

U.S. Department of Education

**Staff Report
to the
Senior Department Official
on
Recognition Compliance Issues**

RECOMMENDATION PAGE

1. **Agency:** Association for Clinical Pastoral Education, Inc. (1969/2007)
(The dates provided are the date of initial listing as a recognized agency and the date of the agency's last grant of recognition.)
2. **Action Item:** Petition for Continued Recognition
3. **Current Scope of Recognition:** The accreditation of both clinical pastoral education (CPE) centers and Supervisory CPE programs located within the United States and territories.
4. **Requested Scope of Recognition:** Same as above
5. **Date of Advisory Committee Meeting:** June, 2012
6. **Staff Recommendation:** Continue the agency's current recognition and require the agency to come into compliance within 12 months, and submit a compliance report that demonstrates the agency's compliance with the issues identified below.
7. **Issues or Problems:**
 - The agency must provide information and documentation of the adequacy of its administrative staff to carry out its accrediting responsibilities.[§602.15(a)(1)]
 - The agency must provide additional information and documentation regarding its training of its Standards Committee and Board members on its accreditation standards, policies and procedures as appropriate for their roles.[§602.15(a)(2)]
 - The agency must provide adequate documentation that its policies require its decision, policy, and evaluation bodies to include both educators and practitioners. In addition, the agency must also

adequately demonstrate its decision, policy, and evaluation bodies do, in fact, include both educators and practitioners. [§602.15(a)(4)]

- The agency must provide evidence that it has revised its records retention policy to include maintenance of substantive change decisions and related correspondence. [§602.15(b)]

- The agency must provide evidence documenting its effective review of its accredited centers' compliance with its student achievement standard. [§602.16(a)(1)(i)]

- The agency must provide evidence documenting its effective review of its accredited centers' compliance with its facilities standard. [§602.16(a)(1)(iv)]

- The agency must provide evidence documenting its effective review of its accredited centers' compliance with its student support services standard. [§602.16(a)(1)(vi)]

- The agency must provide additional information about its approval of postponement requests, including how, in the interim, it ensures the quality of education provided by a center that has been granted one or more postponements. [§602.19(a)]

- The agency needs to demonstrate that it collects and analyzes annual headcount enrollment data from its accredited centers. [§602.19(c)]

- The agency must provide a copy of its policy regarding the granting of good cause extensions and documentation of its effective application of that policy. [§602.20(b)]

- The agency needs to provide documentation that it makes available to the public the academic and professional qualifications and relevant employment and organization affiliations of the members of its policy and decision-making bodies and the agency's principal administrative staff. [§602.23(a)]

- The agency must amend its appeals policies in accordance with the requirements of this criterion . The agency must also demonstrate the application of its policy or indicate it has not had an opportunity to apply it. [§602.25(f)]

- The agency must provide documentation of its timely notification of positive actions to the listed entities, as applicable. [§602.26(a)]

- The agency must provide documentation of its timely notification of negative actions to the listed entities, as applicable. [§602.26(b)]

- The agency must provide documentation of its timely notification to the public of negative actions. [§602.26(c)]

- The agency must provide a copy of its approved policy regarding the provision of official comments from an affected institution and documentation demonstrating the application of its policy in accordance with the requirements of this criterion. [§602.26(d)]

- The agency must provide documentation of its notification to all the entities listed in this criterion of a center's voluntary withdrawal from candidacy or accredited member status within 30 days of receiving notification from the center. [§602.26(e)]

EXECUTIVE SUMMARY

PART I: GENERAL INFORMATION ABOUT THE AGENCY

The Accreditation Commission (Commission) is the accrediting body within the Association for Clinical Pastoral Education, Inc. (ACPEI). ACPEI is a multicultural, multi-faith organization devoted to providing education and improving the quality of ministry and pastoral care offered by spiritual caregivers in clinical settings where ministry is practiced. The ACPEI includes the accredited CPE centers, the certified faculty members (called CPE Supervisors), theological schools, chaplains and others who partner with ACPEI in seeking to provide excellence in theological education. The accrediting activities include the preaccreditation and accreditation of clinical pastoral education (CPE) centers (Levels I and II) and supervisory CPE programs.

The Commission accredits 267 centers, 5 candidate centers, 23 accredited systems with 78 components, and 30 satellites sponsored by accredited centers or systems across the nation, and 70 unlisted programs referred to collectively as “CPE centers.” The ACPEI Accreditation Commission has a voluntary membership, and its principal purpose is accrediting higher education programs, or higher education programs and institutions of higher education. Accreditation does not enable the CPE centers or programs to establish eligibility to participate in the Title IV, HEA programs. However, recognition by the Secretary enables ACPEI and its accredited centers and programs and/or students of these programs to participate in non-HEA programs such as the International Exchange Visitors Program administered by the Department of State and the Veterans Educational Benefits (GI Bill) program administered by the Department of Veterans Affairs. As such, ACPEI is not required to meet the separate and independent requirements.

Recognition History

The U. S. Office of Education first recognized the Accreditation Commission of the Association for Clinical Pastoral Education, Inc. in 1969. The Secretary of Education has continued to recognize the agency since then; last granting a five-year recognition to the agency in 2007. The Secretary requested the agency to submit an interim report addressing four compliance issues involving the its standard on record of student complaints, its review of complaints made against a center or itself, and notifications.

After the Secretary issued her decision on the agency's recognition, the Higher

Education Opportunity Act of 2008 (HEOA) was passed, which contained a number of provisions related to accrediting agency recognition that were effective upon enactment. The changes included, among others, a reconstitution of the NACIQI. This meeting is the first opportunity for the agency to appear before NACIQI for a review based on the revisions to the criteria for recognition.

Department staff observed an Accreditation Commission meeting held on Sunday, February 5, 2011 in conjunction with the analysis of the agency's petition.

PART II: SUMMARY OF FINDINGS

§602.15 Administrative and fiscal responsibilities

The agency must have the administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition.

The agency meets this requirement if the agency demonstrates that--

(a) The agency has--

(1) Adequate administrative staff and financial resources to carry out its accrediting responsibilities;

The agency lists two staff members. Deryck Durston, Interim Executive Director of the association and Beverly Shinholster, Administrative Assistant - Support Services who are responsible for the association's Accreditation and Certification Commissions . Their attached resumes reflect they have the experience and qualifications for their current positions. However, it is apparent from his resume that Deryck Durston has significant responsibilities as interim executive director that extend well beyond those of providing leadership and support to the two Commissions, which had been his primary responsibility as associate director. The agency has not indicated whether and when it expects to hire a new executive director. Department staff are concerned about the adequacy of resources to carry out the accreditation function at current staffing levels, given the large number of currently-accredited centers/programs.

The auditor's report from 2008 and 2009 depicts a history of good financial stability for the agency. The 2010 auditor's report further substantiates the agency's financial stability. The agency's 2011 budget (exhibit 32) indicates \$109,250 for accreditation activities and reflects accreditation related expenses at \$30,600. The proposed budget for 2012 (also exhibit 32) indicates \$113,000 for accreditation purposes and projects expenses at \$36,000. The ACPEI's budget displays adequate funding to perform its accreditation function. In addition, the ACPEI's financial records reflect sufficient funds to pay the salaries of the executive director and the administrative assistant who perform accreditation duties at the national office.

The association's funding sources have been consistent over time on financial documents from 2008 until present. Some of these funding sources are membership fees, annual conference, accreditation reviews, certification reviews, and management from the Journal of Pastoral Publications.

Staff determination: The agency does not meet the requirements of the criterion. It needs to provide additional information about its plans to bring staffing up to previous levels or explain and document how current levels are sufficient to adequately perform the accreditation functions

Analyst Remarks to Response:

In response to the draft report, the agency indicates it agrees that it is currently understaffed. The agency's interim director notes that he has discussed this issue with the ACPEI treasurer and the treasurer has promised to bring his request, (to unfreeze a position that has been unfilled for many years) to the board at its July 2012 conference call meeting.

Department staff does acknowledge the agency's efforts to address its staffing problems; however, its response lacks the detail and information needed to properly address this criterion. The agency must provide additional information concerning the position scheduled to be discussed during the July 2012 conference call meeting; it does not identify if the position is to fill the current executive director vacancy or a support staff vacancy. In addition, the agency has not provided written documentation in the form of a meeting agenda or schedule displaying staffing as a topic of discussion, documenting its efforts to address its staffing issues.

Department staff specifically asked questions concerning the agency's plans to bring staffing up to previous levels. The agency's 2006 petition for recognition documented that staffing at the national office consisted of the following positions: the national director, associate director, and two administrative staff. The agency's response only discusses the proposed filling of one position, assumed to be an administrative staff position. The agency does not discuss if it plans to fill the vacant executive director position or explain and document if it can adequately perform its accreditation functions by not filling this position, even though it has increased its accredited programs since it was last recognized in 2006.

Staff Determination: The agency does not meet the requirements of this criterion. It must provide information and documentation of the adequacy of its administrative staff to carry out its accrediting responsibilities

(2) Competent and knowledgeable individuals, qualified by education and experience in their own right and trained by the agency on their responsibilities, as appropriate for their roles, regarding the agency's standards, policies, and procedures, to conduct its on-site evaluations, apply or establish its policies, and make its accrediting and preaccrediting decisions, including, if applicable to the agency's scope, their responsibilities regarding distance education and correspondence education;

The ACPEI has developed a list of qualifications and credentials for its commission members, regional accreditation committees and others who participate in accreditation site reviews addressing both academic training and professional experience. The agency has attached the resumes of Accreditation Commission members (exhibits 39-52), which indicate they are qualified to serve as commissioners. The agency has developed several manuals on Standards, Accreditation, Commission Policy and Procedures, Governance, and Training for National Site Team Chairs) that serve as resources for persons involved in the accreditation process. The agency states its narrative that in addition to the written resources, it provides training at the ACPEI national conference and during Accreditation Commission meetings and that the regional chairs provide training for site visitors and committee members in their region.

The agency has attached a list of annual conference workshops (exhibit 55) and the minutes of an Accreditation Commissions meeting (exhibit 54) as evidence of training. While the annual conference workshops do not directly address training needs related to accreditation, the meeting minutes document extensive discussion among the Commission members of changes in the policy and procedures manual providing evidence of training of Commission on the agency's accreditation standards, policies and procedures

The agency has also provided documentation verifying training is being conducted at the regional level (exhibit 58) for site visitors. The Training Manual for National Site Team Chairs, which the agency uses as the basis for training all members of its site teams, lists the training requirements for site team members. This manual prescribes a systematic process for training newly appointed site team members and recurrent training requirements for site team members. Initial training requires newly appointed site team members to participate with an onsite evaluation team as a trainee. Prior to appointment, site team members are given copies of all manuals pertinent to their duties. The roles of the individuals involved in the accreditation process are explained and included in initial training sessions. The national site team chair provides a written evaluation for each site team member. This evaluation is forwarded to the regional chair and the commission chair. The Accreditation Manual prescribes the selection process and criteria for appeals panel members. The ACPEI has documented training for persons involved with accreditation activities at the regional level which appeal pool members are selected.

The ACPEI Board of Representatives has establish a standing Committee on Standards, which studies and recommends all matters of policy regarding accreditation as well as other association matters. The Standing Commission on Accreditation works with the Standards Committee to propose changes in accreditation standards to the Board which has ultimate authority to establish policies. The agency has not provided and evidence of training of the members of the Standards Committee or the Board of Representatives.

Staff Determination: The agency does not meet the requirements of this criterion. It needs to provide documentation demonstrating that it provides

training for members of its policy-making body on its standards, policies and procedures as appropriate for their roles.

Analyst Remarks to Response:

In response to the draft report, the agency documents attendance of commissioners, standards committee members, Board members and several of the agency's other committees at leadership training in 2009. However, the document provided by the agency (exhibit R1) does not include an agenda or other materials specifically identifying the content of the training

The agency discusses in its narrative that it will create a policy requiring annual training for members of its standards committee, accreditation committee and board on its accreditation standards, policies and procedures. However, to be considered as corrective action this policy would have to be approved and the agency would need to demonstrate the application of its policy.

Staff Determination: The agency does not meet the requirements of this criterion. It must provide additional information and documentation regarding its training of its Standards Committee and Board members on its accreditation standards, policies and procedures as appropriate for their roles.

(4) Educators and practitioners on its evaluation, policy, and decision-making bodies, if the agency accredits programs or single-purpose institutions that prepare students for a specific profession;

The criterion requires that the agency include educators and practitioners on its evaluation, policy, and decision-making bodies. The agency's various publications include information about the qualification and credentials of commissioners (Accreditation Manual page 2) appeals panel pool members (Accreditation Manual page 100 and Policy and Procedures Manual page 23) persons involved in accreditation evaluations including the national site team chair (Training Manual for National Site Team Chairs pages 10 and 12) and members of the standards committee (Governance Manual section 6.02) None of these documents defines each of these bodies. The agency provided resumes of its commission members (exhibit 39-62) most of whom are directors of coordinators of CPE programs (presumably educators). It is not clear that any of them is a practitioner.

The ACPEI has provided two site visit report describing the composition of the site teams (exhibit 60 and 61). Neither of these site teams appears to include a practitioner. Practitioner participation on one site teams is also documented by (exhibit 62) which is a testimonial printed in the association's newsletter from a clinical member of the association who recently served as a site team member encouraging others to do likewise.

Staff Determination: The agency does not meet the requirements of this criterion. It needs to clearly specify in written policies that its evaluation, policy, and decision making bodies will include both educators and practitioners and provide documentation demonstrating effective application of its compliant policies.

Analyst Remarks to Response:

In its response to the draft report the agency states in its narrative that ACPE supervisors are also practitioners. The agency also references its Standards Manual which requires its ACPE supervisors (Instructional staff) to be active practitioners of ministry. It appears that an ACPE supervisor may fill both the practitioner and the educator role on its evaluation, policy, and decision-making bodies. The Department expects that under usual circumstances a single individual fulfills one defined category/role at a time. In accordance with 602.15 (a)(4) the agency's policy must require its decision making, policy making, and evaluation bodies, include both educators and practitioners. The agency must also demonstrate that each of these entities actually contain educators and practitioners. In accordance with this criterion members cannot serve dual roles and be compliant with this criterion.

The agency references policy in its By-laws requiring one member of its Board of Representatives to be a practitioner. However, the policy does not clearly specify that a practitioner serve on the Board of Representatives. The By-laws do require one representative from the clinical member's advisory council serve on the Board of Representatives and define a clinical member as someone who has completed four or more units of clinical pastoral education that are recognized by the ACPE. It is not clear that an individual meeting this requirement is necessarily a practitioner.

Staff Determination: The agency does not meet the requirements of this criterion. It must provide adequate documentation that its policies require its decision, policy, and evaluation bodies to include both educators and practitioners. In addition, the agency must also adequately demonstrate its decision, policy, and evaluation bodies do, in fact, include both educators and practitioners.

(b) The agency maintains complete and accurate records of--

(1) Its last full accreditation or preaccreditation reviews of each institution or program, including on-site evaluation team reports, the institution's or program's responses to on-site reports, periodic review reports, any reports of special reviews conducted by the agency between regular reviews, and a copy of the institution's or program's most recent self-study; and

2) All decisions made throughout an institution's or program's affiliation with the agency regarding the accreditation and preaccreditation of any institution or program and substantive changes, including all correspondence that is significantly related to those decisions.

The agency has a record retention policy Accreditation Manual section K, page 7, and appendix 7E (3) that describes in detail the types of record that must be maintained. The ACEPI maintains a permanent record of all accreditation decisions and accreditation records for two review cycles. All records are stored and secured at the ACEPI national office. The agency's records retention policy is generally compliant, however, as a programmatic accrediting agency that has mechanisms in place for the review and approval of substantive change, the agency is required to maintain records on substantive change decisions and correspondence significantly related to those decisions.

Staff Determinations: The agency does not meet the requirements of this criterion. It needs to revise its records retention policy and procedures to ensure that it maintains permanent records of substantive change decisions and correspondence significantly related to those decisions.

Analyst Remarks to Response:

In response to the draft report, the agency's states that it has revised its records retention policy adding to the list of materials maintained in member centers files substantive change decisions and associated correspondence.. However, the policy referenced by the agency in exhibit (8) is its revised policy for notification of substantive change steps. There is no language on Page (24) of the revised Policy and Procedures Manual documenting the agency's requirement to maintain a record of substantive change decisions and related correspondence.

Staff Determinations: The agency does not meet the requirements of this criterion. It must provide evidence that it has revised its records retention policy to include maintenance of substantive change decisions and related correspondence.

§602.16 Accreditation and preaccreditation standards

(a) The agency must demonstrate that it has standards for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits. The agency meets this requirement if -

- **(1) The agency's accreditation standards effectively address the quality of the institution or program in the following areas:**

(i) Success with respect to student achievement in relation to the institution's mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates.

The agency's standard 305.2 requires accredited centers to engage in on-going evaluation to promote continuous program improvement. Centers must take into consideration measures of success with respect to student achievement including course completion, certification rates and job placement rates and include in their self-study an analysis of the data contained and show how it is being used. The ACPEI has established as a threshold requirement for completion that over ten years 75% of students who were oriented to the program(s) have received credit. The agency requires centers to consider information gleaned from student and alumni surveys concerning the quality of clinical pastoral education programs and if completing the program has been beneficial to them professionally, as well a placement and certification rates, but has not established any thresholds.

The ACPEI verifies compliance with its standards by conducting reviews of accredited centers every ten years. The agency also requires accredited centers to conduct a self study prior to the ten-year review. The Accreditation Commission uses the annual report and the five year review to verify continuing compliance with the agency's standards, including the threshold requirement for completion. The agency's written materials provide evaluators with guidance on how to evaluate self studies and the annual reports to determine compliance with its standards with respect to student achievement.

Although the agency provides written documentation of its policies and standards referenced for this criterion, it has not provided documents reflecting the evaluation of its standards and policies. It has not provided completed site visit reports, self study documents, annual reports or accreditation reviews to support compliance of the policies and standards it references related to student achievement.

The department staff examined documents provided for other criterion to assist in evaluating the agency's student achievement standards. The site visit report for Health Care East documents the site team evaluated the centers completion rates and employment data. However, there was no indication that licensing /certification data was reviewed. Department staff reviewed the site visit report for Caring Community Ministry Education LLC. The site visit report documents student achieve data was reviewed; however, it is unclear what data was evaluated. The report does not contain student completion rates, employment rates or licensing / certification data. The department staff also reviewed a sample self study document for Integris Baptist Medical Center that demonstrates an ACPEI accredited center's efforts to report on student achievement outcomes including the use of surveys of current and former students to assess program effectiveness, and analysis of the student population over ten-years including completion data. However, the self-study does not include information on licensure/certification.

Staff Determination: The agency does not meet the requirements of this criterion. It must provide documents demonstrating its evaluation of all student achievement data specified in its standards.

Analyst Remarks to Response:

In response to the draft report the agency states that it will revise its instructions to site visitors and emphasize during national site team chair training the importance of documenting compliance with each standard to ensure the site team reports explicitly reflect how the center is complying (or not) with each of its standards. However, the agency has not yet implemented this proposed change.

Department staff noted in the draft report that several site visit reports and a self-study did not contain some of the required student achievement data including licensure/certification data. The agency notes in its response that licensure of any kind is not a goal or expected outcome of the CPE educational process. However, the agency's standards do require programs to report certification data. Therefore, department staff would expect site visit reports to contain certification data along with the other student achievement data specified in the agency's standard.

Staff Determination: The agency does not meet the requirements of this criterion. It must provide evidence documenting its effective review of its accredited centers' compliance with its student achievement standard.

(a)(1)(iv) Facilities, equipment, and supplies.

The agency's standard 302.1 found on page 6 of the Standards Manual require accredited centers to have financial, human, and physical resources sufficient to support the units of clinical pastoral education offered by the center. Standard 303.6 require accredited centers to have access to library, and educational facilities adequate to meet ACPEI standards.

The Accreditation Manual includes as Appendix 7A a guide to developing center policies and procedures which must be included in the centers student handbook. Among the policies and procedures that must be included are access to library and other resources.

The agency provided a self-study (exhibit 82, 84, 85, and 86) which includes the entire student handbook, and site visit report for Luther Hospital that demonstrates the agency evaluated the center under its facilities standard both through review of the student handbook and through direct observation and interviews with students and staff. However, department staff also examined additional site visit reports and found they did not provide evidence that the team evaluated the center's compliance with all of the components of its facilities

standard.

Staff Determinations: The agency does not meet the requirements of this criterion. It needs to provide additional documentation or document in its site visit reports that centers were evaluated on each of the components of its facilities standard.

Analyst Remarks to Response:

In response to the draft staff report, the agency noted that it will revise its instructions to site visitors and emphasize the importance of documenting compliance with each standard during national site team chair training, to ensure the site team reports explicitly how the center is complying (or not) with each standard. However, the agency has not yet implemented this proposed change.

Staff Determination: The agency does not meet the requirements of this criterion. It must provide evidence documenting its effective review of its accredited centers' compliance with its facilities standard.

(a)(1)(vi) Student support services.

Standard 303.8 (found on page 7 of the Standards Manual) requires that a center provide student support services including but not limited to orientation, a process for educational guidance and recommendations for counseling resources and resume preparation and employment search. The agency has attached (exhibit 85) a student handbook, submitted as part of a center's self study to demonstrate how an accredited center complies with agency standards. While the self study addresses orientation and educational guidance and counseling resources, it does not specifically describe services to assist students with resume preparation and employment search.

Staff Determination: The agency does not meet the requirements of this criterion. It must provide documents demonstrating its effective application of its standards regarding all of the student support services specified in its standard.

Analyst Remarks to Response:

In response to the draft staff report, the agency noted that it will revise its instructions to site visitors and emphasize the importance of documenting compliance with each standard during national site team chair training, to ensure the site team reports explicitly how the center is complying (or not) with each of its student support services standards. However, the agency has not yet implemented this proposed change.

Staff Determination: The agency does not meet the requirements of this criterion. It must provide evidence documenting its effective review of its

accredited centers' compliance with its student support services standard.

§602.19 Monitoring and reevaluation of accredited institutions and programs.

(a) The agency must reevaluate, at regularly established intervals, the institutions or programs it has accredited or preaccredited.

The agency has a written policy requiring accredited centers to undergo a full accreditation review every ten years. Centers are required to submit written documentation of compliance with agency standards during the fifth year of the ten-year accreditation review cycle. The agency's website listing of scheduled reviews indicates that the majority of centers are being reviewed on schedule. However, there are some centers whose decennial review has been postponed for as much as two years. Further information is needed about the basis on which the agency postpones a scheduled review.

Staff Determination: The agency does not meet the requirement of this section. The agency must provide information about the basis on which it postpones a scheduled decennial review.

Analyst Remarks to Response:

In response to the draft report, the agency references its Accreditation Manual as containing its policy for postponing a mid-term review or a ten-year accreditation review. The agency's policy allows accredited centers to request up to two one-year postponements of either review when a center lacks an ACPE-accredited supervisor, and lists other acceptable circumstances for which a center might be granted a single one-year postponement. The agency's policy could conceivably allow programs 14 years between full accreditation reviews, if a program received two one-year extensions of the mid-term review and the same number of extensions of the ten-year review.. These extensions could allow programs that may be out of compliance maintain their accreditation status, affecting the quality of education students in these centers or programs receive. In fact, many of the reasons given by the agency as grounds for extension signal significant problems with program support.

It is not clear from the information the agency provided how frequently it grants such requests for postponement. Department staff reviewed the lists of commission actions on the agency's website and determined that between May 2009 and March 2012, the agency granted 42 postponement requests of which the vast majority (35) were for the ten-year review. While Department staff understand the need to adjust the review cycle in appropriate circumstances, the number of postponements granted, and the reasons for granting them, are cause for concern.

Staff Determination: The agency does not meet the requirements of this

criterion. The agency must provide additional information about its approval of postponement requests, including how, in the interim, it ensures the quality of education provided by a center that has been granted one or more postponements.

(c) Each agency must monitor overall growth of the institutions or programs it accredits and, at least annually, collect headcount enrollment data from those institutions or programs.

The agency references three methods of capturing student enrollment information. However, two of the methods do not allow for compliance with the requirements of this criterion. 602.19(c) requires the agency to collect student enrollment data at least annually. The agency references the five year and ten year accreditation reviews; however they not meet the annual requirement to collect student enrollment data. The agency also references student unit reports as providing the enrollment data required by this criterion. Student unit reports are required 45 days prior to the end of a unit of clinical pastoral education, level one, two and supervisory clinical pastoral education. There is no policy for reporting the number of students enrolled in clinical pastoral education programs until they are near completion of a unit. This policy may not capture the total number of students enrolled and cause inaccurate reporting of enrollment data.

Staff Determination: The agency does not the requirements of this criterion. The agency needs to develop a policy that requires accredited centers to report the number of students enrolled in clinical pastoral education regardless of their completion status.

Analyst Remarks to Response:

In response to the draft staff report, the agency states that it is working to develop and implement a system to accurately collect student enrollment data. However, until the agency has done so, and provided documentation, a finding of compliance cannot be made.

Staff Determination: The agency does not meet the requirements of this criterion. The agency needs to demonstrate that it collects and analyzes annual headcount enrollment data from its accredited centers.

§602.20 Enforcement of standards

(b) If the institution or program does not bring itself into compliance within the specified period, the agency must take immediate adverse action unless the agency, for good cause, extends the period for achieving compliance.

The Accreditation Manual contains the policy for removal of citations (which the agency calls “notifications”). Item (1) requires centers to address notifications and come into compliance within six months or one year, as specified by the Accreditation Commission. However, the agency's policy states that the Commission may determine that the Center has complied partially with a notation, in which case notations “may be continued for a timeframe specified by the Commission.” In addition, the policy states that the Commission “may initiate an adverse action if the center fails to address a notation and come into compliance within the specified time”. This criterion requires that the agency take immediate adverse action unless it extends the period for achieving compliance on the basis of good cause shown. The agency does not have written policies for granting good cause extensions that identify the circumstances under which extensions of good cause be granted, and the length of time of such an extension.

Staff determinations: The agency does not meet the requirements of this criterion. It must amend its policies to make clear it will take immediate adverse action unless it grants a good cause extension, and establish a written policy prescribing the circumstances in which an extension of good cause would be considered. It must also provide documentation of its application of its policies.

Analyst Remarks to Response:

In response to the draft report, the agency reports that it is working to develop and implement written policies for granting good clause extensions that meet the requirements of 602.20. Department staff notes the agency's efforts to bring itself into compliance with this criterion. However, a finding of compliance cannot be made until the agency provides a copy of its policy and documentation of its effective application of that policy.

Staff Determination: The agency does not meet the requirements of this criterion. It must provide a copy of its policy regarding the granting of good cause extensions and documentation of its effective application of that policy.

§602.23 Operating procedures all agencies must have.

- (a) The agency must maintain and make available to the public, upon request, written materials describing--**
 - (1) Each type of accreditation and preaccreditation it grants;**
 - (2) The procedures that institutions or programs must follow in applying for accreditation or preaccreditation;**
 - (3) The standards and procedures it uses to determine whether to grant, reaffirm, reinstate, restrict, deny, revoke, terminate, or take any other action related to each type of accreditation and preaccreditation that the agency grants;**
 - (4) The institutions and programs that the agency currently accredits**

or preaccredits and, for each institution and program, the year the agency will next review or reconsider it for accreditation or preaccreditation; and

(5) The names, academic and professional qualifications, and relevant employment and organizational affiliations of--

(i) The members of the agency's policy and decision-making bodies; and

(ii) The agency's principal administrative staff.

All of the agency's publications and manuals are available on its website. The agency's Standards Manual and Accreditation Manual contain information and policies related to the types of accreditation and pre-accreditation offered by the ACPEI as well as the policies and procedures organizations must follow in order to achieve accreditation or pre-accreditation.

The agency publishes a directory of accredited centers on its website. The website also provides information on the next accreditation review for centers. This criterion requires the agency to publish the names, academic and professional qualifications, and relevant employment and organizational affiliations of members of the agency's principle staff, decision and policy making bodies. Although the website does contain the names of commissioners, the principle staff, and standards committee members, the additional information for these individuals is not listed on the agency's website.

Staff determinations: The agency does not meet the requirements of this criterion. It needs to provide information and documentation of how it makes available to the public the academic and professional qualifications and relevant employment and organization affiliations of the members of its policy and decision-making bodies and the agency's principal administrative staff..

Analyst Remarks to Response:

The agency's states in its response to the draft report, that it will develop a format for recording pertinent qualifications for its policy making body, decision making body, and its principle administrative staff, and place them on the ACPE website as soon as feasible. However, the agency has not yet done so.

Staff Determination: The agency does not meet the requirements of this criterion. It needs to provide documentation that it makes available to the public the academic and professional qualifications and relevant employment and organization affiliations of the members of its policy and decision-making bodies and the agency's principal administrative staff.

§602.25 Due process

(f) Provides an opportunity, upon written request of an institution or program, for the institution or program to appeal any adverse action prior to the action becoming final.

(1) The appeal must take place at a hearing before an appeals panel that--

(i) May not include current members of the agency's decision-making body that took the initial adverse action;

(ii) Is subject to a conflict of interest policy;

(iii) Does not serve only an advisory or procedural role, and has and uses the authority to make the following decisions: to affirm, amend, or reverse adverse actions of the original decision-making body; and

(iv) Affirms, amends, reverses, or remands the adverse action. A decision to affirm, amend, or reverse the adverse action is implemented by the appeals panel or by the original decision-making body, at the agency's option. In a decision to remand the adverse action to the original decision-making body for further consideration, the appeals panel must identify specific issues that the original decision-making body must address. In a decision that is implemented by or remanded to the original decision-making body, that body must act in a manner consistent with the appeals panel's decisions or instructions.

(2) The agency must recognize the right of the institution or program to employ counsel to represent the institution or program during its appeal, including to make any presentation that the agency permits the institution or program to make on its own during the appeal.

The agency's appeal policy is contained in two agency publications; the Accreditation Manual pages 99-103 and the Accreditation Commission Policy and Procedures Manual page 23. The agency's policy provides an opportunity for accredited centers to appeal adverse accreditation decisions prior to the action becoming final. The agency states in its narrative that it selects appeal panel members from its appeal panel pool and that a center may remove up to three members from the roster. The agency's Policy and Procedures Manual indicates that the appeal pool will be composed of five members from each region, public members, and others at the discretion of the ACPE Executive or Associate Director. However, the list of appeal panel pool members provided as Exhibit 63 includes only seven individuals, one of whom appears from the resume provided to be a public member. The agency needs to provide additional information about its appeal panel pool and how it ensures that the three-member panel for an appeal will include a public member.

The agency's appeal process includes several stages, which (based on published timeframes) could take over six months to complete. After the center

indicates its intention to appeal, the agency requires the appellant to work with an appeals consultant who selected by Association's Executive Director or Associate Director from among appeal pool members. It is difficult to see how this would not constitute a conflict of interest. If the center decides to continue with the appeal after the consultation phase, the agency mails an appeal panel roster to the center, and the center has the option of removing up to three members from that roster. It is not clear how many individuals are included on the roster. The agency then appoints a three-member appeal panel that does a paper review of the record, including any commentary on the written record that results from the consultation process. The review may result in a decision to affirm, reverse or remand the adverse action, or to conduct a hearing.

The criteria for recognition do not allow for a paper review. Rather, they require that an appeal take place at a hearing before an appeals panel where the institution or program may be represented by counsel. In addition, the expectation of due process is that an appeal will be completed timely. The agency must amend its policies to remove the required consultation and the paper review by the appeals panel.

The agency has recently revised its process to require that the three-member appeal pool include a public member, as required of decision-making bodies, and to allow an appellant to employ counsel to represent the center and make any presentation the appellant is permitted to make during the appeal. These requirements are reflected in the Policy and Procedure Manual. The agency states that it will revise its Accreditation Manual to reflect the change regarding public member and that the change will be incorporated into the Accreditation Manual in 2015 as part of the agency's review process. Staff notes that this could cause confusion for the accredited centers. The agency notified its centers of the change regarding public member, but has not provided documentation of notification to its accredited centers of the change regarding the right to employ counsel. The agency needs to provide documentation that it has notified its accredited centers of all changes made in its appeal process.

As discussed under 602.15(a)(6), the agency has effective controls against conflicts of interest regarding its appeals panel. Although the agency's policies and procedures do not specifically state that an appeal will take place before an appeals body that does not include current members of the agency's decision-making body that took the initial adverse action, the process by which the appeal panel is constituted satisfies this requirement. The agency's policies make clear that the appeals panel has the authority to affirm, reverse or remand the adverse action. However, the Accreditation Manual states that when remanding the decision to the Commission for further action, the panel "may provide specific instruction to the appellant or committee/Commission, including waiver of fees, submission of new materials, and other matters as befits a just and equitable outcome." The criterion requires that the appeals panel must identify specific issues that the original decision-making body must address. The agency needs to amend its policies to be in compliance with this requirement.

The agency indicated in its narrative for 602.25(a-e) that since the last review in 2005, no center has appealed an accreditation decision.

Staff Determination: The agency does not meet the requirement of this section. The agency needs to provide additional information about its appeal panel pool and how it ensures that the three-member panel for an appeal will include a public member. The agency must amend its policies to remove the required consultation and the paper review by the appeals panel, and to specify that when remanding a decision back to the original decision-making body, the appeals panel must identify specific issues that the original decision-making body must address. The agency also needs to provide documentation that it has notified its accredited centers of all changes made in its appeal process.

Analyst Remarks to Response:

In response to the draft report, the agency states that it is in the process of recruiting an additional public member. The agency discusses in its response that it will address the additional required changes to its policy identified in the draft report. However, until the agency amends its policy documenting how it ensures that its appeal panel contains a public member, removes from its policy the requirement for a paper review/consultation, and amends its policies to indicate, when a decision is remanded to the original decision-making body, the appeal panel must identify specific issues to be addressed by the Commission, the agency continues to be non-compliant with this criterion.

Staff Determination: The agency does not meet the requirements of this criterion. The agency must amend its appeals policies in accordance with the requirements of this criterion. The agency must also demonstrate the application of its policy or indicate it has not had an opportunity to apply it.

§602.26 Notification of accrediting decisions

The agency must demonstrate that it has established and follows written procedures requiring it to provide written notice of its accrediting decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public. The agency meets this requirement if the agency, following its written procedures--

(a) Provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public no later than 30 days after it makes the decision:

- (1) A decision to award initial accreditation or preaccreditation to an institution or program.**
 - (2) A decision to renew an institution's or program's accreditation or preaccreditation;**
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The agency provides notification of its accreditation decisions in accordance with the policy outlined in the Accreditation Commission Policy and Procedures Manual page 16. With respect to the requirements of this criterion the policy requires the ACPEI to send written notification of Commission decisions on initial and renewed accreditation of candidacy and accredited centers to the US Secretary of Education, the appropriate state licensing or authorizing agencies, the appropriate accrediting agencies, and to the public, no later than 30 days from the date of action. To document this process the agency has provided recent notification documents (exhibits 145-148). However, the documentation provided is not dated, so staff cannot verify that it was sent within the requirement timeframe. In addition, the documentation does not include notice to appropriate state licensing or authorizing agencies or accrediting agencies.

Staff Determination: The agency does not meet the requirement of this section. The agency must provide documentation of its effective application of its policy regarding notification of positive accrediting decisions.

Analyst Remarks to Response:

In its response to the draft report, the agency states that effective with the fall 2012 Commission meeting, all notifications will include the month, day and year of the meeting. Correspondence will also contain the month, day, and year notifications are sent to the affected center or program and its website will include the date the notification was posted. However, until the agency has provided documentation of its timely notification of positive actions, a finding of compliance cannot be made.

Staff Determination: The agency does not meet the requirements of this criterion. The agency must provide documentation of its timely notification of positive actions to the listed entities, as applicable.

(b) Provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program of the decision, but no later than 30 days after it reaches the decision:

- (1) A final decision to place an institution or program on probation or an equivalent status.
 - (2) A final decision to deny, withdraw, suspend, revoke, or terminate the accreditation or preaccreditation of an institution or program;
 - (3) A final decision to take any other adverse action, as defined by the agency, not listed in paragraph (b)(2) of this section;**
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The agency provides notification of any adverse actions or negative decisions in accordance with the policy described in the Accreditation Commission Policy and Procedures Manual, page 16. The policy requires the agency to send notification of Commission adverse actions to deny, suspend or withdraw accredited member status to the US Secretary of Education, the appropriate state licensing or authorizing agencies, the appropriate accrediting agencies, and to the public, no later than 30 days from the date of the adverse action. The agency's policy is not compliant. The criterion requires that the listed entities be notified at the same time the institution or program is notified of the decision, but not later than 30 days after it reaches the decision. The documentation that the agency provided is inadequate to demonstrate either compliance with its own policy, or with the requirements of this criterion in that none of the documents were dated, the documents did not include evidence of when the affected institutions were notified of the agency's decisions, and there were no communications with state licensing or authorizing agencies or accrediting agencies.

Staff Determination: The agency does not meet the requirement of this section. The agency must amend its policy to include that the listed entities will be notified of a negative decision at the same time the institution or program is notified, and it must provide documentation of its effective application of its policy.

Analyst Remarks to Response:

The agency states in its response to the draft report, that it will revise its process to notify the entities required by this criterion at the same time it notifies the center or program of its decision, but no later than 30 days after it reaches the decision. However, until the agency has provided documentation of its timely notification of negative actions, a finding of compliance cannot be made.

Staff Determination: The agency does not meet the requirements of this criterion. The agency must provide documentation of its timely notification of negative actions to the listed entities, as applicable.

(c) Provides written notice to the public of the decisions listed in paragraphs (b)(1), (b)(2) and (b)(3) of this section within 24 hours of its notice to the institution or program;

The agency provides written notification to the public of any adverse actions or negative decisions in accordance with the policy described in the Accreditation Manual page 6. The policy requires posting of Commission final actions to deny, suspend or withdraw candidacy or accredited member status of a center on the ACPEI website within 24 hours of notifying the center and publishes these final decisions in the next edition of the ACPEI newsletter.

The agency provided a copy of a letter to a center dated November 11, 2010 indicating that its accreditation had been suspended effective November 4, 2010. The agency also provided a website posting of adverse actions taken in April 2011 which lists the center has having had its accreditation involuntarily withdrawn. The documentation provided is for two different actions related to the same center. In addition, there is no indication of the date of the website posting to determine if the posting was made within 24 hours of notifying the center.

Staff Determination: The agency does not meet the requirements of this criterion. It needs to provide documentation demonstrating its effective application of its policy to provide written notice to the public of negative decisions within 24 hours of its notice to the center.

Analyst Remarks to Response:

In response to the draft report the agency states that it will revise its policy to clearly state that the public will be notified within 24 hours of notification to the program and will document dates of such notifications. However, until the agency has provided documentation of its timely notification to the public of negative actions, a finding of compliance cannot be made.

Staff Determination: The agency does not meet the requirements of this criterion. The agency must provide documentation of its timely notification to the public of negative actions.

((d) For any decision listed in paragraph (b)(2) of this section, makes available to the Secretary, the appropriate State licensing or authorizing agency, and the public, no later than 60 days after the decision, a brief statement summarizing the reasons for the agency's decision and the official comments that the affected institution or program may wish to make with regard to that decision, or evidence that the affected institution has been offered the opportunity to provide official comment; and

The criterion requires the agency to make available to the four specified entities within 60 days a brief statement summarizing the reasons for the agency's decisions. The agency's policy states the Commission makes available to the US Secretary of Education, the appropriate state licensing or authorizing agencies, the appropriate accrediting agencies, and the public *upon request* (emphasis added) a summary of the reasons for action to deny, suspend or withdraw a centers candidacy or accredited member status, any comments the affected center may wish to make with regard to the action no later than 30 days following the date of final action. The agency's policy needs to be amended to include that it will provide evidence that the affected institution that has not provided official comments has been offered the opportunity to do so, and that it will provide information to the public absent a specific request. The agency

states in its narrative, that to date, no center has provided comments with regard to a negative Commission decision.

Staff Determination: The agency does not meet the requirements of this criterion. It needs to amend its policy to include that it will provide evidence that the affected institution that has not provided official comments has been offered the opportunity to do so, and that it will provide information to the public absent a specific request.

Analyst Remarks to Response:

In response to the draft report, the agency has revised its policy to address the issues identified by department staff in the draft report. The agency states its revised policy has been placed in the Accreditation Commission Policy and Procedures Manual until the Accreditation Manual is revised in 2015. The agency also notes that this revision has not received board approval. However, a finding of compliance cannot be made until the agency provides a copy of its approved policy and documentation demonstrating the application of its policy.

Staff Determination: The agency does not meet the requirements of this criterion. The agency must provide a copy of its approved policy regarding the provision of official comments from an affected institution and documentation demonstrating the application of its policy in accordance with the requirements of this criterion.

(e) Notifies the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public if an accredited or preaccredited institution or program--

(1) Decides to withdraw voluntarily from accreditation or preaccreditation, within 30 days of receiving notification from the institution or program that it is withdrawing voluntarily from accreditation or preaccreditation; or

(2) Lets its accreditation or preaccreditation lapse, within 30 days of the date on which accreditation or preaccreditation lapses.

The agency provides notification of voluntary withdrawals in accordance with the policy described in the Accreditation Manual page 6. The policy requires the Commission to send notification of voluntary withdrawals from candidacy or accredited member status to the US Secretary of Education, and the appropriate state licensing or authorizing agencies, and, upon request, to the public within 30 days from receiving notification from the center that it is voluntarily withdrawing from preaccreditation or accreditation. The agency has provided a voluntary accreditation withdrawal from Central regional hospital (exhibit 150) and a notice to the Secretary of Education (exhibit 147) to document this process. However, the documentation indicates that the center withdrew on December 15, 2010 and that the undated notice to the Department was sent

after the April 2011 commission meeting. The agency did not provide documentation demonstrating that it informed the other parties as required by this criterion.

Staff Determination: The agency does not meet the requirements of this section. The agency must provide documentation of its notification to all the entities listed in this criterion of a center's voluntary withdrawal from candidacy or accredited member status within 30 days of receiving notification from the center.

Analyst Remarks to Response:

In response to the draft report the agency has developed a new procedure to respond to a center or program's request for voluntary withdrawal from candidacy or accredited member status and to notify the entities required by this criterion of the withdrawal. However, the documentation the agency provided is insufficient evidence that the agency notifies the entities listed in this criterion within 30 days as one of the letters was not dated; therefore, department staff cannot determine if the 30 day requirement for notification has been met.

Staff Determination: The agency does not meet the requirements of this criterion. The agency must provide documentation of its notification to all the entities listed in this criterion of a center's voluntary withdrawal from candidacy or accredited member status within 30 days of receiving notification from the center.

PART III: THIRD PARTY COMMENTS

The Department did not receive any written third-party comments regarding this agency.