U.S. Department of Education

Staff Report
to the
Senior Department Official
on
Recognition Compliance Issues

RECOMMENDATION PAGE

1. **Agency:** American Psychological Association (1970/2005)
   (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 in the United States of doctoral programs in clinical, counseling, school and combined professional-scientific psychology; predoctoral internship programs in professional psychology; and postdoctoral residency programs in professional psychology.

4. **Requested Scope of Recognition:** Same as above

5. **Date of Advisory Committee Meeting:** June, 2011

6. **Staff Recommendation:** Continue the agency's 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 strengthen its assertions regarding its financial viability with supporting documentation or otherwise provide additional information and clarifications of the agency's current and projected financial viability. (602.15(a)(1))

   • The agency must demonstrate that it has an effective mechanism that ensures that its public members selected to serve on its COA and appeals panel meet the requirements as stated in the regulatory

definition, with specific regard to the requirement that a public member cannot be a spouse, parent, child, or sibling of someone identified in component (1) or (2) of the Secretary's definition. (602.15(a)(5))

• The agency must adopt, implement, and demonstrate implementation of the proposed IR to meet this criterion. (602.15(b))

• The agency must incorporate mechanisms into its monitoring procedures to help it identify potential problems with a program's financial capacity in accordance with the Guidelines and Principles applicable to continued compliance with its fiscal standards throughout the duration of the accreditation grant. (602.19(b))

• The agency must revise it policies and procedures to ensure that its decisions will not allow noncompliant programs to exceed the maximum enforcement timeframes. It also needs to demonstrate that it has implemented timely enforcement actions based on those revisions. (602.20(a))

• The agency must clarify how it uses the good cause exceptions to include guidance for using the good cause exception to extend accreditation of a program that remains out of compliance beyond the enforcement timeframe and to demonstrate application of the good cause extension in accordance with those parameters. (602.20(b))

• The agency must submit documentation indicating that it has made available to the public information regarding its senior administrative staff required in section (5)(ii) of this criterion. (602.23(a))

EXECUTIVE SUMMARY

PART I: GENERAL INFORMATION ABOUT THE AGENCY

The American Psychological Association (APA), Commission on Accreditation (COA) is a programmatic accreditor. It currently accredits over 900 professional education and training programs at the doctoral and postdoctoral level in psychology. The agency has identified multiple federal programs that require the Secretary's recognition of its accredited programs as a prerequisite for programs to participate in non-Title IV federal programs and/or federal employment. These include, for example--

•The Graduate Psychology Education (GPE) Program administered by the United States Department of Health and Human Services (DHHS0),
•The Federal Center for Medicare/Medicaid Services (CMS) program for postdoctoral residency programs in medical settings, and
•The Predoctoral Fellowship offered by the Mental Health and Substance Abuse Services Administration (SAMSHA).

In addition, the Department of Veterans Affairs and the Federal prison system cite the APA's COA accreditation as the standard both for admission to its internship training programs in professional psychology and for employment as a psychologist at all VA medical centers (VAMCs).

Recognition History

The American Psychological Association, Commission on Accreditation (Commission), received initial recognition by the Secretary in 1970, and has received continued recognition since that time. The Commission was last reviewed for renewal of recognition at the fall 2004 meeting of the National Advisory Committee on Institutional Quality and Integrity (NACIQI). Following the meeting, the Secretary granted the agency continued recognition for a period of five years, and found no compliance issues.

As part of the review of APA for continued recognition, Department staff reviewed the agency's petition and supporting documentation, observed a decision-making meeting and a training workshop for new Commissioners.

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's 16-member accreditation staff includes psychologists, researchers, and operations personnel. In accordance with the APA policies and procedures, the accreditation staff have the responsibility for oversight of the accrediting operation that affects approximately 900 accredited doctoral, internship, and postdoctoral programs. Based on the resumes provided, each employee has experience in the discipline or business functions coupled with longevity in the organization and based on their collective experiences appear to carry out its accreditation activities within its scope of recognition.

The organizational chart clearly reflects the accrediting functions in a logically organized manner. The agency included the resumes of the senior staff that demonstrate that the staff has the necessary qualifications and experience to perform their assigned duties. The Department has not received any complaints against the agency regarding staffing levels or the ability of the agency to conduct its accrediting functions.

Based on the budget documents provided, it appears that the agency has been operating in the red for the past 4 years and has significantly pulled from its reserve fund to cover shortfalls. The documents also reflect that the agency has adopted 2 fee increases during this time; however, these increases were not sufficient to cover the actual expenses during those fiscal years. While it appears that the agency's accrediting activities have not been adversely affected, it is not clear that the agency' has sufficiently addressed this financial situation.

Staff Determination: The agency does not meet the requirements of this section. It must to provide additional information and clarifications of the agency's current and projected financial status to include the agency's plans to address the net deficit in its operations.

Analyst Remarks to Response:

The Department found the agency has operated with a negative balance for 4 consecutive years. Although it has increased fees for two of those years, it continues to operate with a negative cash flow based on the documents provided. The agency's response indicates that the Accreditation Fee Stabilization Fund allowed the Commission on Accreditation (COA) to keep the annual fees for programs stable until 2008, when it increased fees for the annual, initial application, and appeal panel fees for each doctoral program. It has maintained the annual fee structure for all programs during the 2008-2009 year, and the annual fees for all programs remained the same through the 2010-2011 years. However, the site visit fees and appeals fees for 2010-2011 increased for the designated programs as follows:

Site visits:
Doctorate programs: $600.00
Intern programs: $400.00
Postdoc Programs $400.00

Without an accounting of approximate revenues, less expenses, the Department cannot ascertain the impact of the fee increases on the accrediting activities. The agency states final budgets were not available when it submitted the initial petition and in its response suggests that the fund contains more than twice the amount reflected in the analysis of the accreditation stabilization fund balance for 2010. For the years since 2008, the accreditation activities operated in the red, with significant reductions in the fund balance. The agency's response does not include documentation that supports its assertion that the fund balance has increased.

The agency has stated that in August 1998, APA Council, on the recommendation of the APA Finance Committee and Board of Directors, established an Accreditation Fee Stabilization Fund (Exhibit 17, page 2). According to the agency, the goal of the fund has been to ensure that accreditation fees generated from year to year will be available for use to support accreditation. The Department understands that the goal of the initiative is also to enable the COA to become self-sustaining.

The agency asserts that the increased pulling of funds from the Stabilization Fund does not represent a threat to the financial stability of the agency. The agency has indicated that the American Psychological Association (APA), the parent organization, will continue to support the COA activity as it is essential to the mission of the Association, and as such has the full backing of the Association to assure continuity of the accreditation function. In addition, the agency has not provided any documentation to support this.

The agency indicates that it plans to evaluate all fee structures in 2011, but did not indicate whether it also expects the new fee schedule to sustain its accreditation activities with or without continued enhancements from the stabilization fund, to support increasing expenses.

Staff Determination: The agency does not meet the requirements of this section. It needs to strengthen its assertions regarding its financial viability with supporting documentation or otherwise provide additional information and clarifications of the agency's current and projected financial viability.

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

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The agency defines a public member as those outside the discipline of professional psychology who have an informed, broad-gauged community perspective about matters of higher education. The COA has two seats for representatives of the public interest who are members of the general public and one for a graduate student representing consumers of professional education and training in psychology. The appeals panel has three members, one of whom the agency identified as a public member using the agency's definition. However, the agency's definition does not comport with the Secretary's definition found in 34 CFR 602.3.

In its call for public nominations, the COA seeks nominations of individuals who:
* Are outside the discipline of psychology;
* Are presently or formerly involved in higher education or in public service administration;
* Have a history of involvement in community or professional organizations;
* Have a minimum of 10 years of experience in his/her profession;
* Have some experiences in a regulatory or quality assurance body (preferred) but do not at present serve on a regulatory body;
* Agree to represent the general public and apply the accreditation standards objectively and fairly without regard to the issues of special interest groups; and
* Do not have overlapping interest in the accreditation process due to dual service and whose status does not represent a conflict of interest that would interfere with that person's ability to discharge duties in good faith and with the care that an ordinarily prudent person would exercise in like position.

Those who make nominations should include the candidates' current curriculum vitae and a statement of interest in the person. After receiving the nomination, the accreditation office sends the slate to the APA Board of Educational Affairs for selection. Two of the public representatives on the COA serve as consultants at universities that have psychology departments or schools accredited by the COA. Additionally, the Appeal Panel impaneled to hear a program appeal on February 21, 2011, has a public representative who works at a university that has COA accredited programs.

Based on the qualifications the agency requires of a public representative, the agency fails to demonstrate that its public representative definition excludes persons who are: (1) an employee, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that either is accredited or preaccredited by the agency or has applied for accreditation or

preaccreditation or (2) a spouse, parent, child, or sibling of an individual identified in the preceding paragraph of this definition.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that it has effective mechanism that ensures that its public members selected to serve on its COA and appeals panel meet the requirements as stated in the regulatory definition and demonstrate that the persons selected to serve in a decision-making capacity have the required regulatory qualifications.

Analyst Remarks to Response:

The agency sufficiently addressed the Department's concern that the agency may select as public representatives, individuals who work at a regionally or nationally-accredited institution that hosts an accredited psychology program(s) when the individual works in other programs or departments not accredited by this programmatic agency.

However, the agency has not documented sufficiently the application of its effective mechanism that ensures that its public members are vetted for meeting all of the components of the Secretary's definition of a public member, with specific regard to the requirement that a public member cannot be a spouse, parent, child, or sibling of someone identified in component (1) or (2) of the Secretary's definition.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency must demonstrate that it has an effective mechanism that ensures that its public members selected to serve on its COA and appeals panel meet the requirements as stated in the regulatory definition, with specific regard to the requirement that a public member cannot be a spouse, parent, child, or sibling of someone identified in component (1) or (2) of the Secretary's definition.

(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 programand substantive changes, including all correspondence that is significantly related to those decisions.

The agency has written procedures to maintain program accreditation records and reports, however the agency's recordkeeping policy is based on the previous regulations, which were amended effective July1, 2010. The regulations now require an agency:
-(1) To maintain records of its last full accreditation review of each program that would include on-site evaluation team reports, the program's response to on-site report, periodic review reports, any reports of special reviews conducted by the agency between regular reviews, and a copy of the program's most recent self-study.
-(2) To maintain all accrediting decisions made throughout the program's affiliation with the agency including substantive changes, and all correspondence that is significantly related to those decisions [see 34 CFR 602.26(d) and 602.28(b)(2)].

While the agency's procedures to retain records for 2 reviews exceeds the requirement under subsection (1) and is compliant; the agency policy is not clear in meeting subcriterion (2). Specifically it is not clear that the records maintenance policy ensures that the agency will keep records of all decisions, (including substantive change) and all correspondence related to those decisions throughout the programs affiliation with the agency.

The agency needs to revise its procedures to include the requirements underlined in the criteria above and demonstrate it maintains the required records.

Staff Determination: The agency does not meet the requirements of this section. It must revise its records retention procedures and demonstrate that it maintains all accrediting decisions made throughout the program's affiliation with the agency including substantive changes, and all correspondence that is significantly related to those decisions.

Analyst Remarks to Response:

It was not clear that the agency maintained all program records of all decisions, (including substantive changes) and all correspondence related to those decisions throughout the programs' affiliation with the agency. Department staff reviewed one questionable file while observing a Commission decision meeting in March 2011. The program file did not appear to contain all correspondence between the agency and the program for referenced dates and related to Commission decisions. The agency needs to revise its records retention procedures to clearly include the requirements of the current regulation and demonstrate it maintains all correspondence related to those decisions.

The agency notes that it does have a written records retention IR and that it should reflect current regulatory requirments and actual practices. The agency reprots that at the July 2011 Commission meeting, it will revise the current IR to quote the current criterion language and include the Commission's actual

practices regarding records retention. The suggested language, if adopted, will comply with this criterion and the agency's records maintenance practices. Additionally, the agency indicated that it is working on the redesign of its database system to maximize the use of technology and minimize the use of paper.

Staff Determination: The agency does not meet the requirements of this criterion. The agency will need to adopt,implement, and demonstrate implementation of the proprosed IR to meet this criterion.

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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.**

The Commission reports that it monitors all programs between and during the accreditation cycles through several mechanisms including reviewing annual reports online (ARO), substantive changes, interim reports, complaints, early site visits, and focused visits. Following a new grant of accreditation, the agency reports that all programs must submit annual reports to demonstrate continued compliance with faculty and summary student data on new student enrollment and admissions for the year and updates on faculty and student activities, including student outcomes. Although the agency is finalizing changes to the ARO, it reports that it does review student achievement measures using a data base that uses program achievement thresholds with trigger values to access performance. If program data shows values below the thresholds, the Commission will seek additional information by requesting the program to provide a report or schedule an earlier site visit. However, the agency did not provide evidence of the application of its review process.

Also, while the agency does collect information including a number of key data indicators i.e., student outcomes, there is no evidence that the agency requires programs to submit key indicators regarding the continued fiscal viability of its programs as required by this criterion. Finally, the agency's documentation (a template report format) is not sufficient documentation of its effective application of its monitoring of its programs. The agency indicates that if the Commission decision letter requests a program to submit special reports, such as interim

reports, the staff during its review will determine whether the program has complied with requests for information for which staff acknowledgement is sufficient or whether the program responded to specific flags that raised questions about the program's compliance with the standards for which the Commission will review, pursuant to section 2.3 of the operating procedures. The agency did not provide documentation supporting its review process. Following the Commission's review any one or more of the monitoring mechanisms and any supporting documentation, it will render a decision that continues accreditation, places the program on probation accredited status, or withdraws the program's accreditation, after ensuring that it has followed its written policies and procedures.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to provide evidence that it has key data indicators in the area of fiscal viability. It also needs to provide evidence of its effective application of its monitoring of its programs for continued compliance.

Analyst Remarks to Response:

In response to the draft staff report, the agency noted that it analyzes key data on faculty and on student achievement that it collects through periodic reports to obtain indirectly information about the program's fiscal health. The agency reports that it uses a database to monitor the strengths and weaknesses of a program by means of trends with thresholds designed to alert the agency to changes in student/faculty ratios and student achievement data. It also uses substantive change reporting submitted by the program, and the Commission's review of findings in interim reports, to monitor programs. The Commission's letters identify a program's strengths and weaknesses and direct those with identified weaknesses to provide additional information to the Commission to assess the impact of those weaknesses on educational quality.

The agency reports that it does not collect direct financial information on a program because the institution usually provides funding information to the department or school within the institution. Therefore, the agency believes that it is challenged to assess the institutional budget regarding its programs and contends that its policy of using indirect methods, such as self-reported program changes of resources will allow it to assess the continued financial capacity of a program for the duration of the program's accreditation.

However, several sections of the agency's Guidelines and Principles specifically require that programs and site teams assess the adequacy of an institution's budget to support the psychological programs. For example, Domain A states programs must be represented in the sponsoring institution's budget and plans in a manner designed to enable the program to achieve its goals and objectives in a stable manner over time. Therefore programs must identify in the program's self-study, whether the institution's budget and plans result in any weaknesses or strengths. Additionally the self-study instructions give guidance to doctoral and internship programs, respectively, in addressing Domain A.3. The site team evaluation must also review the institution's budget and plans and assess its

impact on the program in the team report. Instructions to the site evaluators include an evaluation of the degree to which the program is represented in the institution's operating budget and plans to include sufficient fiscal and administrative capacity. Program decision letters provide feedback on the degree to which programs meet the requirements of Domain A regarding representation in the institution/agency's budget and plans. Domain C.3(a) and (b) (doctoral and internship programs) and Domain C.5(a) and (b) (postdoctoral programs) direct programs to have and appropriately utilize financial as well as clerical/technical support adequate for program maintenance and development. In the case of internship and postdoctoral residency programs, the only directly specified financial statements regard adequate financial resources for intern/resident stipends. The expectations for internship stipends are delineated in Implementing Regulation C-9 (Exhibit 3, page 32). The agency does expect programs to demonstrate how they work with their sponsoring institutions to develop plans for additional fiscal/administrative resources as necessary for continuing program development. Therefore, despite its reported limitations of access to a sponsoring institution's budget, the Department expects the agency to develop a monitoring process to ensure that the program has the financial capacity for the duration of the accreditation period.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency will need to incorporate mechanisms into its monitoring procedures to help it identify potential problems with a program's financial capacity in accordance with the Guidelines and Principles applicable to continued compliance with its fiscal standards throughout the duration of the accreditation grant.

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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.

The agency has written policies and procedures that enables the agency to take immediate action to terminate accreditation or to allow it to place a program on probation and to provide a program with a timeframe to come into compliance when the agency determines that the program fails to comply with the standards. The agency policy guarantees that the length of time for the program to take corrective action is based on the length of the program, but will not exceed 2 years for doctoral programs, 18 months for residency programs and 1 year for internship programs.

What is not clear is the agency's use of a deferral decision and how that may allow programs to exceed the timeframes set forth in the criterion for coming into compliance. The agency needs to demonstrate that its policies regarding deferral are written clearly enough to ensure that deferral decisions will not allow programs to exceed the maximum timeframes.

Also while the agency provided informative exhibits that listed data showing Commission decisions covering a five year period reflecting the kinds of actions taken, the agency's documentation fails to demonstrate that the agency timely carried out its procedures to conform to this criterion. The agency needs to provide documentation reflecting that the chronology of agency actions fell within the requirements of this criterion.

Staff Determination: The agency fails to comply with this criterion. The agency needs to demonstrate that its policies regarding deferral are written clearly enough to ensure that deferral decisions will not allow programs to exceed the maximum timeframes. It also needs to demonstrate that it has implemented enforcement actions in a timely manner by outlining the dates of each action in conformity with its policies and procedures.

Analyst Remarks to Response:

The agency's enforcement policies and procedures routinely place a program on accredited, on probation status or defer a decision that allows a program that fails to comply with its standards a time-period for compliance that exceeds the timeframes in this criterion. Additionally the implementation of the agency's current policies regarding adverse decisions results in the agency's failure to comply with this criterion. The agency's Commission will meet in July 2011, to discuss and revise its policies and procedures to ensure that its enforcement policies comply with the timelines comply with this criterion.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to revise it policies and procedures to ensure that its decisions will not allow noncompliant programs to exceed the maximum enforcement timeframes. It also needs to demonstrate that it has implemented timely enforcement actions based on those revisions.

(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.

When an accredited program that is on probation returns before the Commission for an accrediting decision to determine whether to restore the program's status to accredited, the decision may restore the accreditation or not. If the Commission votes to not restore accredited status arguably because the program has not corrected the deficiency, the Commission will then determine whether to continue the program's accreditation on probation status for good cause. However, neither the agency's policy nor its exhibits have defined any of the following considerations for the good cause extension 1) the basis/factors for granting a good cause extension, (2) the length of time for an extension, or (3) the frequency and use of the "good cause" exception

It appears that the agency's policies regarding extension of a probationary accreditation status for noncompliance have the potential for indefinite extensions. The agency will need to revise its policies by including guidance for using the good cause exception and demonstrate its implementation with sample letters, meeting minutes or hearings, if required.

Staff Determination: The agency does not meet the requirements of this criterion. It needs to clarify how it uses the good cause exception by revising its policies to include guidance for using the good cause exception to extend accreditation on probation for a program that remains out of compliance beyond the probationary period and to demonstrate application of the good cause extension in accordance with its policies.

Analyst Remarks to Response:

The agency has stated it will consider policy revisions regarding the use of extensions for good cause.

Staff Determination: The agency does not meet the requirements of this criterion. It needs to clarify how it uses the good cause exceptions to include guidance for using the good cause exception to extend accreditation of a program that remains out of compliance beyond the enforcement timeframe and to demonstrate application of the good cause extension in accordance with those prameters.

§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.

The agency's written policies regarding publicly available information are found in the implementing regulations as well as on its website. The agency makes the following information available to the public:
1. Current lists of accredited internship and doctoral programs,
2. Program review cycles for current year,
3. Accreditation Guidelines and Principles and Operating Procedures,
4. Lists of current CoA members and institutional affiliations,
5. Important accreditation dates for the current year, including Commission meeting dates,
6. Commission implementation procedures,
7. A statement of reasons for denial or revocation of accredited status or denial of a site visit, in accordance with Commission procedure for notice of such actions,
8. In addition to being contained on the website and in other published material, upon request, a program decision to withdraw voluntarily for accreditation 30 days or more after notification is received by the Commission,
9. Upon request, a program decision to allow accreditation to lapse, and
10. Commission annual report, which includes lists of Commission members and accreditation staff; aggregate statistics on accredited programs; Commission activities, including all accreditation decisions a defined in the Accreditation Operation Procedures 4.2 for that year and voluntary withdrawals from accredited status; appeal panel pool members; upcoming program review cycles; important accreditation dates; site visitor training workshop dates; and implementation procedures.

The agency also provides the procedural documents listed in (a)(2) in hard copy to all programs applying for accreditation and to site visitors. Its Accreditation

Operating Procedures describe each type of accreditation status the Commission may award to programs as well as the procedures it uses to make an accreditation decision. The decision letters show that the agency informs the program of the Commission's accreditation action and the status awarded to the program. Although the Commission informs the program of the next review year in the decision letter, the agency provides this information on its website, it also posts the year in which the agency will next review or reconsider the program for accreditation and the year the Commission first accredited the program and the accreditation status of the program.

Finally the agency's written materials available to the public on its website include the following Commission information: (a) the name, academic and professional qualifications of the chair and (b) the names, academic qualifications of all but one Commissioner, and the tenure date for each member.

The public information about the Commission does not include the professional qualifications, relevant employment, and organizational affiliations of each Commissioner. Also, the public information on the website regarding the accreditation staff only lists the name and position of each member, but does not list the organizational affiliation or academic and professional qualifications, and organizational affiliations of staff member. The agency needs to provide the additional information on the Commissioners and accreditation staff for the public or develop a policy describing the procedures to make the information publicly available and demonstrate implementation.

Staff Determination: The agency does not meet the requirements of each section of this criterion. It needs to develop policies and procedures and demonstrate that it has implemented the new requirements regarding public information.

Analyst Remarks to Response:

The agency's updated website now lists the 2011 information for each of the 32 members of the Commission on Accreditation. The information complies with the requirements of section (5)(i) of this criterion. The proposed language to make public the names and academic/professional qualifications of the senior administrative staff in the Office of Program Consultation and Accreditation, when included and published in the Implementing Regulations on its website will comply with section (5)(ii) of this criterion.

Staff Determination: The agency does not meet the requirements of this section. The agency needs to submit documentation indicating that it has made available to the public information regarding its senior administrative staff required in section (5)(ii) of this criterion.

PART III: THIRD PARTY COMMENTS

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