training experiences, including maintaining communication with each training site.
3. 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 for its educational offerings (e.g., coursework, clinical training experiences, and research training).

B. Faculty Qualifications and Role Modeling

1. **Core Faculty.** The program has an identifiable core faculty responsible for the program's activities, educational offerings, and quality, who:
 - a. function as an integral part of the academic unit of which the program is an element;
 - b. are sufficient in number for their academic and professional responsibilities;

- c. have theoretical perspectives and academic and applied experiences appropriate to the program's aims;
- d. demonstrate substantial competence and have recognized credentials in those areas that are at the core of the program's aims;
- e. oversee the quality of the instruction delivered by adjunct faculty members, ensuring that the curriculum is implemented as developed by the core faculty; and
- f. are available to function as appropriate role models for students in their learning and socialization into the discipline and profession.

2. Additional Core Faculty Professional Characteristics

- a. Core faculty must be composed of individuals whose education, training, and/or experience are consistent with their roles in the program in light of the program's aims.
- b. The core faculty consists of members to whom the institution has demonstrated a multiyear commitment.
- c. Core faculty members must be identified with the program and centrally involved in program development, decision making, and student training. "Identified with the program" means that each faculty member is included in public and departmental documents as such, views himself or herself as core faculty, and is seen as core faculty by the students.
- d. Core faculty activities directly related to the program include program-related teaching, research, scholarship, and/or professional activities; mentoring students' professional development; providing clinical supervision; monitoring student outcomes; and developing, evaluating, and maintaining the program.
- e. Core faculty activities not directly related to the masters program and not seen as aspects of the core faculty role include undergraduate- and doctoral-level teaching in general and related activities; teaching and related activities in other graduate programs; and clinical work or independent practice not directly associated with training.

- 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 supervise students' development, 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 clinical training facilities, 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.

5. Cultural and Individual Differences and Diversity

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

V. Communication Practices

A. Public Disclosure

1. General Disclosures

- a. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it

to all relevant publics. At a minimum, this includes general program information pertaining to its aims, required curriculum sequence, and the expected outcomes in terms of its graduates' careers, as well as data on achievement of those expected and actual outcomes.

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

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

- a. All communications with potential students should be informative, accurate, and transparent.
- b. The program must be described accurately and completely in documents that are available to current students, prospective students, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. Program descriptions should be updated regularly as new cohorts begin and complete the program.
- c. Descriptions of the program should include information about its requirements for
 - i. Admission, including admission criteria and processes that ensure students' preparation for graduate-level education and training in psychology;
 - ii. graduation requirements;
 - iii. tuition and other costs;
 - iv. curriculum requirements and expectations;
 - v. time to completion;
 - vi. faculty, students, facilities, and other resources, including distance learning technologies;
 - vii. administrative policies and procedures;
 - viii. the kinds of clinical training it provides, and its education and training outcomes.
- 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.

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.

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