

**U.S. Department of Education**

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

**RECOMMENDATION PAGE**

1. **Agency:** American Association for Marriage and Family Therapy (1978/2006)  
(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:** Scope of recognition: the accreditation and preaccreditation ("Candidacy") throughout the United States of clinical training programs in marriage and family therapy at the master's, doctoral, and postgraduate levels.
4. **Requested Scope of Recognition:** The accreditation throughout the United States of clinical training programs in marriage and family therapy at the master's, doctoral, and postgraduate levels, including programs offering distance education.
5. **Date of Advisory Committee Meeting:** December, 2011
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. Deny the agency's request for an expansion of scope to include distance education until the agency can demonstrate that it has consistently evaluated and accredited programs via distance education in compliance with the criteria for recognition.

7. **Issues or Problems:** The agency must provide evidence that its Commissioners, appeal panel members, and site evaluators are trained on their responsibilities regarding distance education. In addition the agency must provide evidence of the qualifications and training of its appeal panel members (§602.15(a)(2)).

The agency must demonstrate how it ensures educator and practitioner representation on its appeal panel body (§602.15(a)(4)).

The agency must revise its policy to reflect the limitations of the Secretary's definition. The agency must also provide evidence that its members adhere to the public member definition and provide information about how it ensures public member representation on its appeal panel (§602.15(a)(5)).

The agency must amend its record retention policy to include all the requirements under this section and demonstrate application of the amended policy (§602.15(b)).

The agency must reflect a review of the record of student complaints received by, or available to, the agency in its accreditation decision (§602.16(a)(1)(ix)).

The agency must demonstrate that its definition for distance education meets the Secretary's definition, that it has the requisite expertise on its evaluation and decision-making bodies, and that it has provided training on distance education and its assessment in the context of its standards. The agency must also demonstrate that its standards effectively address the quality of a program's distance education in the areas identified under section 602.16(a)(1). The agency must also provide evidence of its application of its standards for programs seeking accreditation for distance education (§602.16(b)(c)).

The agency must make clear in its policy that it makes all materials required under this section available to all decision-makers so they may conduct their own analysis of the self-study and supporting documentation (§602.17(e)).

The agency must ensure that it provides a detailed written report that assesses a program's performance with respect to student achievement in accordance with its policies (§602.17(f)).

The agency must demonstrate that it considers fiscal information in its monitoring approach (§602.19(b)).

The agency must provide evidence that it applies its timeframes in accordance with its adverse action policy (§602.20(a)).

The agency must demonstrate that it has revised its policy for good cause in accordance with the requirements of this section (§602.20(b)).

The agency must demonstrate that it has amended its policy for the revision of standards to initiate the revision within 12 months of the identified need and to complete the action within a reasonable timeframe in accordance with the requirements of this section (§602.21(c)).

The agency must demonstrate that it makes the names, academic and professional qualifications, and relevant employment and organizational affiliations of the agency's principal administrative staff available to the public (§602.23(a)).

The agency must provide evidence that it provides an opportunity for third-party comment concerning the program's qualifications for accreditation in providing public notice that a program subject to its jurisdiction is being considered for accreditation (§602.23(b)).

The agency must provide evidence of its application of its complaint procedures, if it has had occasion to apply such policy (§602.23(c)).

The agency must amend its policy to ensure that it provides for the public correction of incorrect or misleading information an accredited program releases about itself in accordance with the requirements of this section. The agency must provide evidence that it applies its policy for accurate disclosure of a program's accreditation status (§602.23(e)).

The agency must amend its policy to make clear the authority of the appeal panel in accordance with the requirements of this section. The agency must also make clear in its policy that it recognizes the right of the program to employ counsel to represent the program during its appeal, including to make any presentation that the agency permits the program to make on its own during the appeal. The agency must provide evidence of the application of its revised policy, or state that it has not had opportunity to apply it (§602.25(f)).

The agency must amend its appeals policy to ensure that it provides for a process, in accordance with written procedures, through which a program may, before the agency reaches a final adverse action decision based solely on a program's failure to meet its standard related to finances, seek review of new financial information. The agency must also provide evidence of the application of its revised policy, or indicate that it has not had the opportunity to apply it (§602.25(h)).

The agency must demonstrate that it provides written notice of positive decisions to the Secretary, appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public no later than 30 days after it makes the decision (§602.26(a)).

The agency needs to provide evidence that it provides notifications of negative decisions in accordance with the requirements of this section (§602.26(b)).

The agency needs to revise its policies and provide evidence that it provides public notice of its final negative decisions and decisions to place a program on probation within 24 hours of notification to the program (§602.26(c)).

The agency must evidence that it provides a brief summary of the reasons for the agency's negative decision and the official comments that the affected program may wish to make with regard to that decision, or evidence that the affected program has been offered the opportunity to provide official comment to the Secretary, appropriate licensing or authorizing agency, and the public (§602.26(d)).

The agency must evidence that it submits notifications in accordance with the requirements of this section (§602.26(e)).

The agency must demonstrate that it adheres to its policies for submitting an annual report and any proposed change in the agency's policies, procedures, or accreditation standards that might alter its scope of recognition (§602.27(a)(1) and (4)).

## **EXECUTIVE SUMMARY**

### **PART I: GENERAL INFORMATION ABOUT THE AGENCY**

The Commission on Accreditation for Marriage and Family Therapy Education (hereafter, COAMFTE or the Commission) is a programmatic accreditor. Its current scope of recognition is the accreditation and preaccreditation (“Candidacy”) throughout the United States of clinical training programs in marriage and family therapy at the master’s, doctoral, and postgraduate levels. COAMFTE currently accredits 116 programs in 36 states, with the vast majority of programs in university settings. In addition, the Commission accredits four programs in Canada that are not included in its scope of recognition.

Accreditation by COAMFTE does not enable the entities it accredits to establish eligibility to participate in the Title IV programs. However, accreditation by COAMFTE is a required element in enabling its programs to establish eligibility to participate in Federal non-Higher Education Act programs. Specifically, the Department of Health and Human Services requires that marriage and family therapy programs be accredited by an agency recognized by the Secretary in order to participate in the National Health Service Corps Scholarship (NHSCS) and the Faculty Loan Repayment Program (FLRP).

#### **Recognition History**

COAMFTE was first recognized by the U.S. Commissioner of Education in 1978. Its recognized scope at that time included graduate programs and postgraduate clinical training. In 1980, recognition was renewed for three years, and the scope was re-designated as marriage and family therapy. The Commission has had its recognition continuously renewed since that time.

The last full review of the Commission occurred in December 2005, after which the Secretary granted continued recognition for a period of three years and required the Commission to submit an interim report by December 2006, addressing notification issues and standards issues, including student achievement. In May 2007, the Secretary accepted the agency's interim report and extended the agency's recognition for an additional two years.

As part of the agency's current review for continued recognition, Department staff conducted a file review at the agency's headquarters on November 1, 2011.

## **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--**

**(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;**

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The agency demonstrates that it has competent and knowledgeable individuals on its Commission who are well-qualified by their experience. The agency provided documentation that lists the members' academic credentials and institutional affiliation. All members except for the public members have extensive experience in the marriage and family therapy field as well as relevant educational training. Professional Commission members must be senior marital and family therapy educators or clinicians.

The agency has policies that require it to train Commission members on their responsibilities. Members are required to attend an orientation that discusses the Commissioners' role, accreditation process and program reviews. The agency has provided sample powerpoint slides evidencing the content for its Commissioner training.

The agency's policies describe COAMFTE's expectations for site visitors, to include a minimum of five (5) years experience as a practitioner/educator in the field of marriage and family therapy, and significant experience as an educator/trainer in the field of marriage and family therapy (which includes but is not limited to: experience in a university, clinical, or related setting). Site visitors must also successfully complete the COAMFTE Site Visitor Training, for which the agency provided powerpoint slides to evidence the content of the training as appropriate to the role of the site visitor. The agency also provided documentation that lists the academic credentials and institutional affiliations of its site evaluators who are well-qualified in their respective fields.

However, the agency is requesting an expansion of scope to include distance education and none of the materials provided demonstrate that its Commissioners, appeal panel members, and site evaluators are trained on their

responsibilities regarding distance education. The agency has also not provided evidence of the qualifications and training of its appeal panel members.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence that its Commissioners, appeal panel members, and site evaluators are trained on their responsibilities regarding distance education. The agency must also provide evidence of the qualifications and training of its appeal panel members.

**Analyst Remarks to Response:**

The agency has not provided evidence of the qualifications and training of its appeal panel members. Though the agency has described in its response the principles it will use in training its representatives on their responsibilities with regard to distance education, the agency has not implemented such training.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence that its Commissioners, appeal panel members, and site evaluators are trained on their responsibilities regarding distance education. In addition the agency must provide evidence of the qualifications and training of its appeal panel members.

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**(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;**

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As demonstrated by the CVs the agency provided of its Commissioners, the agency's decision-making body is represented by both educators and practitioners in that almost all of the professional members occupy academic and clinical positions, with varying proportions of time devoted to each role. For example, individuals with academic appointments are also practitioners in the field of marriage and family therapy, affirming the agency's narrative of the alignment of scholarship and clinical practice.

Sample site visitor CVs also reflect a mix of educators and practitioners (in some cases, where individuals occupy both positions), and the site visitor roster that the agency provided evidences that the agency is deliberate in ensuring that both educators and practitioners are represented on its visiting teams in accordance with its policy. Site visitors' practitioner experiences represent a breadth of work settings to include; private practice, clinical and hospital settings, and counseling centers.

However, the agency has not addressed in its narrative, how it ensures educator and practitioner representation on its appeal panel body.

Staff determination: The agency does not meet the requirements of this section.

The agency must demonstrate how it ensures educator and practitioner representation on its appeal panel body.

**Analyst Remarks to Response:**

The agency has stated in its response that it will revise its current policy on the selection of an appeal panel to ensure the appeal panel includes educators and practitioners. The agency plans to finalize such revisions at its meeting in March 2012. Department staff cannot find the agency compliant until Department staff has an opportunity to review and analyze documentation in its final form.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate how it ensures educator and practitioner representation on its appeal panel body.

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**(5) Representatives of the public on all decision-making bodies; and**

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The agency has policies that require a minimum of two public members on its Commission, which is constituted by nine members. The agency's definition for representatives of the public does not cohere with the Secretary's definition. The agency also did not provide evidence of how it ensures that its public members adhere to the definition of representative of the public. The agency did not provide information about how it ensures public member representation on its appeal panel.

Staff determination: The agency does not meet the requirements of this section. The agency must revise its policy to reflect the limitations of the Secretary's definition. The agency must also provide evidence that its members adhere to the public member definition and information about how it ensures public member representation on its appeal panel.

**Analyst Remarks to Response:**

The agency has stated in its response that it has convened a task force to make its policy on public members consistent with the requirements of this section. Department staff cannot find the agency compliant until it has an opportunity to review and analyze documentation in its final form.

Staff determination: The agency does not meet the requirements of this section. The agency must revise its policy to reflect the limitations of the Secretary's definition. The agency must also provide evidence that its members adhere to the public member definition and provide information about how it ensures public member representation on its appeal panel.

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**(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.**

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The agency's written record keeping policies require it to retain a program's last two full accreditation reviews, as well as interim and annual reports, and "relevant Commission and program correspondence."

The agency provided a sample file of accreditation materials that demonstrates that it adheres to its written policies. However, the agency's policy is silent regarding the requirements under subsection (2) of this section, which require the retention of all decisions made throughout a program's affiliation with the agency regarding the accreditation and preaccreditation of any program and substantive changes, including all correspondence that is significantly related to those decisions.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its record retention policy to include the requirements under this section. The agency must also demonstrate that it adheres to its records retention policy.

**Analyst Remarks to Response:**

The agency has stated in its response that it believes it meets the requirements under this section though it has not made changes to its policy to adhere to subsection (2) of this section. The agency has also attached sample substantive changes to demonstrate that it adheres to an unwritten practice of retaining substantive changes throughout a program's affiliation with the agency, but the agency has not changed its policy to ensure that it retains all decisions made throughout an institution's or program's affiliation with the agency regarding the accreditation of any program and substantive changes, including all correspondence that is significantly related to those decisions, in accordance with the requirements of this section. A written policy will help to ensure that the agency's good practice of retaining substantive changes is institutionalized as well as help to ensure that the agency will retain in its records all decisions made throughout a program's affiliation with the agency regarding the accreditation of

any program.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its record retention policy to include all the requirements under this section and demonstrate application of the amended policy.

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**§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:**

**(a)(1)(ix) Record of student complaints received by, or available to, the agency.**

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The agency publishes its complaint policy which states that complaints against programs will be maintained on record by the agency.

As demonstrated by the site visit agenda, site evaluators meet with students to obtain feedback on concerns regarding the accredited program which are incorporated in the site visit report. The agency also has a standard that requires programs to establish policies and procedures by which it defines and reviews formal student complaints, and applies its standard as demonstrated by the sample site visit report. However, it does not appear that the agency has a process by which it reviews a program's record of student complaints or incorporates its review of a record of student complaints in the agency's accreditation decision.

Staff determination: The agency does not meet the requirements of this section. The agency must reflect a review of the record of student complaints received by, or available to, the agency in its accreditation decision.

**Analyst Remarks to Response:**

The agency has described a process by which site visitors review a program's record of student complaints during the site visit, however, Key Element IV-E as currently stated does not explicitly require that site visitors review records of student complaints as part of the on-site evaluation. Though the agency has stated that going forward, site visitors have been verbally reminded to document their review of a program's record of student complaints, or indicate if no formal complaints have been made, in the site visit report, the agency has not provided

evidence that it reviews a program's record of student complaints and incorporates such review in the agency's accreditation decision.

Staff determination: The agency does not meet the requirements of this section. The agency must reflect a review of the record of student complaints received by, or available to, the agency in its accreditation decision.

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**(b) If the agency only accredits programs and does not serve as an institutional accrediting agency for any of those programs, its accreditation standards must address the areas in paragraph (a)(1) of this section in terms of the type and level of the program rather than in terms of the institution.**

**(c) If the agency has or seeks to include within its scope of recognition the evaluation of the quality of institutions or programs offering distance education or correspondence education, the agency's standards must effectively address the quality of an institution's distance education or correspondence education in the areas identified in paragraph (a)(1) of this section. The agency is not required to have separate standards, procedures, or policies for the evaluation of distance education or correspondence education;**

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The agency is requesting an expansion of its scope to include its accreditation of programs offered via distance education. While the agency has defined distance education, it is not clear that the agency's definition for distance education coheres with the Secretary's definition of distance education.

The agency has not demonstrated that it has requisite expertise on its evaluation and decision-making bodies. Neither has the agency demonstrated that it has provided training on distance education and its assessment in the context of its standards.

According to the agency, programs that offer distance education are required to submit their self-studies in accordance with criteria provided by the agency. The agency has provided minimal guidance in its accreditation manual to those programs that offer distance education focusing primarily on requiring the program to describe the distance education program and the agency's expectation that the program ensure that the technology work during the site visit. The agency has not demonstrated that it has criteria by which it assesses the extent to which a program offered via distance education demonstrates compliance under the agency's standards, for example its student support services and facilities standards. Furthermore, the agency has indicated in its narrative that it has only received one application of a distance education program for pending review of initial accreditation, and therefore has no evidence to demonstrate application of its standards for programs offering distance education.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that its definition for distance education meets the Secretary's definition, that it has the requisite expertise on its evaluation and decision-making bodies, and that it has provided training on distance education and its assessment in the context of its standards. The agency must also demonstrate that its standards effectively address the quality of a program's distance education in the areas identified under section 602.16(a)(1). The agency must also provide evidence of its application of its standards for programs seeking accreditation for distance education.

**Analyst Remarks to Response:**

The agency has stated in its response that it is still in the process of identifying individuals with knowledge and experience of distance education and developing training procedures.

The agency has not demonstrated that it has requisite expertise on its evaluation and decision-making bodies. Neither has the agency demonstrated that it has provided training on distance education and its assessment in the context of its standards.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that its definition for distance education meets the Secretary's definition, that it has the requisite expertise on its evaluation and decision-making bodies, and that it has provided training on distance education and its assessment in the context of its standards. The agency must also demonstrate that its standards effectively address the quality of a program's distance education in the areas identified under section 602.16(a)(1). The agency must also provide evidence of its application of its standards for programs seeking accreditation for distance education.

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**§602.17 Application of standards in reaching an accrediting decision.**

**The agency must have effective mechanisms for evaluating an institution's or program's compliance with the agency's standards before reaching a decision to accredit or preaccredit the institution or program. The agency meets this requirement if the agency demonstrates that it--**

- (e) Conducts its own analysis of the self-study and supporting documentation furnished by the institution or program, the report of the on-site review, the institution's or program's response to the report, and any other appropriate information from other sources to determine whether the institution or program complies with the agency's standards; and**
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The agency has a process by which two primary readers analyze the self-study for completeness and apparent deficiency. The Commission then completes a self-study review template, the results of which are also forwarded to the program, and to which a program must respond prior to the site visit. The site visit team conducts its own analysis of the record prior to the site visit and after its evaluation, prepares a report that incorporates its full analysis. The full record (to include all documents required under this section) is then forwarded to the primary readers on the Commission for review.

However, it is not clear from the agency's policy whether all materials are made available to all Commissioners for decision and review prior to making a decision.

Staff determination: The agency does not meet the requirements of this section. The agency must make clear in its policy and practice that it makes all materials required under this section available to decision-makers so they may conduct their own analysis of the self-study and supporting documentation.

**Analyst Remarks to Response:**

The agency has stated in its response that it is the Commission's practice to conduct its own analysis of all the materials outlined under this section, however it is not clear to Department staff that all Commissioners have access to all of a programs' documents/record prior to and/or during Commission deliberations. If this is the agency's practice it needs to be reflected explicitly, in its policies and procedures, to ensure that the agency's good practice of providing all Commissioners with access to all of the documents for every program under review and upon which the Commission makes its accreditation decision.

Staff determination: The agency does not meet the requirements of this section. The agency must make clear in its policy that it makes all materials required under this section available to all decision-makers so they may conduct their own analysis of the self-study and supporting documentation.

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**(f) Provides the institution or program with a detailed written report that assesses--**

- (1) The institution's or program's compliance with the agency's standards, including areas needing improvement; and**
- (2) The institution's or program's performance with respect to student achievement;**

**and**

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As demonstrated by the sample site visit report and response provided by the agency, the agency uses the site visit report to provide the program with a detailed written report that assesses the program's compliance with the agency's standards, including areas needing improvement.

The agency states in its narrative that it also uses the site visit report to provide a detailed written report regarding a program's performance with respect to student achievement. However, the information regarding a program's compliance with the agency's student achievement criteria is not included in the site visit report, but appears on the agency's "APS" document, which is not a detailed written report. It is not clear how the information is communicated to programs, and though the agency has a procedure for programs to respond to student achievement deficiencies, it is not clear whether and how such information is communicated.

Staff determination: The agency does not meet the requirements of this section. The agency must ensure that it provides a detailed written report that assesses a program's performance with respect to student achievement in accordance with its policies.

#### **Analyst Remarks to Response:**

The agency has stated in its response that the site visit report in conjunction with the decision letter provides a detailed written report that assesses a program's performance with respect to student achievement. However, in the site visit reports and decision letters provided, the agency did not evidence a detailed report that assesses a program's performance with respect to student achievement. Though the agency considers both documents as constitutive of its detailed report, both documents are bereft of the detail required by this section for an agency to assess a program's performance with respect to student achievement. For example, the decision letters simply state whether the program has met the agency's benchmarks for student outcomes without any detailed assessment of the program's performance with respect to student achievement, and the narrative analyses under the correspondent student achievement standards in the site visit reports state, for example, that site visitors could not make an assessment of student competencies.

Staff determination: The agency does not meet the requirements of this section. The agency must ensure that it provides a detailed written report that assesses a program's performance with respect to student achievement in accordance with its policies.

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#### **§602.19 Monitoring and reevaluation of accredited institutions and programs.**

**(b) The agency must demonstrate it has, and effectively applies, a set of monitoring and evaluation approaches that enables the agency to identify problems with an institution's or program's continued compliance with agency standards and that takes into account institutional or program strengths and stability. These approaches must include periodic reports, and collection and analysis of key data and indicators, identified by the agency, including, but not limited to, fiscal information and measures of student achievement, consistent with the provisions of §602.16(f). This provision does not require institutions or programs to provide annual reports on each specific accreditation criterion.**

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The agency's approach to monitoring is its requirement that accredited programs submit an annual report which has information regarding program enrollment and student achievement criteria. The agency has provided documentation of its collection and action on such reports.

However, the agency's description of its monitoring approach does not consider how it will enable the agency to identify problems with a program's continued compliance with, for example, the agency's standard for fiscal and administrative capacity. The agency has not described how analysis of enrollment and pass rate data alone, will ensure a program's continued compliance with the agency's standards. This criterion requires that an agency collect and analyze key data and indicators including fiscal information and measures of student achievement.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it considers fiscal information in its monitoring approach.

**Analyst Remarks to Response:**

In its response, the agency has provided documentation of a substantive change review that evidences the agency's review of fiscal information. However, the monitoring requirements under this section stipulate the collection and analysis of key data and indicators, including fiscal information, independent of a program's request for a substantive change review. It is not clear how the agency uses and analyzes fiscal information as part of its approach to monitoring programs to enable the agency to identify problems with a program's continued compliance with agency standards.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it considers fiscal information in its monitoring approach.

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**§602.20 Enforcement of standards**

**(a) If the agency's review of an institution or program under any standard indicates that the institution or program is not in compliance with that standard, the agency must--**

**(1) Immediately initiate adverse action against the institution or program; or**

**(2) Require the institution or program to take appropriate action to bring itself into compliance with the agency's standards within a time period that must not exceed--**

**(i) Twelve months, if the program, or the longest program offered by the institution, is less than one year in length;**

**(ii) Eighteen months, if the program, or the longest program offered by the institution, is at least one year, but less than two years, in length; or**

**(iii) Two years, if the program, or the longest program offered by the institution, is at least two years in length.**

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The agency has written policies addressing non-compliance with agency requirements that show the agency allows programs the opportunity to correct areas found non-compliant with agency requirements.

The policies require it to impose a probationary status by the mid-point of the second year following a program's notification of it being out-of-compliance. Also at this time a focused visit is conducted at the program; if by the beginning of Year 3 a program continues to be out-of-compliance, accreditation will be revoked. However, the agency's narrative states that actions are taken immediately upon discovering noncompliance and investigating the situation. There appears to be a discrepancy between the agency's narrative and the agency's written policy and it is unclear how the agency applies its adverse action policy.

Also, though the agency has pointed to documentation regarding its application of the policy, the file is incomplete and therefore not sufficient to document that the agency acts in accordance with its policy.

Staff determination: The agency does not meet the requirements of this section. The agency must address the discrepancies in its narrative with its written policy and provide evidence that it applies its timeframes in accordance with its adverse action policy.

#### **Analyst Remarks to Response:**

The agency has clarified in its response that the agency applies its written adverse action policy that requires programs two years to come into compliance prior to instituting an adverse action. The policy is in accord with the requirements of this section. However, the documentation that the agency provided is still not sufficient evidence of the agency's compliance under this

section. For example, the initial letter issuing probationary status is dated May 2011, Department staff could not locate any subsequent correspondence to evidence that the agency enforced its timelines within the two-year timeframe.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence that it applies its timeframes in accordance with its adverse action policy.

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**(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.**

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It is not evident from the agency's accreditation manual what constitutes a good cause, Department staff could only find in the agency's handbook that accreditation is revoked in Year 3 if programs continue to be out-of-compliance with agency standards. As noted by the agency, extensions for good cause are granted only under exceptional circumstances. As the agency reports that it allows good cause extensions, the agency's policy needs to address this as well as under what circumstances a good cause extension will be considered.

Staff determination: The agency does not meet the requirements of this section. The agency must revise its policy to address its application of good cause extensions and under what circumstances a good cause extension will be considered. The agency must also provide evidence of its application of its policy, as applicable.

**Analyst Remarks to Response:**

The agency has stated in its response that it will amend its policy to include language for addressing situations for extending the period for achieving compliance for good cause.

Staff determination: The agency must demonstrate that it has revised its policy for good cause in accordance with the requirements of this section.

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**§602.21 Review of standards.**

**(c) If the agency determines, at any point during its systematic program of review, that it needs to make changes to its standards, the agency must initiate action within 12 months to make the changes and must complete that action within a reasonable period of time. Before finalizing any changes to its standards, the agency must--**

**(1) Provide notice to all of the agency's relevant constituencies,**

**and other parties who have made their interest known to the agency, of the changes the agency proposes to make;**  
**(2) Give the constituencies and other interested parties adequate opportunity to comment on the proposed changes; and**  
**(3) Take into account any comments on the proposed changes submitted timely by the relevant constituencies and by other interested parties.**

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Though the agency's policies require it to initiate action in the fourth year of its five year review cycle, (and presumably to complete such review in the remaining 12 months), the policy is not clear that the agency is required to initiate action within 12 months to make changes and to complete that action within a reasonable period of time.

The agency has provided evidence of its notice to the agency's relevant constituencies through correspondence and public hearing. However, though it is evident from the agency's outreach to its relevant constituencies that it solicited feedback regarding draft language for its standards in 2005, it is not clear when the agency completed the changes to its standards.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its policy to make clear that it must initiate action within 12 months to make the changes and must complete that action within a reasonable period of time in accordance with the requirements of this section. The agency must also demonstrate that it adheres to its policy.

**Analyst Remarks to Response:**

The agency has stated in its response that it will revise its policy to meet the requirements of this section. The agency has not stated whether it has evidence to demonstrate whether it has, in practice, adhered to the twelve-month requirement.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it has amended its policy for the revision of standards to initiate the revision within 12 months of the identified need and to complete the action within a reasonable timeframe in accordance with the requirements of this section.

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**§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.**

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The agency demonstrates that it maintains and makes available to the public, written materials described under this section, except that it did not address how it makes, “the names, academic and professional qualifications, and relevant employment and organizational affiliations of the agency’s principal administrative staff” available to the public. Department staff verified that the agency makes available all the materials described under this section on its website, except that only contact information is available for its staff. The agency did not make explicit in its narrative whether such information would be made available to the public through contact with agency staff.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it makes the names, academic and professional qualifications, and relevant employment and organizational affiliations of the agency’s principal administrative staff available to the public.

**Analyst Remarks to Response:**

Department staff could not locate the information on the document cited in the agency's response. It is still unclear whether the agency makes information regarding its staff available to the public.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it makes the names, academic and professional qualifications, and relevant employment and organizational affiliations of the agency’s principal administrative staff available to the public.

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**(b) In providing public notice that an institution or program subject to its jurisdiction is being considered for accreditation or preaccreditation, the agency must provide an opportunity for third-party comment concerning the institution's or program's qualifications for accreditation or preaccreditation. At the agency's discretion, third-party comment may be**

**received either in writing or at a public hearing, or both.**

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The agency has policies that require it to provide an opportunity for third-party comment prior to the renewal of accreditation. Though the agency has provided an example of its solicitation for third-party comment, the documentation appears to be available on a restricted access portion of its website exclusively for program directors, and not intended for the general public.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence that it provides an opportunity for third-party comment concerning the program's qualifications for accreditation in providing public notice that a program subject to its jurisdiction is being considered for accreditation.

**Analyst Remarks to Response:**

The agency has stated in its response that it will be able to provide evidence of its compliance to the Department after November 1, 2011. The agency will need to provide evidence of an effective mechanism to provide opportunity for third-party comment concerning the program's qualifications for accreditation for Department review in its next compliance report.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence that it provides an opportunity for third-party comment concerning the program's qualifications for accreditation in providing public notice that a program subject to its jurisdiction is being considered for accreditation.

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**(c) The accrediting agency must--**

**(1) Review in a timely, fair, and equitable manner any complaint it receives against an accredited institution or program that is related to the agency's standards or procedures. The agency may not complete its review and make a decision regarding a complaint unless, in accordance with published procedures, it ensures that the institution or program has sufficient opportunity to provide a response to the complaint;**

**(2) Take follow-up action, as necessary, including enforcement action, if necessary, based on the results of its review; and**

**(3) Review in a timely, fair, and equitable manner, and apply unbiased judgment to, any complaints against itself and take follow-up action, as appropriate, based on the results of its review.**

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The agency has complaint procedures with appropriate timeframes in which to resolve complaints in accordance with the requirements of this section. However, the agency has not provided evidence of its application of its complaint procedures, or stated that it has not had occasion to apply its complaint procedures.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence of its application of its complaint procedures, or state that it has not had occasion to apply its complaint procedures.

**Analyst Remarks to Response:**

The agency has stated in its response that it has not had occasion to apply its complaint policy recently. However, the Department requires the agency to provide evidence of its previous application of its complaint policy in order to verify compliance under this section.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence of its application of its complaint procedures, if it has had occasion to apply such policy.

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**(e) The accrediting agency must provide for the public correction of incorrect or misleading information an accredited or preaccredited institution or program releases about—**

**(1) The accreditation or preaccreditation status of the institution or program;**

**(2) The contents of reports of on-site reviews; and**

**(3) The agency's accrediting or preaccrediting actions with respect to the institution or program.**

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Though the agency's policy prohibits an accredited program from misrepresenting itself, the agency's policy does not explicitly provide for the public correction of incorrect or misleading information an accredited program releases about itself in accordance with the requirements of this section. While the agency states in its narrative that it uses professional publications and its website to provide public correction of misinformation, the agency provided no evidence of its appropriate action in accordance with its policies.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its policy to ensure that it provides for the public correction of incorrect or misleading information an accredited program releases about itself in accordance with the requirements of this section. The agency

must provide evidence that it applies its policy for accurate disclosure of a program's accreditation status.

**Analyst Remarks to Response:**

The agency has indicated in its response that it will revise its policy in accordance with the requirements of this section at its November 2011 meeting, which will then be forwarded to the AAMFT Board for final approval in March 2012. As stated in the agency's handbook, the Commission is responsible for establishing standards for competence in clinical education for the profession of marriage and family therapy, and work under procedures approved by the AAMFT Board.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its policy to ensure that it provides for the public correction of incorrect or misleading information an accredited program releases about itself in accordance with the requirements of this section. The agency must provide evidence that it applies its policy for accurate disclosure of a program's accreditation status.

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**§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.**

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The agency has a process by which it may appeal decisions after it has availed itself of the agency's "reconsideration" procedures by the Commission. A three-person appeal panel is selected by the Commission's Chair and its members are subject to a conflict of interest policy. The Commission selects a list of five members, and with input from the appellate program, makes a final selection of three members. The agency's policy restricts appeal panel members from being current members of the decision-making body that made the adverse decision. The agency's appeal panel, as a decision-making body, also has to have a public member as required under §602.16(a)(5).

However, the agency's written policy does not make clear the appeal body's authority to affirm, amend, or reverse adverse actions of the original decision-making body, but appears to assume more of a procedural role, given that the Commission's decision on remand is also appealable.

The agency's written policy also does not clearly recognize the right of the program to employ counsel to represent the program during its appeal, including to make any presentation that the agency permits the program to make on its own during the appeal.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its policy to make clear the authority of the appeal panel in accordance with the requirements of this section. The agency must also make clear in its policy that it recognizes the right of the program to employ counsel to represent the program during its appeal, including to make any presentation that the agency permits the program to make on its own during the appeal. The agency must provide evidence of the application of its revised policy, or state that it has not had opportunity to apply it.

**Analyst Remarks to Response:**

The agency has indicated in its response that it will revise its policy in accordance with the requirements of this section at its November 2011 meeting, which will then be forwarded to the AAMFT Board for final approval in March 2012. As stated in the agency's handbook, the Commission is responsible for establishing standards for competence in clinical education for the profession of marriage and family therapy, and work under procedures approved by the AAMFT Board.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its policy to make clear the authority of the appeal panel in accordance with the requirements of this section. The agency must also make clear in its policy that it recognizes the right of the program to employ counsel to represent the program during its appeal, including to make any

presentation that the agency permits the program to make on its own during the appeal. The agency must provide evidence of the application of its revised policy, or state that it has not had opportunity to apply it.

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**(h)(1) The agency must provide for a process, in accordance with written procedures, through which an institution or program may, before the agency reaches a final adverse action decision, seek review of new financial information if all of the following conditions are met:**

**(i) The financial information was unavailable to the institution or program until after the decision subject to appeal was made.**

**(ii) The financial information is significant and bears materially on the financial deficiencies identified by the agency. The criteria of significance and materiality are determined by the agency.**

**(iii) The only remaining deficiency cited by the agency in support of a final adverse action decision is the institution's or program's failure to meet an agency standard pertaining to finances.**

**(h)(2) An institution or program may seek the review of new financial information described in paragraph (h)(1) of this section only once and any determination by the agency made with respect to that review does not provide a basis for an appeal.**

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The agency has stated in its narrative that though it has a standard for fiscal and administrative resources, the agency has never imposed a final adverse action directly due to a program's fiscal resources. The agency has described a practice by which it would allow such information, if such an occasion would occur. However, the agency must make explicit in its policy that it has written procedures in place, should a program seek review of new financial information in accordance with the requirements of this section.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its appeals policy to ensure that it provides for a process, in accordance with written procedures, through which a program may, before the agency reaches a final adverse action decision based solely on a program's failure to meet its standard related to finances, seek review of new financial information. The agency must also provide evidence of the application of its revised policy, or indicate that it has not had the opportunity to apply it.

**Analyst Remarks to Response:**

The agency has indicated in its response that it will revise its policy in accordance with the requirements of this section at its November 2011 meeting, which will then be forwarded to the AAMFT Board for final approval in March 2012. As stated in the agency's handbook, the Commission is responsible for establishing standards for competence in clinical education for the profession of marriage and family therapy, and work under procedures approved by the AAMFT Board.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its appeals policy to ensure that it provides for a process, in accordance with written procedures, through which a program may, before the agency reaches a final adverse action decision based solely on a program's failure to meet its standard related to finances, seek review of new financial information. The agency must also provide evidence of the application of its revised policy, or indicate that it has not had the opportunity to apply it.

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#### **§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 has compliant policies in accordance with the requirements of this section. However, the agency has not provided evidence of its application of its compliance with the notification requirements.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it provides written notice of positive decisions to the Secretary, appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public no later than 30 days after it makes the decision.

**Analyst Remarks to Response:**

The documentation that the agency has provided in its response is evidence of its public notification and not evidence of its written notice to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it provides written notice of positive decisions to the Secretary, appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public no later than 30 days after it makes the decision.

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**(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 has established compliant policies in accordance with the requirements of this section; however, Department staff was unable to verify whether the agency submits timely and consistent negative decisions to the Secretary, the appropriate accrediting agencies, and the appropriate state licensing agency.

Staff determination: The agency does not meet the requirements of this section. The agency needs to provide evidence that it provides notifications of negative decisions in accordance with the requirements of this section, or if it has not issued such decisions, it must declare so accordingly.

**Analyst Remarks to Response:**

The agency has stated in its response that it has not had occasion to apply its policy for notification of negative decisions, "at this time." However, it appears from the agency's public website under Appendix J, that it has had occasion to apply its policy on notification of negative decisions since its Fall 2010 meeting. If the agency has had occasion to apply its policy on notification of negative decisions, then the agency must provide evidence of its application of this policy to be found compliant under this section.

Staff determination: The agency does not meet the requirements of this section.

The agency needs to provide evidence that it provides notifications of negative decisions in accordance with the requirements of this section.

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**(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;**

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The agency does not have compliant policies in accordance with the requirements of this section to notify the public within 24 hours of its notification to the program of any final adverse action or action to place a program on probation. Per the agency's accreditation manual policies, "if the program chooses not to request reconsideration or appeal, the decision will be final, and public notice will occur within thirty (30) days." This policy is discrepant with the policy cited in the agency's narrative that it notifies the public within 24 hours of its notification to the program of any final adverse action or action to place a program on probation.

Staff determination: The agency does not meet the requirements of this section. The agency needs to revise its policies and provide evidence that it provides public notice of its final negative decisions and decisions to place a program on probation within 24 hours of notification to the program.

**Analyst Remarks to Response:**

The agency has not addressed in its response the discrepant policy on page 19 of its Accreditation Manual and identified in the draft staff analysis.

Staff determination: The agency does not meet the requirements of this section. The agency needs to revise its policies and provide evidence that it provides public notice of its final negative decisions and decisions to place a program on probation within 24 hours of notification to the program.

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**((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**

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The agency has compliant policies in accordance with the requirements of this section. However, Department staff was unable to verify whether the agency 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 negative decision and the official comments that the affected program may wish to make with regard to that decision, or evidence that the affected program has been offered the opportunity to provide official comment.

Staff determination: The agency does not meet the requirements of this section. The agency must evidence that it provides a brief summary of the reasons for the agency's negative decision and the official comments that the affected program may wish to make with regard to that decision, or evidence that the affected program has been offered the opportunity to provide official comment to the Secretary, appropriate licensing or authorizing agency, and the public; or if it has not issued such decisions, it must declare so accordingly.

**Analyst Remarks to Response:**

The agency has stated in its response that it has not had opportunity to apply its policy on providing a brief summary to the Secretary, the appropriate State licensing or authorizing agency, and the public within sixty days. However, it appears from the agency's public website under Appendix J, that it has had occasion to apply its policy on providing a brief summary of the reasons for the agency's negative decision to the Secretary, et. al., since its Fall 2010 meeting. If the agency has had occasion to apply its policy on providing such summary, then the agency must provide evidence of its application of this policy to be found compliant under this section.

Staff determination: The agency does not meet the requirements of this section. The agency must evidence that it provides a brief summary of the reasons for the agency's negative decision and the official comments that the affected program may wish to make with regard to that decision, or evidence that the affected program has been offered the opportunity to provide official comment to the Secretary, appropriate licensing or authorizing agency, and the public.

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**(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.

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The agency has compliant policies in accordance with the requirements of this section. However, Department staff was unable to verify whether the agency submits timely and consistent notifications to the Secretary, the appropriate accrediting agencies, the appropriate state licensing agency, and the public, if the program decides to withdraw voluntarily or lets its accreditation or preaccreditation lapse.

Staff determination: The agency does not meet the requirements of this section. The agency must evidence that it submits notifications in accordance with the requirements of this section, or if none of its programs have withdrawn voluntarily or let its accreditation or preaccreditation lapse, it must declare so accordingly.

**Analyst Remarks to Response:**

The agency has stated in its response that it has not had the occasion to apply its policy on voluntary withdrawal and accreditation lapses, "at the time of the petition." However, if the agency has ever had occasion to apply such policy, the agency must provide evidence of such application to be found compliant under this section.

Staff determination: The agency does not meet the requirements of this section. The agency must evidence that it submits notifications in accordance with the requirements of this section.

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**§602.27 Other information an agency must provide the Department.**

**(a) The agency must submit to the Department--**

**(1) A copy of any annual report it prepares;**

**(2) A copy, updated annually, of its directory of accredited and preaccredited institutions and programs;**

**(3) A summary of the agency's major accrediting activities during the previous year (an annual data summary), if requested by the Secretary to carry out the Secretary's responsibilities related to this part;**

**(4) Any proposed change in the agency's policies, procedures, or accreditation or preaccreditation standards that might alter its--**

**(i) Scope of recognition, except as provided in paragraph (a)(5) of this section; or**

**(ii) Compliance with the criteria for recognition;**

**(5) Notification that the agency has expanded its scope of recognition**

**to include distance education or correspondence education as provided in section 496(a)(4)(B)(i)(I) of the HEA. Such an expansion of scope is effective on the date the Department receives the notification;**

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The agency has compliant policies under the requirements for subparts (a)(1-4) of this section. Department staff also verified the agency's submission to the Department of a copy, updated annually, of its directory of accredited programs.

However, though the agency has terminated its preaccreditation status, thereby altering its scope of recognition, it is not clear that the agency submitted any proposed changes to the agency's policies, procedures, or accreditation or preaccreditation standards in accordance with the requirements of this section. The agency also prepares an annual report and has stated in its narrative its commitment to provide such report to the Department in accordance with the requirements of this section; however the agency did not provide evidence of its routine provision of such report.

Furthermore, the agency has responded to subsection (5) of this section though it is evident under section 602.16(c) of this petition that the agency is seeking an expansion of scope for distance education under section 602.12(b). Because the agency has elected to be reviewed for an expansion of scope under this petition, the agency will not, subsequent to this review, be eligible to notify the Secretary in accordance with the requirements of this section of an expansion of its scope of recognition to include distance education. If the agency elects to expand its scope of recognition to include distance education subsequent to the review of the current petition, the agency must do so in accordance with section 602.12(b).

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it adheres to its policies for submitting an annual report and any proposed change in the agency's policies, procedures, or accreditation standards that might alter its scope of recognition.

**Analyst Remarks to Response:**

In its response the agency has provided the summary from its submission to the Department in 2009 of its compliance with the new statutory requirements of the HEOA. This was a one-time request by the Department to all recognized agencies. This report does not address the requirement of this criterion.

The requirement under this section is that if an agency prepares an annual report of its activities, such as the type identified by the agency in its initial narrative under this section, the agency is required to submit that annual report to the Department. The agency has not addressed nor complied with this requirement.

Also, though the agency has terminated its preaccreditation status, thereby

altering its scope of recognition, it has not provided evidence that it submitted notice to the Department of this change in its activities that affect its scope of recognition. The agency has not addressed nor complied with this requirement.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it adheres to its policies for submitting an annual report and any proposed change in the agency's policies, procedures, or accreditation standards that might alter its scope of recognition.

### **PART III: THIRD PARTY COMMENTS**

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