



ACPE

STANDARDS & MANUALS

Accreditation

Revised February 2015
Interim Changes Highlighted

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ACCREDITATION MANUAL
Association for Clinical Pastoral Education, Inc.

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Preface

The Association for Clinical Pastoral Education, Inc. (ACPE) was established in 1967 through the merger of four groups: The Institute of Pastoral Care, The Council for Clinical Training of Theological Students, the Southern Baptist Association of Clinical Pastoral Educators, and the Lutheran Advisory Council on Pastoral Care. ACPE carries on the commitment of these organizations to advance clinical pastoral education (CPE) as experience-based theological education. Today, ACPE enjoys national and international recognition as an educational organization for its work in setting standards, accrediting CPE centers and programs, and certifying supervisors in clinical pastoral education.

This manual is the official guide to the process of accreditation of clinical pastoral education centers and programs through ACPE. It is designed to assist centers in understanding, planning for and engaging in the ACPE accreditation process.

Note: all references to CPE throughout this document are understood to be ACPE accredited Clinical Pastoral Education (ACPE-CPE).

Note: *Definition of Terms 2010 Interim Revisions 2015* (www.acpe.edu, manuals section) is an important companion document. Please review it carefully for definitions of relevant terms; they are essential to interpretation and use of the ACPE Accreditation Manual 2010 Interim Revisions February 2015.

ACCREDITATION MANUAL
The Association for Clinical Pastoral Education, Inc

Part One Introduction

I. Mission and Vision of the Association for Clinical Pastoral Education, Inc. (ACPE)

Mission

Advancing exceptional experience-based theological education and professional practice to heal a hurting world.

Vision

We will be an organization where people of diverse faith traditions, backgrounds, and cultures collaborate to provide innovative experiential education. We will lead in the theory and practice of clinical education for spiritual care. We will promote and broaden the provision of quality professional theological education in a variety of settings.

II. Purpose of Accreditation

Through its accreditation process, ACPE seeks to:

- assure quality in clinical pastoral education (CPE);
- assure students of consistency in educational programs;
- recognize achievement in creative programming;
- promote fairness in conduct and evaluation of educational programs;
- integrate unique clinical/educational resources; and
- facilitate planning and evaluation.

III. Accreditation Commission (hereafter “the Commission”)

A. Authority

1. The U.S. Department of Education, Office of Post Secondary Education, recognizes ACPE as a national accrediting body, making ACPE accredited centers eligible to participate in these Federal programs:
 - International Exchange Visitors Program.
 - Veterans Educational (tuition) Benefits.
2. The Accreditation Commission has authority to take action on all accreditation matters, including: granting, suspending or withdrawing accreditation for any center or program, subject to the appeal process of ACPE. The Commission establishes procedures and guidelines governing accreditation processes for ACPE accredited centers (ACPE Standard 300).

3. Changes in accreditation policy, procedures and criteria are subject to review and approval of the ACPE Board of Representatives.
4. The Commission participates in review of ACPE standards to ensure they are adequate to evaluate the quality and relevance of education provided in ACPE accredited centers and relevant to the educational needs of students.

B. Function

ACPE has established policies governing the function of the Accreditation Commission and ACPE accreditation processes. These include:

- setting minimum qualifications for those involved in accreditation reviews, processes and decisions.
- making available the credentials /resumes of persons involved in accreditation reviews and decisions.
- avoiding bias and conflict in accreditation decisions.
- implementing processes for orienting and training persons involved in accreditation reviews and decisions.
- defining the role of regional accreditation committees.

The Accreditation Commission Policy and Procedure Manual details these policies. It is available on the ACPE website at www.acpe.edu.

C. Composition

The Commission has 14 members – the chair, one representative from each of the ACPE nine regions, two at-large members, one of whom must be employed as a practitioner/clinician, and two public members.

Part Two ACPE Accreditation

ACPE authorizes programs of clinical pastoral education, based on demonstrated ability to meet ACPE standards. ACPE accredits: (1) the ACPE centers that conduct CPE programs and (2) the programs – CPE (Level I/Level II) and Supervisory CPE – the centers may offer. Accreditation ordinarily consists of two stages: Candidacy (pre- accreditation) and Accredited Member status. Accreditation by ACPE recognizes and confers accredited member status to three types of centers:

- Institution sponsored,
- System sponsored, and
- Freestanding.

ACPE requires accredited centers to comply with ACPE Standards 300, as interpreted in the *ACPE Accreditation Manual 2010 Interim Revisions February 2015*. Centers desiring accreditation submit application for review and undergo a standard review process (see I.B below).

The following Section I provides general policies governing ACPE accreditation processes. Section II provides details for specific accreditation processes. Please note: all time frames are calendar days.

I Accreditation Policies

CONSENT: *Persons participating in an ACPE accreditation, certification, ethics, or appeal process consent to that process as described in relevant ACPE materials and give permission for the disclosure of information and materials from one ACPE process to another ACPE process if, in the determination of ACPE representatives, that should be necessary for ensuring compliance with ACPE standards. When one process makes referral to another, the referring body may be asked for additional information and will be informed of the work of the commission to which the referral was made. The Inter Commission Referral and Response Form is found in Appendix 13.*

A. Accreditation of centers and programs

The Commission may separate action on accreditation of a center from action on accreditation of each of the center's CPE programs.

B. Standard accreditation review and on-going compliance

The Commission has established a standard procedure for accreditation review and monitoring on-going compliance with ACPE standards.

1. Standard elements of the accreditation review include (see p. 13, ACPE Initial Accreditation Review Process):
 - a. Center feasibility study or self study (Part Two. II.D.) and submission of required professional quality materials. (See Part Two.) for specific accreditation processes and checklists) Incomplete and/or poor quality material will be returned for revision and resubmission.

- b. Review of materials and on-site documentation (Part Two. II. E).
 - c. Site visit team recommendations.
 - d. Commission review and final action (Part Two. II.F.), with provision for appeal (Appendix 9 *Appeal of Adverse Accreditation Decisions*).
 - e. Note: in certain types of review, one or more of the elements may be optional. Specific requirements for each type of review are detailed in Part Two.
2. The Commission monitors on-going compliance through four mechanisms of periodic review:
- a. Annual center report (Appendix 1).
 - b. Five Year Review – documentation of compliance (Part Two. II. P).
 - c. Ten Year Review – self study, documentation of compliance and site visit (Part Two. II. Q).
 - d. Called Review (Part Two. II. Z).
 - e. Accredited centers also are responsible for reporting enrollment and submitting student unit reports to ACPE within 45 days of the end of each unit (Appendix 12). Reports are filed electronically only through the members-only section of the ACPE website (www.acpe.edu). Copies are forwarded automatically to the regional director. If unit reports are not received within 45 days following the end of each unit of CPE Level I/II and Supervisory CPE, the Center will receive a notation for Standard 300.1.

C. Clusters

Accredited members may form clusters. Cluster member centers relate responsibly to each other through collaborative agreements to offer programs of CPE. Requirements:

1. A center must have ACPE accredited member status before it becomes a member of a cluster.
2. Each accredited center is responsible for all reporting and payment of fees.

D. Fees

ACPE and the regions assess fees for accreditation. Consult the ACPE website and the regional director for current fees.

E. Commission decisions and regional accreditation committees

The Commission makes all final decisions about Candidacy status, accreditation, notations, commendations, and adverse actions (Part Two. II. F.). Regional accreditation committees, selected by the region, are advisory to the Commission and act on behalf of the Commission. They review materials, conduct or participate in site visits, and recommend actions to the Commission.

F. National Site Team Chairs

The Commission identifies and trains specially qualified persons to serve as chairs of site visit teams for requests for accredited member status and ten year reviews. These persons report directly to the Commission.

G. Appeal of decisions

Accreditation decisions are subject to appeal (Appendix 9 *Appeal of Adverse Accreditation Decisions*).

H. Notifications of Commission decisions to U.S. Department of Education, state agencies, and the public:

1. ACPE sends Commission decisions to award or renew pre-accreditation (Candidacy status) or accreditation (Accredited Member) no later than 30 days from the date of action to the U.S. Secretary of Education (“the Secretary”).
2. ACPE sends notification of final Commission adverse actions to deny, suspend or withdraw accredited member status to the Secretary, appropriate state licensing or authorizing agencies, other appropriate accrediting agencies at the same time the center or program is notified, but no later than 30 days after it reaches the decision to take final adverse action.
3. The Commission provides written notice to the public of final adverse action decisions within 24 hours of its notice to the center.
4. The Commission makes available to the Secretary, appropriate state agencies, the center, and the public a summary of the reasons for action to deny, suspend or withdraw a center’s Candidacy or Accredited Member status, any comments the affected center may wish to make with regard to the action or, if the affected center has not provided official comments, evidence that it has been offered the opportunity to do so. It is available no later than 60 days following the date of final action.
5. The Commission notifies the Secretary and appropriate state agencies, and the public upon request, when a center voluntarily withdraws from Candidacy status or Accredited Member status, within 30 days of receiving notification from the center that it is voluntarily withdrawing from pre-accreditation or accreditation.
6. If a center allows accreditation to lapse, the Commission notifies the Secretary, appropriate state agencies and the public within 30 days of the date the accreditation lapses.
7. ACPE annually submits required information to the Department of Education:
 - annual report of its activities,
 - current copy of the ACPE Directory, and
 - summary of the Commission’s major accreditation activities for the previous year.

I. Review of procedures and accreditation criteria

1. The Commission reviews and evaluates its procedures and accreditation criteria every five years, or sooner if legal, regulatory or other circumstances require.
2. Before final adoption, proposed changes to accreditation processes or criteria for centers or programs are published as a study document in the ACPE newsletter and on the ACPE website with request for comment.
3. When legal, regulatory or other circumstances require, the Commission, with Board of Representatives' approval, may enact changes without prior notice. Such changes are published in the ACPE newsletter and on the ACPE website with request for comment.
4. Any Commission actions subsequent to the request for comment (See No. 2 above.) are published in the ACPE newsletter and on the ACPE website.

J. Records of accreditation decisions

ACPE maintains a record of all accreditation decisions for two review cycles. See Appendix 7 E *Guide for Policy on ACPE Accreditation Records*.

K. Feedback about accreditation

Accredited centers, members, students, seminary members, cognate groups and other interested parties may send comments about accreditation standards, criteria and procedures to the Commission or the U.S. Department of Education:

Accreditation Commission Chair
c/o ACPE, Inc.
One West Court Square, Suite 325
Decatur, GA 30030

or

Chief Accrediting Agency Evaluation
Accreditation/State Liaison
US Department of Education
1990 K Street NW, Room 7105
Washington, DC 20006-8509

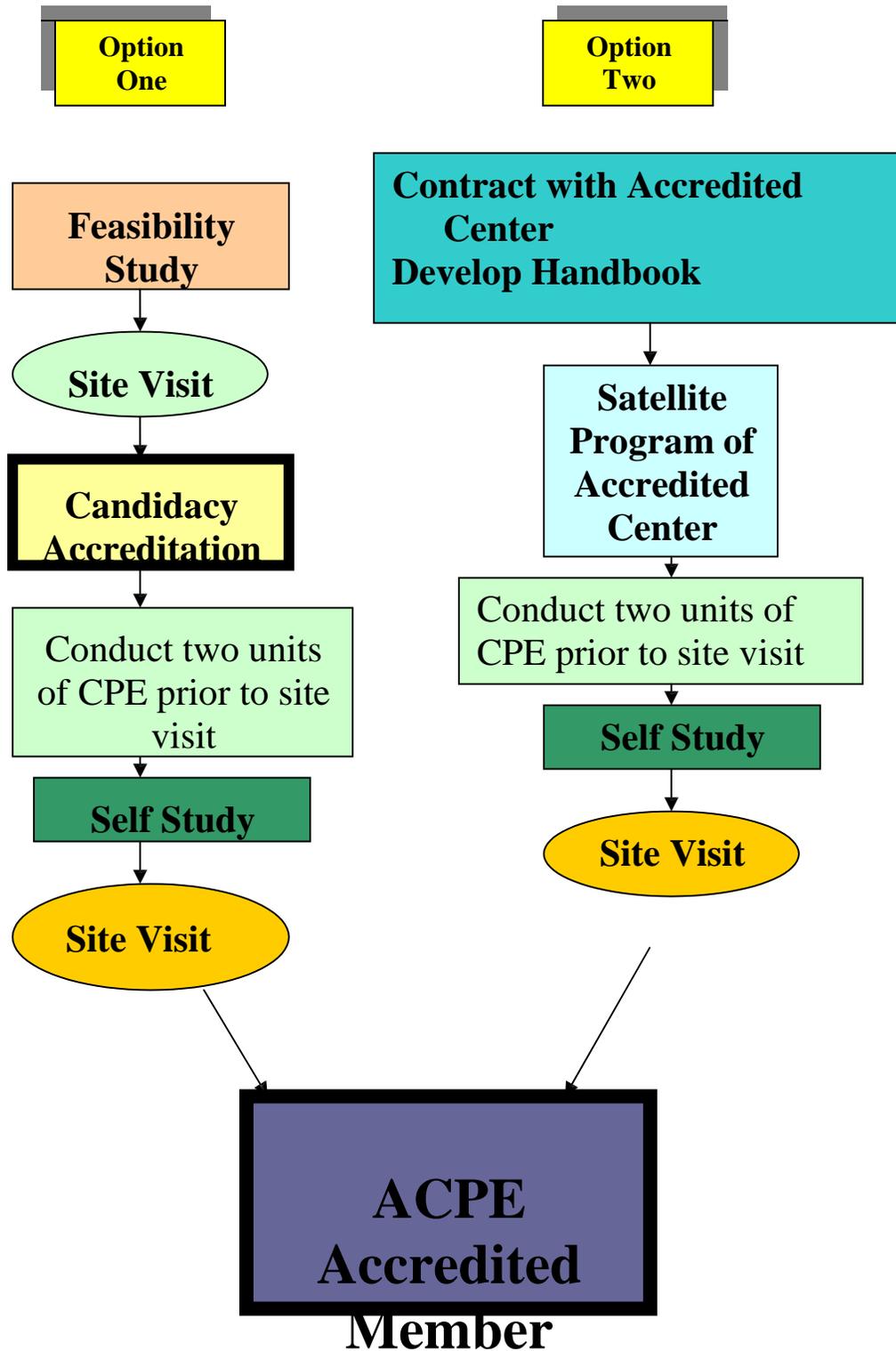
II Workbook: Applying for/Maintaining Accredited Member Status

A. Table of Processes

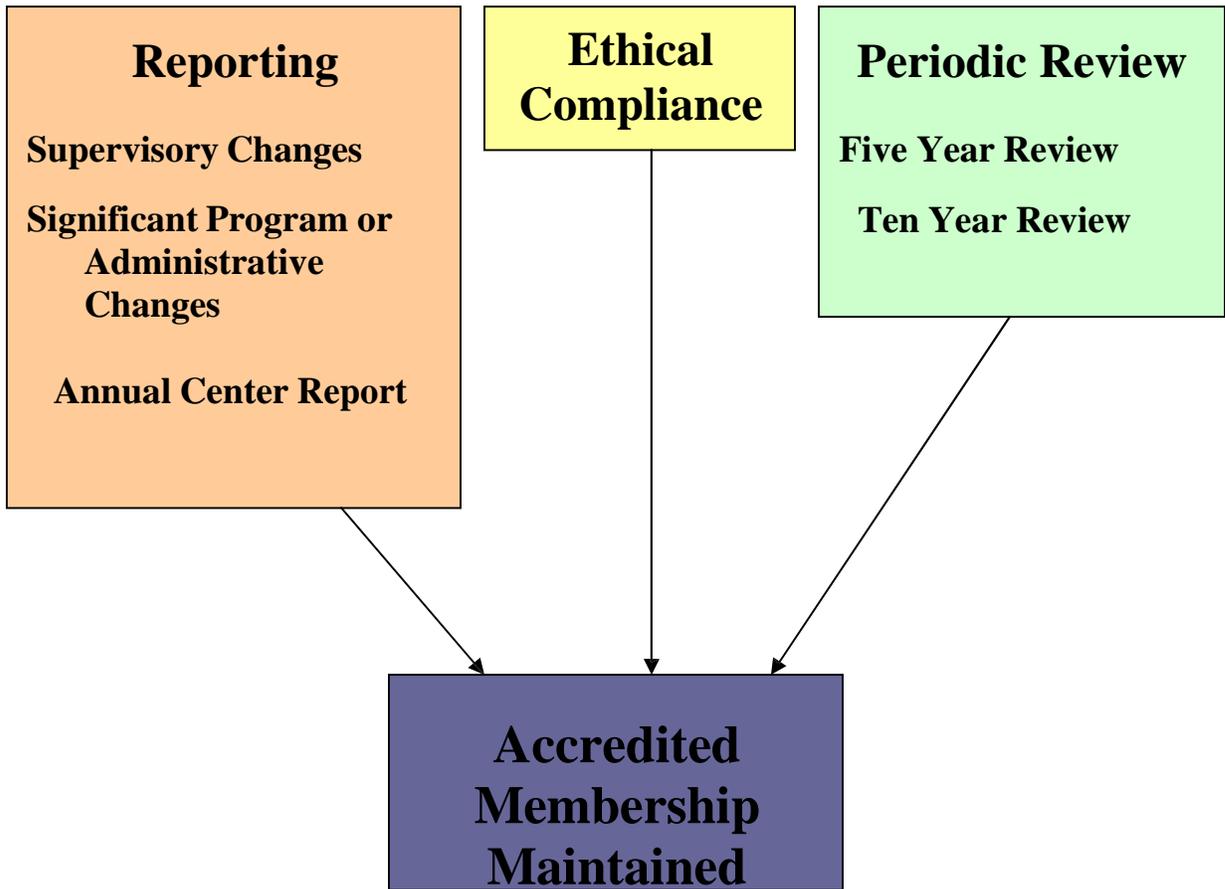
PREPARING FOR ACCREDITATION	PAGE #	REFERENCES
Addressing ACPE Standards	11	<i>ACPE Standards 2010; Appendix 5, Accreditation Review Criteria, p. 67</i>
Accreditation Review	11	
Preparing the Feasibility Study	12	ACPE Standards 300
Conducting the Self Study	12	ACPE Standards 300
Site Visit	13	Appendix 5 <i>Accreditation Review Criteria, Part Two, p.72; Appendix 8 Accreditation Process Evaluation, p. 96</i>
Commission Actions	15	
Self Report Non-Compliance	17	
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ATTAINING ACPE ACCREDITED MEMBER STATUS	PAGE #	REFERENCES
Apply for Candidacy Status (requires Feasibility Study/Site Visit)		
1. Institution Sponsored Center	20	Checklist p. 21
2. System Sponsored Center	24	Checklist p. 26
3. Freestanding Center	27	
i. Single Site	27	Checklist p. 28
ii. Multiple Sites	27	Checklist p. 30
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Option One: Candidacy Status to Accredited Member		
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2. System Sponsored Center	24	Checklist p. 26
3. Freestanding Center	27	
i. Single Site	27	Checklist p. 29
ii. Multiple Sites	27	Checklist p. 30
Option Two Satellite Program to Accredited Member (requires Self Study/Site Visit)		

Adding a Satellite Program	31	Checklist p. 34
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MAINTAINING ACPE ACCREDITED MEMBER STATUS	PAGE #	REFERENCES
Annual Center Report	37	Appendix 1 <i>Annual Center Report</i> , p.62
Five Year Review	38	Checklist p. 39
Ten Year Review	40	Checklist p. 41
Request for Review Postponement	42	Checklist p. 44
Request for Inactive Status	46	Checklist p. 48
Request for Reactivation of Membership Status	49	Checklist p. 50
ADDITIONAL ACCREDITATION PROCESSES	PAGE #	REFERENCES
Notification of Supervisory Faculty Changes	51	
Notification of Substantive Changes	52	Appendix 2 <i>Changes in Centers and Programs</i> , p. 64
Addition of Supervisory CPE	53	Checklist p. 54
Addition of a Component Site	55	Checklist p. 56
Educational Placement	57	Checklist p. 58
Called Review	59	

Attaining ACPE Accreditation of CPE Programs: Two Process Options



Maintaining ACPE Accreditation of CPE Centers



B. ACPE Standards for Accreditation

ACPE accredited centers are required to comply with the following standards found in *ACPE Standards 2010 Interim Revisions February 2015*:

Standards 300-306	ACPE Accredited Centers
307-308	ACPE Accredited Programs
309-310	Objectives of CPE (Level I/Level II)
311-312	Outcomes of CPE (Level I/Level II) Programs
313	Objectives of Supervisory CPE
314- 319	Outcomes of Supervisory CPE.

Criteria for assessing compliance with the standards are found in Appendix 5, p. 65. Centers applying for accreditation review processes should refer to and use this document in preparing for the review.

C. ACPE Initial Accreditation Review Process

1. **Center** (See checklist for specific accreditation process in Part Two II)
 - a. submits *Accreditation Review Request and Face Sheet* (Appendix 3) to the Accreditation Commission Chair c/o ACPE Accreditation with a copy to the regional accreditation chair.(may be submitted electronically).
 - b. schedules site visit in consultation with Site Team Chair assigned by Accreditation Commission Chair.
 - c. submits required materials to all members of site visit team and regional accreditation chair at least 30 days (postmarked) in advance of site visit.
 - d. responds to Site Visit Report Part I within 30 days (postmarked) of receipt of report.
 - e. completes and submits *Accreditation Process Evaluation* (Appendix 8, p. 94) provided by ACPE upon notification of Commission action, within 30 days (postmarked) of receipt of form.

2. **Regional accreditation committee**
 - a. Chair, in consultation with the Site Team Chair, appoints site visit team members.
 - b. Centers may have input on selection of the site visit team
 - c. Site visit team:
 - conducts site visit (Part Two. II. E.);
 - prepares Site Visit Report Part I and sends to center within 14 days;
 - receives center's response and, within 14 days of receiving the response, prepares final report (Site Visit Report Part II and recommendations;
 - Site Team Chair forwards complete set of materials from center's accreditation process to the Commission reviewer assigned by the Commission Chair.

3. **Accreditation Commission**
 - a. Commission Chair assigns a Site Team Chair.
 - b. Commission chair assigns center's application and supporting material to a Commission presenter.
 - c. Presenter reviews application/support materials, reviews process and prepares a report.

- d. Commission reviews findings of presenter; frames a motion for final action.
- e. Commission actions (Part Two. II. F.):
 - grant or deny accreditation, with or without notations. Centers have six to 12 months to comply with notations and provide documentation to the Commission.
 - May include a commendation which will be published in the ACPE newsletter.
- f. Commission notifies center, and others as required, of actions (Part Two. I. H.).

D. Preparing the Feasibility Study/Conducting the Self Study

Policy

1. ACPE requires a feasibility study for applying for Candidacy status or adding Supervisory CPE.
2. ACPE requires a self study for:
 - a center moving from Candidacy;
 - a Satellite Program moving to Accredited Member; and
 - a Ten Year Accreditation review.
3. All written materials must adhere to these criteria:
 - professional publication quality;
 - organized with index referencing where ACPE standards are addressed in the document or student handbook;
 - page numbering and table of contents designed to facilitate locating materials; and
 - completion of Appendix 5 Part I with the page number(s) on which the center demonstrates how it meets applicable ACPE standards of *Accreditation Manual* requirements and Part II indicating where on-site files and other resources are located.

Steps

For *feasibility study* (seeking Candidacy status or adding Supervisory CPE):

1. Familiarize key personnel, e.g., staff, administration, professional consultation group, with ACPE organization, *ACPE Standards 2010, Accreditation Manual 2010*.
2. Discuss rationale and objectives for CPE program (or adding Supervisory CPE) at the center.
3. Determine administrative structure and support needed to meet ACPE standards and center's capacity to meet them.
4. Develop curriculum based on ACPE standards (See ACPE Standards 309-319; Appendix 5).
5. Survey and assess clinical and educational resources.
6. Draft and discuss policies and procedures needed for function of CPE programs.
7. Assess overall potential for compliance with ACPE standards for each specific CPE program.

8. Assess strengths and limitations of proposed center and each CPE program, identifying unique qualities of the center and the educational programs and including limitations.
9. Draft student handbook for the program(s) (See Appendix 5 Part I).

For *self study* (Ten Year Review and center moving from Candidacy or Satellite Program to Accredited Member status):

1. Review rationale and objectives for CPE at the center.
2. Evaluate administrative structure and support needed to meet ACPE standards and center's capacity to meet them.
3. Review and update curriculum based on ACPE standards (ACPE Standards 309-319; Appendix 5).
4. Evaluate effectiveness and function of clinical and educational resources.
5. Review and update policies and procedures needed for function of CPE programs.
6. Analyze and report program completion rates and student achievements.
7. Assess overall compliance with ACPE standards for each specific CPE program.
8. Assess strengths and limitations of center and each CPE program, identifying unique qualities of the center and the educational programs and including limitations.
9. Review and revise student handbook for the program(s) (Appendix 5, Part I).

E. Site Visit (See Appendix 5 Part II)

Policy

1. ACPE requires a site visit for:
 - **Candidacy (Pre-accreditation), Accredited Member and Ten Year Review. A regional site team chair/regional site team conducts the site visit for Candidacy status. A National Site Team Chair with regional site team members conducts the Accredited Member and Ten Year Review site visits.**
 - Addition of a Satellite Program – within six months of start of programs if Satellite Program is to be listed in ACPE Directory. (This site visit is done regionally.)
 - Addition of Supervisory CPE – at discretion of regional accreditation committee. (This site visit is done regionally.)
 - System sponsored center – all component sites at initial application; sample of component sites at Ten Year Review (note: site team notifies center which component sites it will visit no later than 30 days prior to the visit).
 - Freestanding Center – center and all satellite programs at initial application; center and sample of satellite programs at Ten Year Review (note: site team notifies center which satellite programs it will visit no later than 30 days prior to the visit).
 - Called review (p. 58) – at the discretion of the Commission.
2. The purpose of the site visit is to:
 - assess quality of education offered students, and
 - verify the center's documentation is consistent with practice.

- provide consultation to the center on requirements for compliance and ways to improve its programs,

Steps

1. Submit *Accreditation Review Request and Face Sheet* (Appendix 3) to the Accreditation Commission Chair c/o ACPE with a copy to the regional accreditation committee chair and pay invoice if applicable.
2. Receive documentation of all fees paid and center in good financial standing from ACPE and region.
3. Send copies of required materials (refer to checklist for each accreditation process) to all members of the site team at least 30 days (postmarked) prior to the site visit.
4. Site visit team assesses completeness of materials, requests any missing information, and assesses readiness of the center for a site visit.
5. Supervisor and site visit team chair develop tentative schedule for the visit (usually one to two days) 30 days prior to visit.
6. Site visit team, composed of a chair and two or more site visitors, conducts on-site review:
 - Team meets with CPE supervisor(s), other chaplaincy staff, professional advisory group, administrator responsible for CPE, students, other key persons involved in the program – some in groups and others individually.
 - Team reviews on site documentation, files, etc.
 - Team meets to discuss findings.
 - Site visit team meets with supervisor and key center personnel to summarize tentative conclusions.
 - Commendations require the final action of the Commission; therefore proposed commendations shall not be shared with anyone at the center.
7. Site visit team provides Site Visit Report Part I, preliminary report of findings, to center no later than 14 days (postmarked) after the visit.
8. Center submits written response to the report to the entire site team no later than 30 days (postmarked) after receiving the report; center may append additional documentation, corrected materials, other evidence of compliance with any standard in question.
9. Site visit team provides Site Visit Report Part II, the team's final report, and recommendations to the center and to the ACPE Accreditation Commission Chair no later than 14 days (postmarked) after receiving the center's response.
10. Site team proposes any commendations that may be appropriate for the center.
11. Site team chair forwards a complete set of materials from the center's accreditation process to the Commission reviewer.
12. Center completes and submits *Accreditation Process Evaluation* (Appendix 8) within 30 days (postmarked) of notification of Commission action.
13. Regional policy determines how expenses for site team are paid.

F. Commission Actions

1. Candidacy for Accredited Member – granted for specified time period
 - a. Grant.
 - b. Grant with deficiencies:
 - i. Must resolve within one year.
 - ii. Commission specifies ACPE standard, criteria, corrective action, and required documentation to resolve.
 - iii. Progress is documented to the regional accreditation committee and Commission through the regional accreditation chair.

2. Accredited Member or Continued Accredited Member
 - a. Grant for ten years provided center documents continuing compliance.
 - b. Grant with notations and
 - i. immediately initiate an adverse action against center or program or
 - ii. require appropriate action to comply with standard(s) within six months or one year, as specified by the Commission.
 - iii Commission specifies:
 - √ ACPE standard, criteria involved.
 - √ required corrective action and documentation to demonstrate full compliance.
 - √ time period for coming into compliance, no more than one year.
 - c. Grant with commendations on all or part of center’s application:
 - i. identifies materials and/or practice exemplary of highest quality of education.
 - ii. specifies specific material or practice being commended and qualitative elements that represent best practice related to a particular standard.
 - iii. action is reserved for centers in full compliance with ACPE accreditation standards and with no unaddressed notations.
 - iv. Commission publishes the commendation in the ACPE newsletter and on the ACPE website and notifies the center.

3. Adverse Actions
 - a. Suspend Accredited Member status – requires center to temporarily stop recruiting and enrolling students pending further action.
 - i. Suspension may be for up to 18 months.
 - ii. Action to suspend:
 - identifies non compliance issues leading to suspension.
 - specifies effective date of suspension.
 - requires center and administrative sponsor to notify students in writing of suspension, with copy of the notice to the Commission.
 - ordinarily permits completion of program units in progress at the time.
 - requires center to stop publication/distribution of materials about its program.

- requires center to suspend recruitment and admissions.
 - prohibits expansion of programming or development of satellite program relationships.
 - specifies corrective action(s) and conditions to be met for removal of suspension.
- iii. When the suspension period ends the Commission:
- removes the suspension or
 - withdraws the center's accreditation.
- b. Withdraw Accredited Member status – ends center's accredited standing with ACPE and may occur:
- i. by adverse action of Commission if center or its programs are not in compliance with ACPE accreditation standards;
 - ii. by adverse action of Commission after center or any of its programs in suspension fail(s) to meet conditions for removal of suspension. Centers under suspension may not vacate adverse action by initiating voluntary withdrawal of membership;
 - iii. by adverse action of Commission when center is without a certified supervisor more than 12 months and does not wish to enter an Inactive Center Status (Part Two. II. S.); or
 - iv. by request of accredited center. Accredited centers in good standing request withdrawal of Accredited Member status or accreditation of any programs by written notification to ACPE Accreditation Chair c/o ACPE, with a copy to the regional accreditation committee chair. Voluntary requests are noted at the next regular Commission meeting.
- c. Before an adverse action decision is finalized, the center may seek review of new financial information if all the following conditions are met:
- i. the financial information was unavailable to the center 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 Commission. The Accreditation Commission determines the significance and materiality.
 - iii. the only remaining deficiency cited by the Commission in support of a final adverse action decision is the center's failure to meet the ACPE standard pertaining to finances.
- A center may seek review of new financial information as described only once and any determination made by the Commission does not provide a basis for an appeal.
- d. Centers may appeal an adverse accreditation decision. See Appendix 9 Appeal of Adverse Accreditation Decisions..

4. Publication of Adverse Actions -- See Notifications of Commission Decisions, Part Two, 1. H.

G. Self-Report of Standards' Non-Compliance

Outside regular review cycles, Centers may self-report non-compliance with Standards.

- Centers should report non-compliance with specific standards to the regional accreditation committee chair.
- The regional accreditation chair receives the self-report and submits it for review by the Commission.
- Centers self-reporting non-compliance are assigned a notation in the next scheduled Commission meeting. The notation may be removed by the commission when the center demonstrates compliance.
- The regional accreditation committee chair has no authority to assign/remove notations and/or make decision on behalf of the Commission. The regional accreditation committee makes recommendations to the Commission informed by the ACPE Standards and manuals. The Commission has the final decision on Accreditation matters.

Self-reporting for Standards 300.1 and 308.8.1

Centers' self-reports must be accompanied by a plan of compliance created and submitted at the time the non-compliance is self-reported to the regional accreditation chair. The plan of compliance must include:

- a description of the non-compliance,
- a narrative demonstrating how the center has brought or is bringing itself into compliance,
- a demonstration, with a time line, of how the plan is working, and
- a plan to prevent recurrence and maintain compliance with the standard.

For Standards 300.1 and 308.8.1 the self-report of non-compliance and the accompanying plan of compliance are reported to the regional accreditation chair, who must consult with the regional accreditation committee and follow up with recommendations to the Commission.

The center will receive a notation that may be assigned and removed in the same Commission meeting. The only notations that may be assigned and removed concurrently are for Standards 300.1 and 308.8.1.

The only notation response that can be reviewed by the regional accreditation committee is for Standard 300.1. All other notations' responses are submitted to the Commission to be assigned a national reviewer.

The regional accreditation chair will report to the Commission for further action cases of recurrence of non-compliance with any standards.

H. Notations

Automatic Notations

Centers must comply with Standard 300.1 *All CPE Centers shall maintain compliance with ACPE Standards, reports, procedures, and fees as detailed in the ACPE Accreditation*

Manual. For example, late submissions of Annual Center Reports, Student Unit Registrations, responses to assigned notations/periodic reviews, etc. will generate an automatic notation at the next regularly scheduled Commission meeting. Regional accreditation chairs are notified when centers register a student unit(s) late.

Notations Assigned and Removed Concurrently

Only notations for Standards 300.1 and 308.8.1 may be assigned and removed concurrently at the same meeting when a center self-reports or receives a report from ACPE about non-compliance, i.e., late student unit registration. Centers may self-report non-compliance with these two standards to the regional accreditation chair with a complete plan of action and documentation of a two-cycle compliance. When the center self-reports with a complete plan of action, the regional accreditation committee may recommend the notation be assigned and removed in the same Commission meeting.

When a supervisor requests in advance and receives an extension on submission of the supervisor's final evaluation(s) (Standard 308.8.1), no notation will be assigned to the center. When a center submits a self report of non-compliance with 308.8.1 accompanied by a complete plan of compliance, a notation may be assigned and removed concurrently at the next Commission meeting. Centers informing the regional accreditation committee or the Commission of late supervisor(s)' final evaluations receive an automatic notation.

Notation Responses Reviewed by the Regional Accreditation Committee

Only responses to Standard 300.1 are submitted to and reviewed by the regional accreditation committee. The committee then recommends action (assign, assign/remove, or remove the notation) to the Commission. A Commission reviewer assigned by the Commission Chair reviews all other notations responses.

Non-compliance with Standards Identified During Periodic Required Reviews

Centers shall document any non-compliance with standards discovered during a self-study or identified in the Site Team Report Part I.

Non-compliance identified during periodic reviews and addressed by the center within the review time frame and before the Commission vote may not be assigned a notation. The Commission makes the final decision on all accreditation matters.

Notations Removal

Centers must address notation(s) and come into compliance with standard(s) within six months or one year, as specified by the Commission.

1. Take corrective action and document full compliance with standard(s).
2. Submit a notation(s) response with written documentation of full compliance with standard(s) to Commission (or regional accreditation committee) as specified in the Commission Action Report.
3. Commission Chair assigns a Commission reviewer (except as noted above in Notation Responses Reviewed by the Regional Accreditation Committee) who reviews the material and makes a recommendation to the Commission.

4. Commission takes action (Part Two. II. F.).

The Commission may determine that the Center has complied partially with a notation. In such cases, notations may be continued for a timeframe specified by the Commission.

The Commission shall initiate an adverse action if the center fails to respond to a notation and come into compliance with standard(s) within the specified time.

When a center does not address **notations assigned in the Commission Action Report** within the timeframe specified by the Commission to remove a notation, the Commission may grant an Extension under the following conditions:

- The Center is without an ACPE Accredited Supervisor during the assigned period. The center may not admit students, continue programs in progress or offer programs of ACPE CPE in the absence of an ACPE Associate Supervisor or ACPE Supervisor.
- The Center hires a new supervisor during the specified period of the notation.
- **The center does not offer enough units to demonstrate compliance within the specified time.**

The Commission, in consultation with the Chair of the Center's Regional Accreditation Committee will verify the Center's circumstances before rendering a decision.

An Extension can be no more than six months. If the Commission decides not to offer an Extension, one of the following actions may occur:

- Suspend the program;
- Terminate Accredited Membership.

I. Institution Sponsored Center: Applying for Candidacy (Pre-accreditation) for Accredited Member

Policy

1. A prospect CPE center may apply for review as a Candidacy center when:
 - it appears to be satisfactorily working toward accreditation, and
 - demonstrates the feasibility of achieving Accredited Member status within a reasonable time frame.
2. Candidacy status is granted for three years; centers may request one year extensions, renewable for a maximum two years. Candidacy period may not exceed five years.

Steps

1. Contact ACPE office to request information on accreditation of a CPE center.
2. Hire an ACPE certified supervisor.
3. Form a professional advisory group.
4. Complete and send the *Accreditation Review Request and Face Sheet* (Appendix 3), with copy to regional accreditation chair and regional director, at least four months prior to anticipated site visit. (This review is done regionally.)
5. Contact regional accreditation chair to begin discussion of assignment of regional site team chair.
6. Conduct feasibility study (Part Two. II. D) to document resources are available to meet all ACPE standards for accreditation (ACPE Standards 300 - 319).
7. Submit materials (checklist p.21 and Appendix 5 Part I and Part II.).
8. Follow standard review process (Part Two. I. B. and II. C.).
9. Center may begin offering CPE programs for credit with recommendation of the site visit team and letter of provisional approval from the regional accreditation committee chair. Provisional approval is subject to review of the regional accreditation committee and final action of the Commission.
10. Commission actions include one of the following:
 - Grant candidacy status;
 - Specify areas of deficiency and require the center to report on corrective actions within a specified time, not to exceed one year; or
 - Deny candidacy status.

Institution Sponsored Center Candidacy Checklist

Complete and date each step; attach this checklist to each copy of your materials

Center _____

- ____ 1. *Accreditation Review Request and Face Sheet* (Appendix 3) with copy to regional accreditation chair and regional director.
- ____ 2. Application fee paid.
- ____ 3. Statement that all fees are paid and center is in good financial standing received from ACPE and region.
- ____ 4. Feasibility study (Part Two. II. D.) and other required materials completed:
 - ____ *Accreditation Review Request and Face Sheet* (Appendix 3);
 - ____ *Center Disclosure Information* form (Appendix 4);
 - ____ Statement of good financial standing from ACPE;
 - ____ Statement of good financial standing from region;
 - ____ List of professional advisory group members (name and title);
 - ____ Student handbook (primary document for assessing compliance with many ACPE standards; material does not need to be duplicated in feasibility study document);
 - ____ Appendix 5, Parts I and II indicating where in the student handbook(s) required standards are addressed and where specific files, etc are located on site; and
 - ____ Feasibility Study that includes:
 - ____ Description of feasibility study process and methodology, Description of professional advisory group's involvement,;
 - ____ Documentation of how center plans to comply with ACPE standards (do not repeat material in student handbook),
 - ____ Report of changes proposed as result of feasibility study,
 - ____ Assessment of potential for complying with standards (strengths and limitations), and
 - ____ Description of center's future plans.
- ____ 5. Copy of all required materials sent to each member of the site visit team at least 30 days (postmarked) prior to site visit.

J. Institution Sponsored Center: Candidacy to Accredited Member

Policy

Conduct a minimum of two complete units of CPE before applying.

Steps

1. Consult with regional accreditation committee chair.
2. Submit required materials (see checklist following).
3. Follow standard accreditation review (Part Two. I. B. and II. C.).
4. Commission actions include one of the following:
 - grant Accredited Member status, with or without notations or commendations,
 - defer Accredited Member status, or
 - initiate adverse action.

Institution Sponsored Center Candidacy to Accredited Member Checklist

Complete and date each step; attach this checklist to each copy of your materials.

Center _____

_____ 1. *Accreditation Review Request and Face Sheet* (Appendix 3, p. 64) and documentation of regional consultation and approval sent to ACPE with copy to ACPE Accreditation Commission Chair, regional accreditation chair and regional director.

_____ 2. Application fee paid.

_____ 3. Self study (Part Two, II. D) and other required materials completed:

- _____ *Accreditation Review Request and Face Sheet* (Appendix 3);
- _____ *Center Disclosure Information form* (Appendix 4);
- _____ Statement of good financial standing from ACPE;
- _____ Statement of good financial standing from region;
- _____ List of professional advisory group members (name and title);
- _____ History of the center's accreditation: dates, recommendations, notations; and other actions; copy of Commission Action Report for Candidacy status; Record of CPE programs offered since candidacy status conferred: type of program(s), dates, number of students, supervisor(s);
- _____ Annual center reports for each year of Candidacy status (Appendix 1);
- _____ Current student handbook (primary document for assessing compliance with many ACPE standards; material does not need to be duplicated in self study document);
- _____ Appendix 5, Parts I and II indicating where in the student handbook(s) required standards are addressed and where specific files, etc are located on site; and
- _____ Self Study that includes:
 - _____ Description of self study process and methodology, Description of professional advisory group's involvement, Summary of institutional changes since last annual report, Summary of outcomes from on-going program evaluations and changes made in response to consumer feedback,
 - _____ Documentation of how center is complying with ACPE standards (do not repeat material in student handbook),
 - _____ Report of student completion rates and student achievements (See Sample, Appendix 6 C),
 - _____ Description of how center has processed and/or resolved complaints filed by students,
 - _____ Report of changes proposed as result of self-study,
 - _____ Assessment of compliance with standards (strengths and limitations), and
 - _____ Description of center's future plans.

_____ 4. Copy of all required materials sent to each member of the site visit team at least 30 days (postmarked) prior to site visit.

K. System Sponsored Center

A System Sponsored Center is a CPE center sponsored by an institution or agency that owns and operates multiple facilities. The center has one accreditation administered by a central office that is accountable for all CPE programming within the institution or agency.

Policy

1. The Commission accredits System Sponsored Centers to conduct CPE programs at two or more component sites.
2. A central administrative office administers all CPE programs at component sites and ensures component sites meet ACPE standards.
3. The System Sponsored Center submits an annual report for the system and an annual report on behalf of components.
4. Component sites in a region(s) other than administrative center:
 - student units are reported to region of administrative center.
 - student fees are paid to region where component site is located.
5. If the System Sponsored Center has more than three component sites, site visitors for the Ten Year Review may visit a sample of component sites; center will receive written notice about which sites are to be visited at least 30 days prior to the visit.
6. The Five Year Review for components in a region(s) outside the region of the administrative center is conducted by the regional committee of the administrative center.
7. A system center does not have to have “system” in its name; names of component sites must reference the department or organizational sub-division that administers the program at the component site.
8. A system center must specify a primary system supervisor who is the contact person for accreditation issues.
9. The ACPE Directory will list component sites under the System Sponsored Center.
10. A component site may begin programs with provisional approval by the regional accreditation committee chair(s).

Steps

1. Initial review as System Sponsored Center with existing accredited programs follows standard review procedure except as noted below:
 - a. Consult with regional accreditation committee chair; if centers in more than one region, consult chairs in all affected regions.
 - b. Conduct self-study and submit required materials (checklist following) and undergo standard review process (Part Two. I. B. and II. C).
 - c. Complete and send the *Accreditation Review Request and Face Sheet* (Appendix 3), to the ACPE Accreditation Commission Chair with copy to the regional accreditation chair and regional director at least four months prior to anticipated site visit.

- d. Site visit team conducts one person site visits to each component site and prepares preliminary site reports. If system center has sites in more than one region, site team member will be from region in which located.
 - e. Site visit (Part Two. II. E.) to central administrative office.
 - f. Date Commission grants accreditation establishes new cycle for review (annual reports, Five and Ten Year Review) for center and its components.
2. Initial review with no prior accreditation history follows standard review process (Part Two. I. B. and II. C.) and requirements for Candidacy status (Part Two. II. I).
- a. Commission actions:
 - grant Candidacy status as a System Sponsored Center;
 - specify areas of deficiency and require the center to report on corrective actions within a specified time, not to exceed one year;
 - deny Candidacy status; or
 - initiate adverse action.
 - b. Candidacy status is granted for three years to centers not previously accredited; centers may request one year extensions, renewable for maximum two years.
 - c. Candidacy period may not exceed five years.

System Sponsored Center Candidacy or Accredited Member Checklist

Complete and date each step; attach this checklist to each copy of your materials.

Center _____

- _____ 1. Regional accreditation chair consulted before beginning accreditation process.
- _____ 2. Notify ACPE of intent to begin accreditation process (*Accreditation Review Request and Face Sheet*, Appendix 3) with copy to ACPE Accreditation Commission Chair, regional accreditation chair and regional director (at least four months prior to anticipated site visit).
- _____ 3. Statement received from ACPE and the region that all fees are paid and center is in good financial standing.
- _____ 4. Documentation (required of freestanding centers only)
 - _____ in good standing (no adverse actions pending or taken) with state or other accrediting agencies.
 - _____ board of directors with community representation.
 - _____ financially stable.
 - _____ own or rent space from which center operates.
- _____ 5. Self study * and other required materials completed (Part Two. II. D.). Self study is in the form of a proposal demonstrating how the system center will organize itself through a central administrative structure and assure consistent communications, consistent practice and accountability at the component sites.
 - _____ *Accreditation Review Request and Face Sheet* (Appendix 3);
 - _____ *Center Disclosure Information* form (Appendix 4);
 - _____ Statement of good financial standing from ACPE;
 - _____ Statement of good financial standing from region;
 - _____ List of professional advisory group members (name and title);
 - _____ History of the center's accreditation, if applicable: dates, recommendations, notations and other actions; copy of Commission Action Reports;
 - _____ Record of CPE programs offered since last accreditation review: type of program(s), dates, number of students, supervisor(s) (if applicable);
 - _____ Student handbook (primary document for assessing compliance with many ACPE standards; material does not need to be duplicated in self study/feasibility study document); may be master handbook with component site specific materials in an appendix);
 - _____ Appendix 5, Parts I and II indicating where in the student handbook(s) required standards are addressed and where specific files, etc are located on site; and
 - _____ Self study/feasibility study that includes:
 - _____ Description of self study/feasibility study process and methodology,
 - _____ Description of professional advisory group's involvement,
 - _____ Documentation of how center complies with ACPE standards (do not repeat material in student handbook),
 - _____ Report of changes proposed as result of self study/feasibility study,
 - _____ Assessment of compliance with standards (strengths and limitations)
 - _____ Description of center's future plans.
- _____ 6. Copy of required materials sent to each member of the site visit team 30 days (postmarked) prior to site visit.

* Feasibility study (Part Two. II. D.) if no previous accreditation status.

L. Accreditation as a Freestanding CPE Center

A freestanding accredited center is an independently incorporated center whose primary mission is to provide programs of CPE through on-campus programs or through satellite program arrangements.

Policy

1. ACPE accredits only freestanding CPE agencies or institutions with documented legal authorization from the state in which incorporated to provide post-secondary education.
2. A free-standing center must:
 - be in good standing (no adverse actions pending or taken) with state or other accrediting agencies,
 - have a board of directors with community representation,
 - be financially stable, and
 - own or rent space from which it operates.
3. The Commission grants Candidacy status for three years to centers not previously accredited; centers may request one year extensions, renewable for maximum two years. Candidacy period may not exceed five years.

Steps

1. Single site – follow procedure for:
 - a. Candidacy (Part Two. II. I).
 - b. Candidacy to Accredited Member (Part Two. II. J.)
2. Multiple sites:
 - a. For initial review, meet requirements for System Sponsored Center (Part Two. II. K.).
 - b. Candidacy process applies if center was not previously accredited (Part Two. II. I.).
 - c. Meet requirements for site visit specified for System sponsored Centers (Part Two. II. K.).

Freestanding Center (Single Site) Candidacy Checklist

Complete and date each step; attach this checklist to each copy of your materials.

Center _____

_____ 1. Notify ACPE of intent to begin accreditation process. Send *Accreditation Review Request and Face Sheet*, Appendix 3), with copy to ACPE Accreditation Commission Chair, regional accreditation chair and regional director.

_____ 2. Application fee paid.

_____ 3. Statements received from ACPE and the region that all fees are paid and center is in good financial standing.

_____ 4. Documentation

_____ in good standing (no adverse actions pending or taken) with state or other accrediting agencies.

_____ board of directors with community representation.

_____ financially stable.

_____ own or rent space from which center operates.

_____ 5. Complete and submit feasibility study and other required materials

_____ *Accreditation Review Request and Face Sheet* (Appendix 3);

_____ *Center Disclosure Information* form (Appendix 4);

_____ Statement of good financial standing from ACPE;

_____ Statement of good financial standing from region;

_____ List of professional advisory group members (name and title);

_____ History of the center's prior accreditation, if any;

_____ Student handbook (primary document for assessing compliance with many ACPE standards; material does not need to be duplicated in self study document);

Appendix 5, Parts I and II indicating where in the student handbook(s) required standards are addressed and where specific files, etc are located on site;

_____ Feasibility study that includes:

_____ Description of feasibility study process and methodology, Description of professional advisory group's involvement, Documentation of how center complies with ACPE standards (do not repeat material in student handbook),

_____ Report of changes proposed as result of feasibility study,

_____ Assessment of compliance with standards (strengths and limitations),

_____ Description of center's future plans.

_____ 6. Copy of all required materials sent to each member of the site visit team at least 30 days (postmarked) prior to site visit.

Freestanding Center (Single Site) Candidacy to Accredited Member Checklist

Complete and date each step; attach this checklist to each copy of your materials.

Center _____

____ 1. Notify ACPE of intent to begin accreditation process (*Accreditation Review Request and Face Sheet*, Appendix 3), with copy to ACPE Accreditation Commission Chair, regional accreditation chair and regional director.

____ 2. Application fee paid.

____ 3. Documentation

____ in good standing (no adverse actions pending or taken) with state or other accrediting agencies.

____ board of directors with community representation.

____ financially stable.

____ own or rent space from which center operates.

____ 4. Complete and submit self study and other required materials:

____ *Accreditation Review Request and Face Sheet* (Appendix 3);

____ *Center Disclosure Information* form (Appendix 4);

____ Statement of good financial standing from ACPE;

____ Statement of good financial standing from region;

____ List of professional advisory group members (name and title);

____ History of the center's accreditation: dates, recommendations, notations and other actions; copy of Commission Action Report from Candidacy status;

____ Annual center reports for each year of Candidacy status (Appendix 1);

____ Record of CPE programs offered since last accreditation review: type of program(s), dates, number of students, supervisor(s);

____ Student handbook (primary document for assessing compliance with many ACPE standards; material does not need to be duplicated in self study document);

Appendix 5, Parts I and II indicating where in the student handbook(s) required standards are addressed and where specific files, etc are located on site;

____ Self study that includes:

____ Description of self study process and methodology, Description of professional advisory group's involvement, Documentation of how center complies with ACPE standards (do not repeat material in student handbook),

____ Report of changes proposed as result of self-study,

____ Assessment of compliance with standards (strengths and limitations),

____ Description of center's future plans.

____ 5. Copy of all required materials sent to each member of the site visit team at least 30 days (postmarked) prior to site visit.

Freestanding Center (Multiple Sites) Candidacy or Accredited Member Checklist

Complete and date each step; attach this checklist to each copy of your materials.

Center _____

- _____ 1. Regional accreditation chair consulted before beginning accreditation process.
- _____ 2. Notify ACPE of intent to begin accreditation process (*Accreditation Review Request and Face Sheet*, Appendix 3), with copy to ACPE Accreditation Commission Chair, regional accreditation chair and regional director.
- _____ 3. Statements that all fees are paid and center is in good financial standing received from ACPE and region.
- _____ 4. Documentation
 - _____ in good standing (no adverse actions pending or taken) with state or other accrediting agencies.
 - _____ board of directors with community representation.
 - _____ financially stable.
 - _____ own or rent space from which center operates.
- _____ 5. Self study * and other required materials completed (Part Two. II. D.). Self study is in the form of a proposal demonstrating how the center will organize itself through a central administrative structure and assure consistent communications, consistent practice and accountability at the component sites.
 - _____ *Accreditation Review Request and Face Sheet* (Appendix 3);
 - _____ *Center Disclosure Information* form (Appendix 4);
 - _____ Statement of good financial standing from ACPE;
 - _____ Statement of good financial standing from region;
 - _____ List of professional advisory group members (name and title);
 - _____ History of the center's accreditation, if applicable: dates, recommendations; notations and other actions, copy of Commission Action Reports;
 - _____ Record of CPE programs offered since last accreditation review: type of program(s), dates, number of students, supervisor(s) (if applicable);
 - _____ Annual center reports (Appendix 1) for each year of Candidacy status (if applicable); Student handbook (primary document for assessing compliance with many ACPE standards; material does not need to be duplicated in self study/feasibility study document); may be master handbook with component site specific materials in an appendix);
 - _____ Appendix 5, Parts I and II indicating where in the student handbook(s) required standards are addressed and where specific files, etc are located on site;
 - _____ Self study/feasibility study that includes:
 - _____ Description of self study/feasibility study process and methodology,
 - _____ Description of professional advisory group's involvement,
 - _____ Documentation of how center complies with ACPE standards (do not repeat material in student handbook),
 - _____ Report of changes proposed as result of self study/feasibility study,
 - _____ Assessment of compliance with standards (strengths and limitations),
 - _____ Description of center's future plans.
- _____ 6. Copy of required materials sent to each member of the site visit team 30 days (postmarked) prior to site visit.

* Feasibility study (See Part Two. II. D. Feasibility Study), if applying for Candidacy.

M. Adding a Satellite Program

A Satellite Program is created to provide programs of CPE of the host center (ACPE accredited member center). The Satellite Program may not function on its own and does not have any type accreditation extended except to provide the programs outlined in the satellite program contract.

Policy

1. An Accredited Member (host center) authorizes and oversees CPE programs at the Satellite Program through a contract that:
 - establishes the Accredited Member center (host center) as responsible for oversight of all program activities, student registration, fees, certificates, and quality of education at the Satellite Program;
 - specifies that the Satellite Program receives its authorization and support from its host center; the host center commits to conduct the CPE program in compliance with ACPE standards under the administration of the host center;
 - clearly identifies the educational and administrative mechanisms by which the Satellite Program is related to the host center;
 - clearly identifies the site where classes are held and the site(s) of clinical placements;
 - states the beginning and end dates of the unit(s) or the length of the contract;
 - clearly outlines the number of hours that constitute the unit;
 - indicates that a current student handbook is available for each unit;
 - for those Satellite Programs without a training supervisor on site, specifies the parameters of supervisory involvement of the host center when a Supervisory Candidacy is employed/contracted by the Satellite Program;
 - is signed by the administrative representative from each organization, the primary supervisor of the host center, and the supervisor who will be responsible for the administration of CPE at the Satellite Program site.
2. Satellite Programs must have a current student handbook that meets ACPE Standards.
3. Accredited centers must submit complete application materials at least 45 days (postmarked) before the unit will commence and may apply at any time during the review cycle. Accredited centers with previously established satellite programs may submit the contract for the addition of other satellite programs 14 days (postmarked) before the unit will commence if the student handbook for the new Satellite Program differs from previously approved handbooks only with respect to site-specific information.
4. After the materials are received and found in order, provisional approval can be granted by the regional accreditation committee chair (or chairs if cross-regional Satellite Program). Provisional approval is subject to review of the regional accreditation committee and final action of the Commission.
5. A Satellite Program located in another region from the center must receive approval by both regional committees and have a site visit by at least one site visitor who verifies compliance with ACPE standards.

6. Satellite Programs in a region(s) other than the host center:
 - student units are reported to region of host center.
 - student fees are paid to region where satellite program is located.
7. A Satellite Program may begin programs only after having received provisional approval by the regional accreditation committee chair (or chairs, if cross-regional satellite program).
8. No accreditation fee is required. Expenses for site visit may apply.
9. Requires a one person site visit within six months of start of programs if Satellite Program is to be listed in the ACPE directory.
10. Candidacy centers may not apply to add Satellite Programs; exception: a freestanding candidacy center functioning wholly or in part as a CPE program contract agency that relies on satellite programs as a base of operations.
11. Satellite Programs may not establish other satellite programs.
12. Satellite Programs are not placements. A Satellite Program offers a CPE program in its entirety at the satellite program facility; placements are for clinical experience only.
13. An annual report is to be completed for each Satellite Program.
14. A Satellite Program located in another region from the host center must receive approval by both regional committees and have a site visit by at least one site visitor who verifies compliance with ACPE standards.

Steps

1. Notify regional accreditation committee chair of intent (so a reviewer can be identified, either regional accreditation committee chair or chair representative).
2. Establish a contract.
3. Complete the *Accreditation Review Request and Face Sheet* (Appendix 3) and send it with the contract and a copy of the student handbook(s) to regional accreditation chair.
4. Submit required materials to regional accreditation committee chair (or chair representative) at least 45 days (postmarked) before the unit is to begin (see checklist following).
5. Materials will be reviewed within two weeks of the start of the Satellite Program:
 - If materials are satisfactory, a letter of provisional accreditation will be issued.
 - If inadequacies are found, a letter outlining the inadequacies will be issued:
 - i. The letter can issue provisional status with a timeline for submission of the corrections.
 - ii. The letter can deny provisional status and outline the inadequacies.
6. Regional accreditation chair must report provisional approval to the regional director at the time provisional status is granted.
7. The chair (or representative who reads the materials) will bring a complete copy of the Satellite Program application (including any corrected materials) and presenter's report to the next regional meeting for committee action.
8. If Satellite Program is to be listed in ACPE directory:
 - (a) site visit must be conducted by one site visitor within six months of start of the satellite program to verify program complies with ACPE standards.

- (b) the site visitor sends report to the supervisor of the Satellite Program and supervisor of center (if different individuals) and a copy to regional accreditation committee chair.
9. The regional accreditation chair will bring the recommendation of the regional accreditation committee to the Accreditation Commission:
- recommend adding the Satellite Program; or
 - recommend returning the materials to the host center for further study.
10. The Commission will act upon the regional accreditation committee's recommendation and either approve the addition of the Satellite Program or deny the request.
11. If Satellite Program is to be listed in ACPE directory (following site visit) submit to ACPE:
- (a) *Accreditation Review Request and Face Sheet* (Appendix 3).
- (b) Copy of regional accreditation committee's recommendation and file of material (to include: site visit report verifying compliance with ACPE standards; satellite program agreement/contract and satellite program-specific student handbook; copy of clinical placement handbook(s) and agreements (if any); copy of the regional reviewer presenter's report; copy of regional committee's action).
12. Regional accreditation chair must report provisional approval to the regional director at the time provisional status is granted.

Adding a Satellite Program Checklist

Accredited Member Center _____

Satellite Program Facility _____

Satellite Program is to be listed in ACPE directory ____ **Yes*** ____ **No**

Complete and date each step; attach this checklist to your materials and send to the regional accreditation committee chair or a designated representative.

_____ 1. Complete the written request (*Accreditation Review Request and Face Sheet*, Appendix 3) to add a Satellite Program.

_____ 2. Copy of Satellite Program agreement/contract signed by administrative officers of the center and Satellite Program's host institution/agency:

_____ specifies the Satellite Program receives its authorization and support from its host institution or agency; sponsor commits to conduct the CPE program in compliance with ACPE standards under the administration of the Accredited Member center;

_____ clearly identifies the educational and administrative mechanism by which the Satellite Program is related to the Accredited Member;

_____ clearly identifies the site where classes are held and the site(s) of clinical placements;

_____ states the beginning and end date of the unit;

_____ clearly outlines the number of hours that constitute the unit;

_____ indicates that a current student handbook is available for each unit;

_____ includes delineation of supervisory involvement of primary supervisor if Satellite Program employs/contracts with a Supervisory Candidacy;

_____ includes all needed signatures.

_____ 3. Letter of good financial standing from ACPE and the region for host center

_____ 4. History of CPE at Satellite Program.

_____ 5. Satellite Program-specific student handbook demonstrating compliance with ACPE standards, including materials specific to Satellite Program (administration, curriculum, staff, orientation schedule, other particulars), and material specific to clinical placements, if any (clinical site specific materials, e.g., administration, orientation, other particulars).

_____ 6. Appendix 5, Part I indicating where in the student handbook(s) required standards are addressed.

_____ 7. If Satellite Program is to be listed in ACPE Directory *

_____ Site visit scheduled for _____.

_____ 8. Copy of required materials sent to regional accreditation committee chair (or designee) 45 days (postmarked) before the unit begins.

***If Satellite Program is to be listed in ACPE directory (following site visit) submit to ACPE:**

_____ 1. *Accreditation Review Request and Face Sheet* (Appendix 3).

_____ 2. Copy of regional accreditation committee's recommendation and file of material (to include: site visit report verifying compliance with ACPE standards, satellite program agreement/contract and satellite program-specific student handbook, Appendix 5 Part I, clinical placement handbook(s) and agreements (if any), copy of the regional reviewer's presenter's report, copy of committee action).

N. Satellite Program to Accredited Member

Policy

1. Conduct two complete units of CPE before applying.

Steps

1. Contact regional accreditation committee chair to seek consultation.
2. Conduct self-study. If adding an additional CPE program, prepare self study for that program demonstrating feasibility.
3. Complete and send the *Accreditation Review Request and Face Sheet* (Appendix 3, p. 63) to ACPE, with copy to ACPE Accreditation Commission Chair, regional accreditation chair and regional director at least four months prior to anticipated site visit.
4. Submit required materials (see checklist following). Copies of all materials and reports related to the review must be sent to the host center of the Satellite Program.
5. Undergo standard accreditation review (Part Two. II.C.). Copies of all materials and reports related to the review must be sent to the host center of the Satellite Program.
6. Student records for units completed at the Satellite Program remain with the host center.
7. Commission takes one of the following actions:
 - grant accredited member status with or without notations.
 - grant candidacy status with deficiencies.
 - deny accredited member status. This action remands the Satellite Program to the administration of the host accredited center with a report of the findings. The Commission shall require the accredited center to either bring the Satellite Program into compliance or suspend the Satellite Program's operations as specified in Part Two, II. F and H).

Satellite Program to Accredited Member Checklist

Complete and date each step; attach this checklist to each copy of your materials.

Center _____

- _____ 1. Regional accreditation chair contacted for consultation and approval to apply for accredited member status.
- _____ 2. *Accreditation Review Request and Face Sheet* (Appendix 3) and documentation of regional approval to seek accredited member status sent to ACPE, with copy to ACPE Accreditation Commission Chair, regional accreditation chair and regional director.
- _____ 3. Application fee paid.
- _____ 4. Documentation center has offered and completed at least two units of CPE.
- _____ 5. Self study and other required materials completed (Part Two. II. D.):
- _____ *Accreditation Review Request and Face Sheet* (Appendix 3);
 - _____ *Center Disclosure Information* form (Appendix 4);
 - _____ Statement of good financial standing from ACPE;
 - _____ Statement of good financial standing from region;
 - _____ List of professional advisory group members (name and title);
 - _____ History of the Satellite Program's accreditation: date of Satellite Program status, recommendations, notations and other actions; copy of any Commission Action Reports;
 - _____ Record of CPE programs offered as Satellite Program (type program(s), dates, number of students, supervisors);
 - _____ Copies of annual reports submitted as a Satellite Program;
 - _____ Student handbook (primary document for assessing compliance with many ACPE standards; material does not need to be duplicated in self study document);
 - _____ Appendix 5, Parts I and II indicating where in the student handbook(s) required standards are addressed and where specific files, etc. are located on site;
 - _____ Proposal that includes (Note: if adding an additional CPE program, prepare self study for that program demonstrating feasibility):
 - _____ Description of self-study process and methodology,
 - _____ Description of professional advisory group's involvement,
 - _____ Documentation of how center complies with ACPE standards (do not repeat material in student handbook),
 - _____ Report of changes proposed as result of self study,
 - _____ Assessment of compliance with standards (strengths and limitations),
 - _____ Description of center's future plans.
- _____ 6. Copy of all required materials sent to each member of the site visit team and host center at least 30 days (postmarked) prior to site visit.
- _____ 7. Copies of all materials sent to the site team must also be sent to the host center, just as site team reports must be sent to the host center.

O. Annual Center Report

Policy

1. ACPE sends *Annual Center Report* form (Appendix 1) with annual center billing.
2. Annual reports are due on January 15.
3. Centers not returning the report by January 15 receive a notation for Standard 300.1 from the Commission at its next regularly scheduled meeting.

Steps

1. Submit completed report and required documentation to regional accreditation committee chair.
2. Members of the regional accreditation committee review reports at the next regularly scheduled meeting.
3. Committee actions may be one of the following:
 - receive report and affirm center.
 - receive report and request further documentation and/or make recommendations to center.
 - request consultation or site visit at center's expense. Recommendations follow the consultation/site visit.
4. The regional accreditation committee reports in writing to the Commission on each center and places report in regional accreditation committee files:
 - center's compliance with ACPE standards.
 - recommendations and/or requests for further documentation.
 - documentation of need for further consultation and/or site visit.
 - note of complaints filed in center during previous year.
5. Commission follows procedure for assignment/removal of notations if consultation and/or site visit has occurred.

P. Five Year Review

Policy

1. Centers are required to submit written documentation of compliance with ACPE standards during the fifth year of the ten year accreditation review cycle.
2. The Five Year Review does not require a self study and site visit.

Steps

1. ACPE notifies centers due for review in September prior to the scheduled review year.
2. The center submits documentation by March 31 (postmarked) of the scheduled review year (*Accreditation Review Request and Face Sheet*, Appendix 3 and checklist following).
3. Regional accreditation committee chair assigns two readers/reviewers. The center may have input on their selection.
4. Readers submit preliminary report of review to the center by June 1 (postmarked) with any requests for additional information or documentation.
5. Center responds by July 1 (postmarked), attaching any supporting documentation.
6. Reviewers prepare final report and submit copies to center and regional accreditation committee by September 1 (postmarked).
7. Regional accreditation committee:
 - a. reviews report and takes one of the following actions:
 - receives the five year report and affirms the center;
 - receives the report and requests additional documentation and/or makes recommendations to the center; or
 - after receiving additional documentation, requests consultation and/or site visit at center's expense, with recommendations following the visit.
 - b. reports affirmative actions in a summary report to the Commission. If notations for non compliance are recommended, the Commission assigns a commission presenter who reviews materials and presents to Commission for action.
8. The Five Year Review for components in a region(s) outside the region of the administrative center is conducted by the regional committee of the administrative center.
9. Commission reviews the actions/report of the regional accreditation committee and assigns notations, if any. (Part Two. II. F.).

Five Year Review Checklist

Date each of the following steps and mail required materials to regional accreditation committee chair by March 31 (postmarked) of the scheduled review year. Attach a copy of the *Accreditation Review Request and Face Sheet* (Appendix 3) and the *Five Year Review Checklist* to the materials submitted.

Center: _____

- _____ 1. *Accreditation Review Request and Face Sheet* (Appendix 3), with copy to regional accreditation chair and regional director.

- _____ 2. Current student handbook(s) for each type of program offered.

- _____ 3. Appendix 5, Part I indicating where in the student handbook(s) required standards are addressed.

- _____ 4. If Satellite Program(s) exists, current student handbook(s) for each type program offered at Satellite Program and copy of current contract(s).

- _____ 5. Copies of past four years' annual center reports (Appendix 1) and any correspondence between center and regional accreditation committee about the reports.

- _____ 6. Written narrative including:
 - _____ Summary of any institutional changes since last annual report;
 - _____ Summary of outcomes from on-going program evaluations and changes made in response to consumer feedback; may summarize from annual reports; must include analysis of data from threshold reports and how it is being used;
 - _____ Description of involvement of professional advisory group;
 - _____ Description of how center has processed and/or resolved any complaints filed by students.

- _____ 7. Statements from ACPE and the region that all fees are paid and center is in good financial standing.

O. Ten Year Review

Policy

1. Accredited centers undergo full accreditation review every ten years, due in the year listed for the center in the ACPE directory.
2. Program supervisor copies regional accreditation committee chair on all correspondence with the site visit chair. Accreditation materials are not to be copied to the regional accreditation committee chair.

Steps

1. Conduct self study and submit materials as required (checklist following).
2. Follow standard accreditation review (Part Two. 1. B. and II. D.).
3. Commission actions (Part Two. II. F.).

Ten Year Review Checklist

Complete and date each step; attach this checklist to each copy of your materials.

Center _____

- _____ 1. *Accreditation Review Request and Face Sheet* (Appendix 3), with copy to regional accreditation chair and regional director.
- _____ 2. Statements received from ACPE and region that all fees are paid and center is in good financial standing.
- _____ 3. Self study and other required materials completed (Part Two. II. D.):
 - _____ *Accreditation Review Request and Face Sheet* (Appendix 3, p. 63);
 - _____ *Center Disclosure Information* form (Appendix 4);
 - _____ Statement of good financial standing from ACPE;
 - _____ Statement of good financial standing from region;
 - _____ List of professional advisory group members (name and title);
 - _____ History of center's accreditation: dates, recommendations, notations and other actions;
 - _____ Commission action reports from the most recent Five and Ten Year Reviews;
 - _____ Record of CPE programs offered since last accreditation review: type of program(s), dates, number of students, supervisor(s);
 - _____ Copies of annual reports (Appendix 1) submitted since the last review (four years);
 - _____ Current student handbook (primary document for assessing compliance with many ACPE standards; material does not need to be duplicated in self study document);
 - _____ Appendix 5, Parts I and II (p. 65ff) indicating where in the student handbook(s) required standards are addressed and where specific files, etc. are located on site;
 - _____ Self Study that includes:
 - _____ Description of self-study process and methodology,
 - _____ Description of professional advisory group's involvement,
 - _____ Summary of institutional changes since last annual report,
 - _____ Summary of outcomes from on-going program evaluations and changes made in response to consumer feedback ,
 - _____ Report of student completion rates and student achievements (See Appendix 6 C *Sample Report of Student Completion Rates and Achievements*); must include analysis of data from threshold reports and how it is being used,
 - _____ Description of how center has processed and/or resolved complaints filed by students,
 - _____ Assessment of center's strengths and limitations,
 - _____ Report of changes proposed as result of self study,
 - _____ Description of center's future plans.
- _____ 4. Copy of all required materials sent to each member of the site visit team 30 days (postmarked) prior to site visit.

R. Request for Review Postponement

Policy

1. Candidacy or accredited centers may request postponement of scheduled accreditation review when one of the following acceptable circumstances has occurred:
 - center without ACPE certified supervisor during year the five-year or ten-year review is due; limit one one-year postponement. The center may not admit students, continue a program in progress or offer an ACPE CPE program(s) in the absence of an Associate Supervisor or ACPE Supervisor employed by or contracted to the center to conduct ACPE CPE programs.
 - center employed or contracted with the supervisor responsible for center during the year the review is due.
2. Regional accreditation committee chair must support a center's request for postponement.
3. Postponement may not be requested earlier than the year prior to the center's review date.
4. Postponement of the accreditation review does not change the center's subsequent accreditation cycle dates.
5. The following persons may request review postponement:
 - a. ACPE center supervisor;
 - b. CPE center's administrator if the supervisor position is vacant or supervisor temporarily disabled; or
 - c. Commission or regional accreditation committee, to equalize or manage its review schedule.
6. A limit of *one* postponement may be granted.
7. For a five year review postponement, the regional accreditation chair or designee will review the center's student handbook and submit a written report to the Commission due at the next scheduled meeting of the Commission. If deficiencies are noted, the regional accreditation committee will schedule a limited site review.
8. For a ten year review postponement, the center will work with the regional accreditation chair to schedule a limited site visit during the calendar year in which the postponement was granted. The center will provide a copy of the current student handbook(s) and arrange with the regional accreditation chair, at the center's expense, an on-site visit to document continuing compliance with accreditation standards, including meeting with the current students and administration to whom the program reports. A member of the regional accreditation committee will conduct the limited site visit and write a report, including completion of Appendix 5 Part II. If deficiencies are found, the regional committee will recommend notations to the Commission.
9. Postponements do not relieve the center from responsibility to comply with ACPE standards.
10. Center must submit evidence of payment of the postponement fee with material the center submits for accreditation review or a notation will be assigned.

11. A postponement is not necessary if the site visit can occur within the calendar year in which the center is scheduled for review. Subsequent steps of the review process may fall into the following year.

Steps

1. Consult with regional accreditation committee chair for help in assessing if circumstances justify postponement.
2. Submit Accreditation Review Request and Face Sheet (Appendix 3) to Accreditation Commission c/o ACPE, with copy to regional accreditation committee chair: for initial Accredited Member status and Ten Year Review; request no earlier than September 1 (postmarked) of year before scheduled review and no later than September 1 (postmarked) of year of scheduled review. For Five Year Review, request no later than January 1(postmarked) of year review is scheduled.
3. Receive invoice and pay fee for postponement request (required whether or not request is granted).
4. Submit to **regional accreditation chair** any required written materials and documentation that all fees are paid and center is in good financial standing with ACPE and the region.
5. For a ten-year review postponement, the center will work with the regional accreditation chair to schedule a limited site visit during the calendar year in which the postponement was granted. Provide a copy of the current student handbook(s) and arrange, at the center's expense, an on-site visit with the current students and the administration to whom the program reports.
6. For a five-year review postponement, provide a copy of the current student handbook(s) to the regional accreditation chair for review.

**Request for Postponement of Five or Ten Year Review
Checklist**

Submission Date:	
Center:	
Center ID#:	ACPE Region:
Address:	
Supervisor (s):	
Supervisor Telephone:	Email:
Sponsoring Institution/Agency:	
Administrator to whom program reports:	Title:
Telephone:	Email:
Person Requesting Postponement:	
<input type="checkbox"/> ACPE Supervisor <input type="checkbox"/> CPE Center's Administrator <input type="checkbox"/> Commission or Regional Committee	
<ul style="list-style-type: none"> ▪ The administrator to whom the CPE Center reports to may request review postponement if the supervisor position is vacant or if the supervisor is temporarily disabled. ▪ The regional accreditation committee, in consultation and with the agreement of the CPE center, may request review postponement to equalize or manage its review schedule. 	
Person Requesting Postponement:	
<input type="checkbox"/> ACPE Supervisor <input type="checkbox"/> CPE Center's Administrator <input type="checkbox"/> Commission or Regional Committee	
Regional Accreditation Chair:	
Accreditation Requirements:	
<input checked="" type="checkbox"/> Regional Accreditation Committee Recommendation <input type="checkbox"/> National Commission Reviewer <input checked="" type="checkbox"/> Commission Action required	
Request Type:	
<input type="checkbox"/> Five-Year Postponement: Student Handbook Review <input type="checkbox"/> Ten-Year Postponement: Limited Site Visit Review during the calendar year of postponement	
Fees: Postponement fee applies. Check the ACPE website and with center's region	
Time Requirements: limit <i>one (1)</i> one-year postponement Review Cycle: does not change	
Date of Request:	
<ul style="list-style-type: none"> ▪ Request not earlier than September 1 (postmarked) of year before the scheduled review and not later than September 1 (postmarked) of the year review is scheduled. The center will work with the regional accreditation chair to schedule a limited site visit during the calendar year in which the postponement was granted. 	

Center Type:	<input type="checkbox"/> Institutional	<input type="checkbox"/> System Add Number of Component Sites:
	<input type="checkbox"/> Candidacy Center	<input type="checkbox"/> Free Standing
	Satellites: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Satellites: <input type="checkbox"/> N/A

- 1. Accreditation Review Request and Face Sheet (Appendix 3), with copies to Regional Accreditation Chair, Regional Director and Accreditation Commission Chair.
- 2. Check the circumstance leading to request for postponement:
 - Center without ACPE accredited supervisor during the year that the Five-Year or Ten-Year review is due.
 - Center employed or contracted ACPE Supervisor during the year that the Five-Year or Ten-Year review is due.
- 3. Statements received from ACPE and region that all fees are paid, including Postponement Fee and that the center is in good financial standing.
- 4. Materials for Postponement of Five Year Review:
 - A. Student Handbook
 - B. Appendix 5, Part I, II indicating where in the student handbook(s) required standards are addressed.

S. Request for Inactive Status

When an Accredited Center has been without an ACPE supervisor for ***one*** year and efforts to secure a supervisor via hire or contract have been unsuccessful, the Accredited Center can request inactive status for up to three years. **After 24 months without a supervisor (employed or contracted) a center must request inactive status.** An Accredited Center on inactive status pays a yearly accreditation fee and submits an Annual Report describing the process and progress toward reactivation of its membership status. The Annual Report is signed by the administrator to whom the CPE program would report and the chair of the professional advisory group (PAG). The center may not conduct or continue offering programs of CPE in the absence of an ACPE Supervisor (CPE Level I/Level II and Supervisory CPE) or ACPE Associate Supervisor (CPE Level I/Level II).

Policy

1. An Accredited Member Center may apply for inactive status after it has been without a supervisor for one year; **it must apply for inactive status after 24 months without a supervisor:**
 - a. if it has no outstanding fees, and
 - b. if it has no outstanding notations or called reviews.
2. An Inactive Accredited Member Center will:
 - a. pay a yearly accreditation fee;
 - b. submit an Annual Report, signed by the administrator to whom the CPE supervisor would report and the chair of the professional advisory committee. The Annual Report will describe the center's process and progress toward reactivation of its membership status;
 - c. be listed on the ACPE Website as "Inactive"; and
 - d. apply for reactivation or withdrawal of membership within three years.
3. **An Inactive Center may not host a Satellite Program. The center may not admit students, offer an ACPE CPE program(s) in the absence of an Associate Supervisor or ACPE Supervisor employed by or contracted to the center to conduct ACPE CPE programs**
4. If a Center is not reactivated within three years, the regional accreditation chair will notify the Inactive Center and the Accreditation Commission of the termination of inactive status and recommend to the Commission that accreditation be withdrawn involuntarily.

Procedure

1. Accredited Center submits a *Changes in Centers and Programs* form (Accreditation Manual, Appendix 2, also on line at www.acpe.edu) to regional accreditation committee chair and an accompanying letter describing:
 - a. the history of supervisory vacancy, and
 - b. the center's intentions regarding its future as an Accredited Center.
2. The regional accreditation committee chair forwards the information to the ACPE office. The regional accreditation committee will review the center's request at its next regional meeting and the regional accreditation chair will bring the recommendation of the regional accreditation committee to the Accreditation Commission.

3. The Accredited Center must pay an annual accreditation fee and submit an Annual Report each January, signed by the Administrator to whom the CPE program would report and the chair of the PAG. The Annual Report will describe the center's process and its progress toward reactivation of accredited member status.
4. All agreements and contracts pertaining to placement agreements, Satellite Program agreements, component sites, and supervisors must be discontinued.

Request for Inactive Status Checklist

Complete and date each step; attach this checklist to each copy of your materials and mail to regional accreditation committee chair.

Center Name and Address: _____

Administrator to whom CPE program reports: _____

Phone number of Administrator: _____

_____ 1. Letter requesting Inactive Status.

_____ 2. *Change in Centers and Program* form (Appendix 2, www.acpe.edu) submitted to ACPE Accreditation with a copy to the regional accreditation chair.

_____ 3. Letter describing the history of supervisory vacancy.

_____ 4. A statement that all contracts/placement agreements have been discontinued.

_____ 5. Description of intentions about the future history of the Accredited Center.

_____ 6. Copy of required materials mailed to regional accreditation committee chair.

T. Request for Reactivation of Membership Status

An Accredited Center on Inactive Status (see S. Request for Inactive Status) must apply for reactivation of Accredited Member center status within three years of being on Inactive Status.

Policy

1. An Accredited Member can remain on Inactive Status for up to three years. Each year during that time:
 - an annual accreditation fee is assessed; and
 - an Annual Report (Appendix 1) must be submitted (see Inactive Status, Part Two. II. S.).
2. An Inactive Accredited Member submits a request to return to Active Member status to the regional accreditation committee chair, Accreditation Commission Chair c/o ACPE Accreditation at any time during the review cycle, and this will include a site visit. The request includes:
 - a. The Accreditation Review Request and Face Sheet (Accreditation Manual, Appendix 3);
 - b. Completion of all steps required in the Ten Year Review (Accreditation Manual, Part Two. II. Q.).
3. Prior to the site visit, the regional accreditation chair may provide provisional approval, pending acceptance and review of the student handbook and the administrative structure.
4. If a Center is not reactivated within three years, the regional accreditation chair will notify the inactive center and the Accreditation Commission of the termination of Inactive Status and recommend to the Commission that accreditation be withdrawn involuntarily.

Procedure

1. The Accredited Center on inactive status submits a request to return to Active Member status and required documentation to the regional accreditation committee chair, ACPE office and Accreditation Commission Chair at any time during the review cycle.
2. The center will be required to complete the documentation and activities for the ten year review (Accreditation Manual, Part Two. II. Q.). The fees for the type of center reviewed will be paid.
3. The Commission will act upon the request using the ten year review process at its next Commission meeting and either approve the reactivation of active member status or deny the request and removes accreditation involuntarily.
4. Reactivation of active member status begins a new ten year review cycle for the center.

Reactivation of Membership Status Checklist

Complete and date each step; attach this checklist to each copy of your materials and mail to regional accreditation committee chair or designated representative, ACPE office and Accreditation Chair.

Center Name, Address and Phone: _____

Name of Supervisor: _____

Administrator to whom CPE program reports: _____

_____ 1. Completed Accreditation Review Request and Face Sheet (Accreditation Manual, Appendix 3).

_____ 2. History of CPE at center.

_____ 3. Student handbook (Appendix 5 Parts I and II.) demonstrating compliance with ACPE Standards.

_____ 4. Supervisory contract or demonstration of employment of ACPE Supervisor or ACPE Associate Supervisor.

_____ 5. Required documentation sent to regional accreditation committee chair, ACPE office and Accreditation Commission Chair at least 45 days (postmarked) before CPE unit is scheduled to begin.

U. Notification of Supervisory Faculty Changes

Policy

1. ACPE Standards require centers to maintain faculty composed of persons authorized by ACPE and of sufficient number to fulfill program goals.
2. Centers may not conduct CPE programs unless a person authorized by ACPE is present.
3. Centers may satisfy the requirements by employing or contracting with an ACPE certified supervisor on an interim basis.
4. Supervisors must notify the Commission as soon as they know they are leaving a faculty position, regardless of size or composition of center (See Step 1 below).
5. Time limits for vacancies in centers with no supervisor:
 - Centers must conduct a search and fill a vacancy within 12 months of the supervisor's departure.
 - Commission may grant one extension up to twelve months if the center demonstrates progress toward filling the vacancy.
 - Commission automatically withdraws accreditation status of a center remaining vacant more than two years.

Steps

1. Notify Accreditation Commission in writing (Appendix 2 *Changes in Centers and Programs* form and www.acpe.edu), with copy to regional accreditation chair.
2. The Commission takes action as needed.

V. Notification of Substantive Changes

Policy

1. Candidacy and Accredited Member centers must notify the Commission of any substantive change(s) with potential for or adversely affecting capacity to meet ACPE standards and accreditation requirements for centers or programs. For example:
 - institutional ownership change, mergers or consolidations that affect the CPE program;
 - ownership change (free standing center);
 - supervisory change;
 - institutional and/or center name change;
 - program discontinued; or
 - center closure.

Steps

1. Submit *Changes in Centers and Programs* form (Appendix 2) to ACPE Accreditation with a copy to the regional accreditation committee chair within 30 days (postmarked) of the change.
2. The ACPE Interim Executive Director will acknowledge the change notification within 30 days of its receipt and the center will be contacted if there is need for further follow up.
3. Regional accreditation committee reviews changes, evaluates impact on program(s), and responds as follows:
 - receives report as information;
 - receives report and affirms center's action;
 - receives report and makes recommendations; or
 - requests consultation and/or site visit at center's expense and makes recommendations.
4. Regional accreditation committee forwards findings/recommendations to Commission, which takes final action as needed.

W. Addition of Supervisory CPE

Policy

1. Accredited center must submit complete application at least 45 days (postmarked) before the first unit of Supervisory CPE will commence and may apply at any time during the review cycle.
2. Candidacy centers may add Supervisory CPE during the candidacy cycle.
3. Does not require a site visit, but regional accreditation committee may require one based on its review of the proposal.
4. No accreditation fee is required; expenses for a site visit may apply.
5. An accredited center may begin programs once it has received a letter of provisional approval from the regional accreditation committee chair. The regional accreditation committee chair sends a copy of the letter of provisional approval to the Commission Chair.
6. Provisional approval is subject to review by the regional accreditation committee.
7. Final action is by the Commission. Commission actions include one of the following:
 - approve the addition of Supervisory CPE; or
 - deny the request and provide the basis for denial, citing ACPE Standards.

Steps

1. Notify regional accreditation committee chair of the intent to add Supervisory CPE using the *Accreditation Review Request and Face Sheet* (Appendix 3) so a reviewer can be identified, either regional accreditation committee chair or chair representative.
2. Submit required materials to regional accreditation committee chair (or chair representative) at least 45 days (postmarked) before the unit is to begin (checklist following and Appendix 5 Part I indicating where in the student handbook(s) required standards are addressed).
3. Materials will be reviewed within 30 days of their receipt by the reviewer.
 - If materials are satisfactory, a letter of provisional accreditation will be issued by the regional accreditation chair.
 - If inadequacies are found, a letter outlining the inadequacies will be issued. The letter can either:
 - (a) issue provisional status with a timeline regarding submission of the corrections; or
 - (b) deny provisional status and outline the inadequacies (Training cannot begin until provisional status is granted).
4. The application for the addition of Supervisory CPE and a presenter's report (from the reviewer) will be reviewed at the next scheduled meeting of the regional accreditation committee for committee action.
5. The regional accreditation chair will bring the recommendation of the regional accreditation committee (either recommending that Supervisory CPE be added or not added) to the Accreditation Commission.

Addition of Supervisory CPE Checklist

Accredited Member _____

Complete and date each step; attach this checklist to your materials and send to the regional accreditation committee chair or a designated representative.

_____ 1. *Accreditation Review Request and Face Sheet* (Appendix 3) to add Supervisory CPE with copy to regional director

_____ 2. Required materials (two copies) sent to regional accreditation chair:
A proposal, in lieu of a self study including:

- _____ Request to add Supervisory CPE (*Accreditation Review Request and Face Sheet*, Appendix 3);
- _____ Rationale for this new program;
- _____ Congruence of proposal with mission and goals of the Accredited Member center;
- _____ Summary of Accreditation history of CPE at Accredited Member center;
- _____ Survey of prospective student enrollment;
- _____ Provision for additional faculty, financial and support resources;
- _____ Specific manual(s) for any clinical placement(s)/educational placement(s):
 - _____ copy of clinical placement agreements and/or
 - _____ copy of educational placement agreements;
- _____ Copy of supervisory student agreement(s)/contract template(s):
 - _____ delineation of supervisory involvement of primary supervisor,
 - _____ clear delineation of the administrative and educational mechanisms by which the supervisory education student is related to the Accredited Center and the primary supervisor(s),
 - _____ information about benefits, stipend, responsibilities, etc.

_____ 3. CPE supervisory student handbook or pertinent sections of the master student handbook containing:

- _____ Detailed curriculum that demonstrates progression toward certification and a syllabus for at least the first unit of Supervisory CPE,
- _____ Demonstration of compliance with ACPE standards, including materials specific to clinical/educational placements, if any (include clinical/educational site specific materials, e.g., administration, orientation, other particulars),
- _____ Appendix 5, Part I (p. 65) indicating where in the student handbook(s) required standards are addressed.

_____ 4. Materials mailed to regional accreditation chair 45 days (postmarked) before unit is to begin

X. Addition of a Component Site

A component site is a place, usually a facility owned by the sponsoring institution or agency, where a System Sponsored Center offers one or more CPE programs under its single accreditation.

Policy

1. The central administrative office of the System Sponsored Center administers all CPE programs at component sites and ensures component sites meet ACPE standards. See System Sponsored Center Part Two. II.K.
2. A component site may begin programs only after having received provisional approval by the regional accreditation committee chair (or chairs if cross-regional component site).
3. Provisional approval is subject to review of the regional accreditation committee and final action of the Accreditation Commission.

Steps

1. System Sponsored Center submits (checklist following):
 - a. a revised administrative plan, demonstrating how the new component is linked to the central administrative authority and how it is organized to offer programs in compliance with ACPE standards;
 - b. site-specific student handbook; and
 - c. Appendix 5, Part I.
2. The System Sponsored Center sends three copies of the material required on the checklist to the regional accreditation chair at least forty-five (45) days (postmarked) prior to the start of any program at the component site.
3. Site visit is at the discretion of the regional accreditation committee(s) chair(s).
4. If component site is in another region than the System Sponsored Center, both regional accreditation committees review materials and determine if a site visit is required.
5. The regional accreditation committee chair(s) will bring the recommendation of the regional accreditation committee (either that the component site be added or not added) to the Commission. A Commission Reviewer will be assigned by the Accreditation Commission Chair and will bring the recommendation(s) to the Commission. The Commission will act upon recommendation(s) and either approve the addition of the component or deny the request (Part Two. II. F.).

Addition of a Component Site Checklist

Complete and date each step. Send three copies of materials to the regional accreditation committee chair, with this checklist attached to each copy.

Center _____

_____ 1. *Accreditation Review Request and Face Sheet* (Appendix 3), with copy to regional accreditation chair and regional director.

_____ 2. Statements received from ACPE and the region that all fees are paid and center is in good financial standing.

_____ 3. Materials (three copies) prepared for submission to regional accreditation chair:

- _____ *Accreditation Review Request and Face Sheet* (Appendix 3); statement of
- _____ good financial standing from ACPE;
- _____ statement of good financial standing from region;
- _____ revised administrative plan demonstrating:
 - _____ how new component is linked to the central administrative authority; and
 - _____ how component is organized to offer programs in compliance with ACPE standards;
- _____ site specific student handbook; and
- _____ Appendix 5, Part I indicating where in the student handbook(s) required standards are addressed.

_____ 4. Materials (three copies) submitted to regional accreditation chair at least forty-five days (postmarked) prior to the start of any program at the component site.

Y. Educational Placement

An educational placement is a site for educational meeting of a CPE group for units of training external to an Accredited Member or Satellite Program and established by formal agreement.

Policy

1. The Accredited Member or Satellite Program must meet the following pre-approval requirements of being in “good standing”:
 - a. current with all financial obligations to the region and ACPE;
 - b. have no current grievances filed or in process;
 - c. have no called reviews within the last five years; and
 - d. have no current notations.

2. The Accredited Member or Satellite Program must complete an educational placement agreement (checklist following). The agreement must include the following descriptions or details:
 - a. administrative lines of reporting;
 - b. educational lines of reporting;
 - c. timeframe for the unit;
 - d. dates of the educational meeting times;
 - e. location of the educational placement;
 - f. copies of any clinical placements used;
 - g. financial arrangements;
 - h. liability coverage, if required by either organization; and
 - i. signatures of administrative representative from each organization and of ACPE supervisor(s).

3. The Accredited Member Center or Satellite Program must report annually about any educational placements that are used. The Accredited Member or Satellite Program will send a copy of the signed educational placement agreement(s) to inform the regional accreditation committee chair about the placement(s) and will attach a copy of the educational placement agreements to the center’s annual report.

Steps

1. Accredited Member or Satellite Program submits educational placement agreement(s) to the regional accreditation committee chair.

2. Accredited Member or Satellite Program reports the use of an educational placement agreement on the next annual report, and includes a copy of the completed agreement.

Educational Placement Agreement Form Checklist

Complete and date each step. Send a copy to the regional accreditation committee chair and attach a copy to the Accredited Member or Satellite Program's next annual report.

Center:

- _____ 1. Describe administrative lines of reporting.
- _____ 2. Describe educational lines of responsibility.
- _____ 3. Provide the time frames for the unit.
- _____ 4. Detail the educational meeting dates and times of day.
- _____ 5. Detail the location of the CPE meeting times.
- _____ 6. Describe clinical placements (include placement agreements).
- _____ 7. Describe financial arrangements, if any.
- _____ 8. Describe liability coverage provided, if required.
- _____ 9. Signatures of administrative representatives from the Accredited Member center or Satellite Program, the educational placement location, and the ACPE Supervisor or Associate Supervisor.
- _____

Z. Called Review

Policy

1. The Accreditation Commission shall require a site visit (Part Two. II. E.) when, in its judgment, there is cause to believe a Candidacy or Accredited Member center:
 - is substantially out of compliance with ACPE Standards.
 - fails to submit *Annual Center Report* (Appendix 1).
 - fails to inform the Commission of substantive changes (Part Two. II. V.).
 - conducts CPE programs in a manner contrary to the best interest of its students.
2. Circumstances precipitating a called review are specific to each situation. The Commission will specify the scope of the called review and the documentation required in its action.
3. Concerns precipitating a called review will be brought to the Commission by the recommendation of a regional accreditation committee or by referral from another ACPE commission or committee.
4. Expenses for a called review will be paid by the Commission.

Steps

1. Commission chair notifies center of required review, scope of the review and required documentation.
2. Commission chair selects called review team chair and, in consultation with the chair and the regional accreditation committee chair, selects a called review team.
3. Commission chair, called review team chair and supervisor at affected site work out schedule for the visit.
4. Commission chair notifies supervisor at affected site of materials required for the review and time frames for submission to called review team. If cooperative efforts fail, chair schedules the called review visit and gives supervisor 30 days written notice.
5. Within 45 days (postmarked) of the completion of the called review, the called review team sends a report of its findings to the center and Commission chair, with a copy to the regional accreditation committee chair.
6. The center may respond to the called review report in writing within 45 days (postmarked) of receiving the report.
7. The Commission takes final action at its next scheduled meeting. If the Commission believes final action is warranted sooner than the Commission's next scheduled meeting (Part Two. II. F.), action may be taken electronically or in person.

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APPENDIX 1

**ANNUAL CENTER REPORT ACCREDITED
MEMBERS, CANDIDACY CENTERS, SATELLITE
PROGRAMS**

YEAR _____

Due JANUARY 15TH each year

The Annual Center Report, submitted annually to the regional accreditation chair, is one mechanism by which the Accreditation Commission monitors on-going compliance with ACPE standards. This report fosters internal dialogue within the center for quality improvement and ongoing dialogue with the regional accreditation committee.

Respond to each question; **add appropriate documentation when response is marked with an ***. Include an Annual Center Report for each Satellite Program. Candidacy centers must include documentation in their annual reports describing how the center is addressing deficiencies, if any were assigned.

Center: _____
Address: _____
Supervisor(s): _____
Supervisor Telephone: () _____ **Fax:**() _____
Email: _____
Sponsoring Institution/Agency: _____
Administrator to whom program reports: _____
Administrator Telephone: () _____ **Fax:**() _____
Email: _____

Did the center participate in an accreditation review during the year?

_____ YES _____ NO

If YES, skip questions 2 - 6, respond to question 7-10 if appropriate, and submit report.

2) ADMINISTRATION:
Have there been administrative changes that affect the CPE program since your last report (mergers, consolidations, Satellite Programs, components, new contracts, change in supervisor(s), name change, shift in financial support, acquisitions, change in physical space)? _____ YES* _____ NO

3) PASTORAL CONTEXT:
Have there been changes in the pastoral *context* that affect the CPE program since your last Annual Report (opportunities for clinical practice, environment for learning, authorization of students to practice their ministry)? _____ YES* _____ NO

4) EDUCATIONAL RESOURCES:
Have there been changes in the educational resources that affect the CPE program since your last report (curriculum revisions, standards updates, library resources, professional advisory group membership and involvement, professional interaction with persons of other disciplines)? _____ YES* _____ NO

APPENDIX 1 (CONT'D)

- 5) POLICIES AND PROCEDURES:
Provide a narrative* of the changes in the policies and procedures relative to the CPE program since your last report (admission, financial, complaint procedure, student records, student rights and responsibilities, standards changes). *NOTE: Policies and procedures should be reviewed annually and adjusted to make them consistent with ACPE standards. In these instances, simply indicate the changes made. **The amended policy does not have to be attached in its entirety.***
- 6) PROGRAM EVALUATION:
Provide a paragraph* describing changes resulting from your program evaluation; include any success you have experienced in your program during the past year.
- 7) CENTER NEEDS/CONCERNS:
Is this center concerned about compliance with Standards? _____ YES* _____ NO

Indicate any needs or concerns about accreditation issues. If out of compliance, include a plan to bring the Center into compliance.
- 8) COMPLAINTS:
Has any student filed a complaint in a program under your accreditation during this calendar year? If yes, please attach to your report a description of how the center has processed and/or resolved any complaint(s). This refers to ethics and educational complaints. _____ YES* _____ NO
- 9) FINANCES: Are all fees paid and are you in good financial standing with: _____
ACPE? _____ YES NO*
Region? _____ YES NO*
- 10) FACULTY DEVELOPMENT: _____
Has each faculty member met the fifty hour requirement of continuing education and is that documentation being kept on file in the center? _____ YES _____ NO*

If no, please explain.
- 11) THRESHOLD REQUIREMENTS
Review each of this center's programs over the last ten years. Have 75% of students who were oriented to the program(s) received credit? _____ YES _____ NO*

If no, please explain and include information about how this center will meet the threshold before its next annual report.

Signatures required:

Date: _____

Primary ACPE Supervisor

Chair/Representative
Professional Advisory Group

Thank you for taking the time to update the regional accreditation committee on the current status of your training program. If there are significant changes between annual reports, please complete the form *Changes in Centers and Programs*, Appendix 2, p. 63 and submit to your regional accreditation committee chair. **Please mail this report, with attachments, to your regional accreditation committee chair or designee.**

APPENDIX 2

CHANGES IN CENTERS AND PROGRAMS

Submit this form to the accreditation@acpe.edu and the regional accreditation chair to inform of changes or proposed changes in the center that affect the CPE program.

Date: _____

Center: _____

Address: _____

Sponsoring /Host Institution: _____

Phone: _____ **Fax:** _____ **Email:** _____

Regional Accreditation Committee Chair: _____ **Region:** _____

Supervisor(s): _____

Form completed by: _____

Effective Date: _____

INDICATE CHANGE REQUEST:

- | | | | |
|--|--------------------------|---|--------------------------|
| Change in center name/address | <input type="checkbox"/> | Change in ownership | <input type="checkbox"/> |
| Center without a supervisor | <input type="checkbox"/> | Change or addition of supervisor | <input type="checkbox"/> |
| Change of primary supervisor at a System Sponsored Center | <input type="checkbox"/> | Closure of a Satellite Program | <input type="checkbox"/> |
| Deletion of a Component Site* | <input type="checkbox"/> | Request of center to become Inactive* | <input type="checkbox"/> |
| Voluntary withdrawal of accreditation to offer programs of Supervisory Education * | <input type="checkbox"/> | Voluntary withdrawal of center accreditation & closure of Accredited Member center* | <input type="checkbox"/> |

Does this change require a new or revised directory listing? Yes † No †

Describe nature of change and document effect on the CPE program(s), standards, policies, procedures, and contracts (if any). Attach relevant documents, including any new contracts.

* Requires Commission action

APPENDIX 3

ACCREDITATION REVIEW REQUEST AND FACE SHEET*

Date: _____ Region _____ Preferred time for visit (season/month) _____

Center: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Principal ACPE Supervisor: _____

Institution's Chief Executive Officer and Title: _____

Sponsoring/Host Institution: (if applicable): _____

Requests for Initial Accreditation as an Accredited Member Center:

_____ Candidacy Center for Accredited Member

_____ Candidacy to Accredited Member

_____ Institution Sponsored

_____ System Sponsored Center † new request † existing system center, _____ # component sites

_____ Freestanding Center † Single site? † Multiple sites?

_____ Satellite Program to Accredited Member

Requests for Periodic Review

_____ Five Year Review

_____ Institution Sponsored, _____ number satellite programs, if any

_____ System: Center, _____ # component sites, _____ # satellite programs, if any

_____ Freestanding Center † Single site? † Multiple sites?

_____ Ten Year Review

_____ Institution Sponsored, _____ # satellite programs, if any

_____ System Center, _____ # component sites, _____ # satellite programs, if any

_____ Freestanding Center † Single site? † Multiple sites?

Requests for Adding Component Sites, Satellite Programs, or Supervisory CPE

_____ Add Component Site Name _____ Supervisor _____

_____ Add Satellite Program Name _____ Satellite Program Supervisor _____

† Request satellite program listed in directory (site visit required)

_____ Add Supervisory CPE

Request for Removal of Notation

_____ Removal of Notation

Signatures:

Principal ACPE Supervisor: _____

Professional Advisory Group Chair/Representative: _____

Administrator responsible for CPE Program: _____

For requests that do not require site visits, please include a copy of this face sheet with the material for review.

For requests requiring site visits, send this review request and face sheet at least four months before anticipated site visit to: ACPE, Inc. One West Court Square, Suite 325, Decatur, GA 30030 with copies to: ACPE Accreditation Commission Chair, regional director and regional accreditation committee chair.

***Attach form to materials submitted with this request, as described in the checklists.**

APPENDIX 4

CENTER DISCLOSURE INFORMATION

Center: _____

I. Is your center or any of its institutions or components the subject of an interim action by a recognized institutional accrediting agency potentially leading to the suspension, revocation, or termination of accreditation or pre-accreditation?

_____ YES _____ NO

If yes, please explain:

II. Is your center or any of its institutions or components the subject of an interim action by a state agency potentially leading to the suspension, revocation, or termination of the institution's legal authority to provide post-secondary education?

_____ YES _____ NO

If yes, please explain:

III. Has your center or any of its institutions or components been notified of a threatened loss of accreditation and the due process procedures required by the action have not been completed?

_____ YES _____ NO

If yes, please explain:

IV. Has your center or any of its institutions or components been notified by the state of a threatened suspension, revocation or termination of the institution's legal authority to provide post-secondary education and the due process procedures required by the action have not been completed?

YES _____ NO

If yes, please explain:

APPENDIX 5

Part I Assessment of Student Handbook(s) & Curriculum(ae)

The primary means by which an ACPE center meets the following Standards is through the content of student handbook(s). Site visitors will use this document to assess how Centers are meeting Standards in the student handbook(s). When submitting handbook(s) for any accreditation review, please indicate where in the center's handbook(s) each standard is addressed and include a copy of this appendix with accreditation materials.

Note: a revised Appendix 5 Part I must be submitted each time a revised handbook is submitted.

ACPE 301 The center has a written plan which:

301.1 describes the administrative structure and lines of authority within the center. (pg ____)

301.3 describes how commitment to students will be carried out in event of a substantial change in the institution or center. (pg ____)

ACPE 302 The center provides at least the following components:

302.2 a population that provides students with opportunities for ministry and clinical pastoral education. (pg ____)

ACPE 303 The center provides the following educational resources:

303.3 uses adjunct faculty and/or guest lecturers who provide interdisciplinary consultation and teaching. (pg ____)

303.4 uses persons authorized by ACPE to supervise students in group and individual formats. (pg ____)

303.5 a peer group of at least three CPE (Level I/Level II) students engaged in small group process and committed to fulfill the requirements of the program. (pg ____)

303.6 access to library and educational facilities adequate to meet the ACPE standards. (pg ____)

303.7 current ACPE standards, manuals, *Policy for Complaints Alleging Violation of ACPE Education Standards* and *Policy for Complaints Against the Accreditation Commission* available and students informed of their location (See Appendix 10 and 11). (pg ____)

303.8 student support services including, but not limited to, orientation, a process for educational guidance and recommendations for counseling resources, resume preparation and employment search. (pg ____)

ACPE 304 The center maintains and routinely informs its students and staff of all written policies and procedures required by this section.

304.1 The center has an admission policy that does not discriminate against persons because of race, gender, age, faith group, national origin, sexual orientation, or disability. The procedure for admitting students to specific programs complies with the requirements of ACPE Standard 307. (pg ____)

304.2 The center has a financial policy that clearly states fees, payment schedules, refunds, stipends, and benefits. (pg ____)

304.3 The center has a complaint procedure consistent with ACPE Standard 200. (pg ____)

304.4 The center has a procedure for maintaining student records for ten years which addresses confidentiality, access, content, and custody of student records should the center be without a supervisor and/or accreditation. The center prominently publishes its *Annual Notice* before the beginning of each unit (See Appendix 7 B *Guide for Student Records*). (pg _____)

304.5 The center has a procedure for providing consultation for CPE students. (pg ____).

304.6 The center has a procedure for discipline, dismissal and withdrawal of students. (pg ____)

304.7 The center has a policy for ethical conduct of students and program staff consistent with the ACPE Code of Ethics (Standard 100). (pg ____)

304.8 The center has a statement of students' rights and responsibilities. (pg ____)

304.9 The center has an agreement for training at the ministry site which includes, but is not limited to: authorization for visits to patients, parishioners, or clients; access to appropriate clinical records and informed consent with regard to use of student materials; and agreement by the student to abide by center policies protecting confidentiality and the rights of clients/patients/parishioners. (pg ____)

304.10 The center has a policy and procedure that describes how the accredited center will provide for the completion of a unit or program in process if the supervisor is unable to continue. (pg ____)

304.11 The center provides supervision and program management by a person authorized by ACPE. (pg ____)

ACPE 305 The center uses a process of on-going consultation and program evaluation that complies with the requirements of this section

305.1 The center has an on-going process of consultation with a designated professional advisory group. (pg ____)

ACPE 306 An ACPE center shall accurately describe the center, its pastoral services and educational programs. All statements in advertising, catalogs, publications, recruiting, and academic calendars shall be accurate at the time of publication. Publications that advertise a center's programs shall include the type(s) and level(s) of education offered, and the ACPE name, address, telephone number and website address (Refer to ACPE Code of Ethics Standard 105.4). (pg ____)

308 Program Standards include:

308.1 A specific time period for a program unit of clinical pastoral education:

- A unit of CPE (Level I/Level II) is at least 400 hours combining no less than 100 hours of structured group and individual education with supervised clinical practice in ministry. (pg ____)

- A half unit of CPE (Level I/Level II) is at least 240 hours combining no less than 60 hours of structured group and individual education with supervised clinical practice in ministry. (pg ____)

308.2 Supervised clinical practice of ministry to persons and the detailed reporting and evaluation of that ministry. (pg ____)

308.3 Supervision and program management by a person authorized by ACPE. (pg ____)

308.4 An individual contract for learning developed collaboratively by the student and supervisor. (pg ____)

308.5 A relational learning environment that fosters growth in pastoral formation, reflection and competence; such an environment involves mutual trust, respect, openness, challenge, conflict, and confrontation. (pg ____)

308.6 An instructional plan that employs a process model of education and clinical method of learning, including:

308.6.1 delineation and use of students' goals. (pg ____)

308.6.2 core curriculum appropriate to the CPE setting. (pg ____)

308.6.3 clearly written syllabus. (pg ____)

308.6.4 evidence of congruence between program goals and mission of the institution. (pg ____)

308.6.5 program evaluation by the students. (pg ____)

308.7 Presentation and use of literature and instruction appropriate to the students' learning goals and needs. (pg ____)

308.8 Final evaluations written by the student and by the supervisor:

308.8.1 Supervisor's evaluation will be available to the student within 45 calendar days of the completion of the unit. In unusual circumstances, the supervisor may negotiate with the student and receive approval from the regional accreditation chair to extend this deadline. The supervisor's evaluation will document this process and such extension must be reported on the next annual report. (pg ____)

308.8.4 Student may attach a written response to the supervisor's evaluation, which then becomes part of the student's record. (pg ____)

308.9 Additional program standards for Supervisory CPE include, but are not limited to:

308.9.1. A specific time period for a program unit of supervisory CPE or a half unit of supervisory CPE:

- A unit of Supervisory CPE consists of a clinical supervisory practicum of at least 400 hours, which includes no less than 100 hours of structured group and individual education along with supervisory work and/or spiritual care ministry. (pg ____)
- A half-unit of Supervisory CPE consists of a clinical supervisory practicum of at least 240 hours, which includes no less than 60 hours of structured group and

individual education along with supervisory work and/or spiritual care ministry
(pg _____)

308.9.2 The supervisory program curriculum will include supervised supervision of students' work, active participation in a supervisory student peer group, and individual or independent study related to the curriculum. (pg _____)

308.9.3 The curriculum of a specific unit may include program planning, professional reading, theory writing, and active participation in a consortium or regionally sponsored educational events. (pg _____)

308.9.4 An educational plan that enables a supervisory student to complete a minimum of one and a maximum of four units of Supervisory CPE in one year and that describes a two to three year curriculum plan for a student in full time Supervisory CPE. (pg _____).

309.9.5 A supervisory education curriculum will address the theoretical underpinnings of clinical pastoral supervision. A bibliography and resource guide will be provided that is sufficient to acquaint the supervisory student with:

- history of CPE,
- theology,
- educational Theory,
- behavioral Sciences,
- multicultural theory,
- management/ administration of educational programs,,
- group theory,
- supervisory theory, and
- personal and professional ethics. (pg _____)

308.9.6 A relational learning environment that fosters growth in competence as a clinical pastoral supervisor, theories of supervision, the practice of CPE supervision, and CPE program design and implementation. . (pg _____)

309 The CPE center designs its CPE (Level I/Level II) curriculum to facilitate achievement of the following objectives: (pg _____)

Pastoral Formation

309.1 to develop students' awareness of themselves as ministers and of the ways their ministry affects persons.

309.2 to develop students' awareness of how their attitudes, values, assumptions, strengths, and weaknesses affect their pastoral care.

309.3 to develop students' ability to engage and apply the support, confrontation and clarification of the peer group for the integration of personal attributes and pastoral functioning.

Pastoral Competence

309.4 to develop students' awareness and understanding of how persons, social conditions, systems, and structures affect their lives and the lives of others and how to address effectively these issues through their ministry.

309.5 to develop students' skills in providing intensive and extensive pastoral care and counseling to persons.

309.6 to develop students' ability to make effective use of their religious/spiritual heritage, theological understanding, and knowledge of the behavioral sciences in their pastoral care of persons and groups.

309.7 to teach students the pastoral role in professional relationships and how to work effectively as a pastoral member of a multidisciplinary team.

309.8 to develop students' capacity to use pastoral and prophetic perspectives in preaching, teaching, leadership, management, pastoral care, and pastoral counseling.

Pastoral Reflection

309.9 to develop students' understanding and ability to apply the clinical method of learning;

309.10 to develop students' abilities to use both individual and group supervision for personal and professional growth, including the capacity to evaluate one's ministry.

310 Where a pastoral care specialty is offered, the CPE center designs its CPE Level II curriculum to facilitate achievement of the following additional objectives: (pg ____)

310.1 afford students opportunities to become familiar with and apply relevant theories and methodologies to one's ministry specialty.

310.2 provide students opportunities to formulate and apply their philosophy and methodology for the ministry specialty.

310.3 provide students opportunities to demonstrate pastoral competence in the practice of the specialty.

311 Outcomes of CPE Level I Programs. At the conclusion of CPE Level I students are able to: (pg ____)

Pastoral Formation

311.1 articulate the central themes of their religious heritage and the theological understanding that informs their ministry.

311.2 identify and discuss major life events, relationships and community and cultural contexts that influence personal identity as expressed in pastoral functioning.

311.3 initiate peer group and supervisory consultation and receive critique about one's ministry practice.

Pastoral Competence

311.4 risk offering appropriate and timely critique.

311.5 recognize relational dynamics within group contexts.

311.6 demonstrate integration of conceptual understandings presented in the curriculum into pastoral practice.

311.7 initiate helping relationships within and across diverse populations.

Pastoral Reflection

311.8 use the clinical methods of learning to achieve their educational goals.

311.9 formulate clear and specific goals for continuing pastoral formation with reference to personal strengths and weaknesses.

312 Outcomes of CPE Level II. At the conclusion of CPE Level II students are able to: (pg _____)

Pastoral Formation

312.1 articulate an understanding of the pastoral role that is congruent with their personal and cultural values, basic assumptions and personhood.

Pastoral Competence

312.2 provide pastoral ministry to diverse people, taking into consideration multiple elements of cultural and ethnic differences, social conditions, systems and justice issues without imposing their own perspectives.

312.3 demonstrate a range of pastoral skills, including listening/attending, empathic reflection, conflict resolution/confrontation, crisis management, and appropriate use of religious/spiritual resources.

312.4 assess the strengths and needs of those served, grounded in theology and using an understanding of the behavioral sciences.

312.5 manage ministry and administrative function in terms of accountability, productivity, self-direction and clear, accurate professional communication.

312.6 demonstrate competent use of self in ministry and administrative function which includes: emotional availability, cultural humility, appropriate self-disclosure, positive use of power and authority, a non-anxious and non-judgmental presence, and clear and responsible boundaries.

Pastoral Reflection

312.7 establish collaboration and dialogue with peers, authorities and other professionals.

312.8 demonstrate awareness of the Spiritual Care Collaborative *Common Standards for Professional Chaplaincy* (ACPE Standards 2010, Appendix. 2)

312.9 demonstrate self-supervision through realistic self-evaluation of pastoral functioning.

Standard 313 Objectives for Supervisory CPE. The Supervisory CPE center designs its Supervisory CPE curriculum to facilitate achievement of the following objectives: (pg _____):

313.1 to develop supervisory students' knowledge in theories and methodologies related to CPE supervision drawn from theology, professional and organizational ethics, the behavioral sciences, and adult education.

313.2 to provide students practice in supervision of CPE under the supervision of an ACPE Supervisor.

313.3 to facilitate students' integration of the theory and practice of CPE supervision in their identity as a person, pastor and educator.

ACPE 314-19 Outcomes achieved by Supervisory CPE students accrue in six areas of competency derived from the Supervisory CPE objectives. (pg _____):

APPENDIX 5 cont'd

Part II Assessment of CPE Program Infrastructure and Educational Implementation

The manner in which an ACPE Center meets the following ACPE Standards will (also) be confirmed through documentation and demonstration during any accreditation review site visits. **Complete Part II, indicating where on-site files, resources, etc. are located, and submit with accreditation materials.** Site visitors will use this document to review with Centers how they meet the Standards on-site

STANDARDS 300 FOR AN ACPE ACCREDITED CENTER

All ACPE Accredited Centers shall:

300.1 maintain compliance with ACPE Standards, reports, procedures, and fees as detailed in the ACPE Accreditation Manual.

ACPE 302 provide at least the following components:

302.1 financial, human and physical resources sufficient to support units of CPE offered by the center.

302.2 student access to a population of sufficient size to provide opportunities for ministry and learning.

302.3 contracts and agreements when it engages other individuals, agencies or accredited centers external to itself to provide key CPE program elements.

ACPE 303 provide the following educational resources:

303.1 employs or contracts with ACPE certified faculty of sufficient number to fulfill program goals and meet ACPE standards.

303.2 plans for and supports involvement of supervisory faculty in continuing education events and activities.

303.3 uses adjunct faculty and/or guest lecturers who provide interdisciplinary consultation and teaching.

303.4 uses persons authorized by ACPE to supervise students in group and individual formats.

303.5 a peer group of at least three CPE (Level I/Level II) students engaged in small group process and committed to fulfill the requirements of the program.

303.6 access to library and educational facilities adequate to meet the ACPE standards.

303.7 current ACPE standards and manuals available and students informed of their location:

303.8 student support services appropriate to the type of programs offered and meeting minimum requirements of the standard.

ACPE 304 The center maintains and routinely informs its students and staff of all written policies and procedures required by this section.

304.4 The center has a procedure for maintaining student records for ten years which addresses confidentiality, access, content, and custody of student records should the center be without a supervisor and/or accreditation.

304.9 The center has an agreement for training at the ministry site which includes, but is not limited to: authorization for visits to patients, parishioners, or clients; access to appropriate clinical records and informed consent with regard to use of student materials; and agreement by the student to abide by center policies protecting confidentiality and the rights of clients/patients/parishioners.

304.10 The center has a policy and procedure that details how the accredited center will provide for the completion of a unit or program in process if the supervisor is unable to continue.

304.11 The center supervision and program management is conducted by a person authorized by ACPE.

ACPE 305 The center uses a process of on-going consultation and program evaluation that complies with the requirements of this section.

305.1 The center has an on-going process of consultation with a designated professional advisory group.

305.2 The center has on-going program evaluation sufficient to promote the continuous quality improvement of the educational program(s), including: (1) course content and materials; (2) success with respect to student achievement, including course completion, certification rate, and job placement; (3) educational methods and supervisory relationships; (4) student to supervisor ratio; (5) appropriate level of challenge in individual learning contracts, and (6) assessment of students' use of CPE; (7) determination and reporting of satisfactory achievement of CPE program outcomes by students enrolled in CPE Level I or Level II; (8) determination and reporting of satisfactory achievement of CPE supervisory program outcomes by students enrolled in supervisory CPE.

ACPE 306 An ACPE center shall accurately describe the center, its pastoral services and educational programs. All statements in advertising, catalogs, publications, recruiting, and academic calendars shall be accurate at the time of publication. Publications that advertise a center's programs shall include the type(s) and level(s) of education offered, and the ACPE name, address, telephone number, and website address (Refer to ACPE Code of Ethics Standard 105.4).

STANDARDS FOR ACPE ACCREDITED PROGRAMS

307 An applicant's suitability for admission to any ACPE program is a matter of professional judgment by the ACPE accredited center in accordance with its admission policies. Requirements for admission to CPE programs include, but are not limited to:

307.1 a completed ACPE application.

307.2 an admission interview with a qualified interviewer for persons applying for an initial unit of CPE to determine readiness for clinical learning.

307.3 either graduation from high school/GED or ordination by a faith community or commission to function in ministry by an appropriate religious authority as determined by ACPE.

307.4 the fulfillment of education or experience requirements established by the ACPE center.

307.5 acceptance by an ACPE center accredited for the appropriate program type.

307.6 The additional requirements for admission to the Supervisory CPE (if offered) include, but are not limited to:

307.6.1 previous ministry experience in which the applicant demonstrated ability to function pastorally.

307.6.2 completion of at least four units of CPE (Level I/Level II).

307.6.3 successfully meeting CPE Level II outcomes as documented in the supervisor's evaluation or assessed in the readiness consultation.

307.6.4 demonstrate familiarity with the Spiritual Care Collaborative Common Standards for Professional Chaplaincy.

307.6.5 consultation for readiness for the student and ACPE Supervisor with a professional committee as specified in the ACPE Certification Manual.

307.6.6 current membership in ACPE.

308 Program Standards include:

308.1 A specific time period for a program unit of clinical pastoral education.

308.2 Supervised clinical practice of ministry to persons and the detailed reporting and evaluation of that ministry.

308.3 Supervision and program management by a person authorized by ACPE.

308.5 A relational learning environment that fosters growth in pastoral formation, reflection and competence; such an environment involves mutual trust, respect, openness, challenge, conflict, and confrontation.

308.6 An instructional plan that employs a process model of education and clinical method of learning, including:

308.6.1 delineation and use of students' goals.

308.6.2 core curriculum appropriate to the CPE setting.

308.6.3 clearly written syllabus.

308.6.4 evidence of congruence between program goals and the mission of the institution.

308.6.5 program evaluation by the students.

308.7 Presentation and use of literature and instruction appropriate to the students' learning goals and needs:

308.8 Final evaluations written by the student and by the supervisor:

308.8.1 Supervisor's evaluation will be available to the student within 45 calendar days of the completion of the unit. In unusual circumstances, the supervisor may negotiate with the student and receive approval from the regional accreditation chair to extend this deadline. The supervisor's evaluation will document this process and such extension must be reported on the next annual report.

308.8.2 Supervisor's assessment reflects professional judgment about student's work, abilities, strengths, weaknesses.

308.8.3 Supervisor certifies completion of a unit or half unit of CPE (Level I/II) or Supervisory CPE.

308.8.4 Student may attach a written response to the supervisor's evaluation, which then becomes part of the student's record.

308.9 Additional program standards for Supervisory CPE include, but are not limited to:

308.9.1. A specific time period for a program unit of Supervisory CPE or a half unit of Supervisory CPE

- A unit of Supervisory CPE consists of a clinical supervisory practicum of at least 400 hours, which includes no less than 100 hours of structured group and individual education along with supervisory work and/or spiritual care ministry.
- A half-unit of Supervisory CPE consists of a clinical supervisory practicum of at least 240 hours, which includes no less than 60 hours of structured group and individual education along with supervisory work and/or spiritual care ministry.

308.9.2 Supervisory CPE programs will demonstrate how a Supervisory Education Student advances from observing the supervision of CPE to supervising defined program activities to supervising CPE programs under supervision as a Supervisory Candidacy. The curriculum will include supervision of the student's work, active participation in a supervisory student peer group, and individual or independent study related to the curriculum.

308.9.3 The curriculum of a specific unit may include program planning, professional reading, theory writing, and active participation in a consortium or regionally sponsored educational events.

308.9.4 An educational plan that enables a supervisory student to complete a minimum of one and a maximum of four units of Supervisory CPE in one year and that describes a two to three year curriculum plan for a student in full time Supervisory CPE.

308.9.5 A supervisory education curriculum will address the theoretical underpinnings of clinical pastoral supervision. A bibliography and resource guide will be provided that is sufficient to acquaint the supervisory student with:

- history of CPE,
- theology,
- educational theory,
- behavioral sciences,
- multicultural theory,
- management/ administration of educational programs,,
- group theory,
- supervisory theory, and
- personal and professional ethics.

308.9. 6 A relational learning environment that fosters growth in competence as a clinical pastoral supervisor, theories of supervision, the practice of CPE supervision, and CPE program design and implementation.

308.10 Over a ten year accreditation period, 75% of students entering units of CPE (Level I/Level II) or Supervisory CPE receive credit for those units.

APPENDIX 6

SAMPLE FORMS, EVALUATIONS, QUESTIONNAIRES

The following samples are provided to give centers and supervisors ideas of how to prepare and use forms, evaluations, and questionnaires that may be useful in the review process. Supervisors are not required to use any sample “as is,” rather, supervisors are expected to adapt these samples to center contexts, in order to elicit center-specific information and may choose to develop other forms, evaluations and questionnaires.

6 A Sample CPE Program Evaluation

6 B Sample Clinical Pastoral Education Alumnae Questionnaire

6 C Sample Report of Student Completion Rates and Achievements

6 D Sample Summary of Continuing Education Hours: Supervisors’ Continuing Education Report Form

APPENDIX 6A

SAMPLE CPE PROGRAM EVALUATION*

This evaluation provides your supervisor, the CPE Center and ACPE a way to know about your experience in CPE and it assists them in their on-going quality assurance and improvement processes. Please complete and give this form to your supervisor or designated individual *after you have received your supervisor's evaluation*. Thank you for responding.

Dates of CPE Unit _____

Primary supervisor's name _____

If you were supervised by a supervisory Candidacy, please give that person's name

Number of units of ACPE accredited CPE now completed ___1 ___2 ___3 ___4...___5 or more

Did you take this unit for academic credit? ___Yes ___No

Did you take this unit as required for ordination? ___Yes ___No

1 - very negative; 2 - somewhat negative; 3 - positive; 4 - very positive; N/A - not applicable

PERSONAL LEARNING/MINISTRY DEVELOPMENT

This unit of CPE provided me opportunity to:

- | | | | | | |
|---|---|---|---|---|-----|
| 1. Further develop my personal and pastoral identity. | 1 | 2 | 3 | 4 | N/A |
| 2. Develop self knowledge that improved my pastoral function. | 1 | 2 | 3 | 4 | N/A |
| 3. Increase my awareness of how my ministry impacts persons. | 1 | 2 | 3 | 4 | N/A |
| 4. Develop my ability to use my theology in pastoral ministry. | 1 | 2 | 3 | 4 | N/A |
| 5. Develop the ability to think theologically about my experience. | 1 | 2 | 3 | 4 | N/A |
| 6. Develop pastoral skills in crisis intervention. | 1 | 2 | 3 | 4 | N/A |
| 7. Develop pastoral skills in initial pastoral visitation. | 1 | 2 | 3 | 4 | N/A |
| 8. Develop pastoral skills with diverse faith groups. | 1 | 2 | 3 | 4 | N/A |
| 9. Develop my capacity to minister professionally in a variety of functions, e.g., preaching, teaching, administration, and brief counseling. | 1 | 2 | 3 | 4 | N/A |
| 10. Learn to use the clinical method of learning. | 1 | 2 | 3 | 4 | N/A |
| 11. Foster my ability to evaluate my own ministry. | 1 | 2 | 3 | 4 | N/A |
| 12. Make pastoral use of my religious heritage. | 1 | 2 | 3 | 4 | N/A |
| 13. Make use of the behavioral sciences in my ministry. | 1 | 2 | 3 | 4 | N/A |

APPENDIX 6 A (cont'd)

1 - very negative; 2 - somewhat negative; 3 - positive; 4 - very positive; N/A - not applicable

14. Become more aware of how organizational structure and social conditions affect the lives of others and myself. 1 2 3 4 N/A

THE CPE PROGRAM

15. Orientation to CPE was helpful. 1 2 3 4 N/A

16. Orientation to my pastoral care responsibilities was sufficient. 1 2 3 4 N/A

17. Student handbook was an effective guide to the CPE program. 1 2 3 4 N/A

18. Provided sufficient access to library resources. 1 2 3 4 N/A

19. Dealt with sufficient didactic material to contribute to my conceptual framework for the practice of ministry. 1 2 3 4 N/A

20. Was open to diversity. 1 2 3 4 N/A

21. Was accepted within the institution and integrated with services. 1 2 3 4 N/A

22. Provided opportunities for interdisciplinary team functioning. 1 2 3 4 N/A

23. Used interdisciplinary instructional resources. 1 2 3 4 N/A

24. Adequately mixed the practice of ministry with didactic/other learning opportunities. 1 2 3 4 N/A

25. Provided peer group experiences that helped me learn about myself in ministry. 1 2 3 4 N/A

26. Influenced the direction of my ministry. 1 2 3 4 N/A

27. Offered opportunities to pursue theory and practice of a pastoral specialty. 1 2 3 4 N/A

QUALITY OF SUPERVISION

28. Individual supervision was effective for me in this unit of CPE. 1 2 3 4 N/A

29. Group supervision was effective for me in this unit of CPE. 1 2 3 4 N/A

30. My supervisor assisted my pastoral function and reflection. 1 2 3 4 N/A

31. My supervisor helped me use the teaching/learning contract effectively. 1 2 3 4 N/A

32. My supervisor's behavior was professional at all times. 1 2 3 4 N/A

33. Using a separate page, comment about your supervisor's strengths and weaknesses as a pastoral educator, based on your experience in this program. Add any additional comments about your supervisor, the program unit and/or your experience in the program.

Name (optional) _____

APPENDIX 6 B

**SAMPLE CLINICAL PASTORAL EDUCATION
ALUMNI(AE) QUESTIONNAIRE**

Name: _____

1. Present Ministry Capacity:

- | | |
|---|--|
| <input type="checkbox"/> Imam/Pastor/Priest/Rabbi | <input type="checkbox"/> Seminarian |
| <input type="checkbox"/> Associate/Assistant | <input type="checkbox"/> Lay visitor |
| <input type="checkbox"/> Pastoral visitor | <input type="checkbox"/> Parish nurse |
| <input type="checkbox"/> Health care chaplain | <input type="checkbox"/> Health minister |
| <input type="checkbox"/> Other institutional chaplain | <input type="checkbox"/> Secular |
| <input type="checkbox"/> Pastoral counselor | |
| <input type="checkbox"/> Other Describe: _____ | |

2. Upon completion of my CPE program(s), I returned to my previous:

Educational setting Yes No

Ministry Yes No

3. Certifications received since participating in CPE (list types of certification):

4. Ordination or licensures obtained since participating in CPE (list types of licensure):

5. Degrees completed since participating in CPE (list degree and name of degree granting institution for each degree):

6. Reason for participating in CPE was for academic credit: Yes No

If you received CPE credits toward a degree, provide:

Name of degree _____ Seminary: _____

7. Check which category applies to CPE units you completed at this center:

1- 4 units of CPE 5 or more units of CPE Supervisory education

	Harmful	Not helpful	Helpful	Very helpful
8. CPE as a component in the development of my pastoral identity was	1	2	3	4
9. Pastoral diagnostic skills learned during CPE continue to be	1	2	3	4
10. The process of setting goals by use of a learning contract was	1	2	3	4
11. CPE as an important step for me in pursuing my career goals was	1	2	3	4

APPENDIX 6 B (cont'd)

	Harmful	Not helpful	Helpful	Very helpful
12. CPE as a component in developing my authority was	1	2	3	4
13. CPE as a process to identify my limitations was	1	2	3	4
14. CPE as a process to identify my strengths was	1	2	3	4
	Disagree	Somewhat disagree	Somewhat agree	Agree
15. CPE has helped me appreciate the value of ongoing consultation or supervision in ministry.	1	2	3	4
16. CPE was helpful in developing basic listening and counseling skills.	1	2	3	4
17. CPE contributed to my process of self-understanding.	1	2	3	4
18. CPE has helped me appreciate the value of peer group learning.	1	2	3	4
19. CPE has assisted me in preparing for hospital/institutional visitation in my ministry.	1	2	3	4
20. CPE has assisted me in the present use of crisis intervention skills.	1	2	3	4
21. My CPE experiences enhanced my ability to reflect theologically now about the issues of death, dying and loss in ministry.	1	2	3	4
22. The team approach to ministry I experienced during CPE has influenced how I presently work with professionals.	1	2	3	4
23. CPE enabled me to better understand the ethical issues in health care.	1	2	3	4

APPENDIX 6 B (cont'd)

	Disagree	Somewhat disagree	Somewhat agree	Agree
24. CPE helped me integrate theological beliefs with everyday experiences of people.	1	2	3	4
25. What I learned from the closure process in CPE has better enabled me to deal with termination and loss in my life and ministry.	1	2	3	4
26. CPE has impacted my spiritual journey positively.	1	2	3	4
27. CPE has challenged my images of God and of human nature.	1	2	3	4
28. Identify program components you felt were <u>particularly</u> strong (indicate with "S") and those that were not helpful ("NH"). Indicate all that apply.				

- _____ quality and challenge of clinical assignments
- _____ use of verbatims and other clinical material
- _____ didactic sessions
- _____ interpersonal group experiences individual
- _____ supervisory experiences interaction with
- _____ interdisciplinary staff interaction with staff
- _____ of chaplaincy service theological reflection
- _____ integration of theology, ethics and the sciences
- _____ worship/spiritual reflection
- _____ emphasis on pastoral identity (formation and/or development)
- _____ emphasis on personal growth

APPENDIX 6 C

SAMPLE REPORT OF STUDENT COMPLETION RATES AND ACHIEVEMENTS FOR USE WITH TEN YEAR REVIEW

Data Source(s): _____

(Note from what reports, evaluations or questionnaires the data were collected.)

CPE (Level I/Level II)

CPE Level I

_____ Number students enrolled
_____ Number completing Level I
_____ Percent completing Level I

CPE Level I Student Achievement

_____ Number students returned to previous educational setting
_____ Percent returned to previous educational setting

_____ Number students returned to previous ministry
_____ Percent returned to previous ministry

_____ Number continuing to CPE Level II
_____ Percent continuing to CPE Level II

CPE Level II

_____ Number students enrolled
_____ Number completing Level II
_____ Percent completing Level II

CPE Level II Student Achievement

_____ Number students returned to previous ministry setting
_____ Percent returned to previous ministry setting

_____ Number students certified as chaplains
_____ Percent certified as chaplains

_____ Number students obtaining employment as chaplains
_____ Percent obtaining employment as chaplains

Supervisory CPE

Supervisory CPE Student Achievement

_____ Number students enrolled
_____ Number certified Supervisory Candidate
_____ Percent certified Supervisory Candidate

APPENDIX 6 D

**SAMPLE ANNUAL SUMMARY OF CONTINUING EDUCATION HOURS:
SUPERVISORS' CONTINUING EDUCATION REPORT FORM**

Year _____

Name _____

Place of Ministry _____

Supervisor: _____

Membership type (check only one): **Supervisor** **Associate Supervisor**
 Inactive

Summarize data from Report Form on next page. Activity in at least three categories is required:

<i>CATEGORY</i>	<i>HOURS</i>
1. Workshops/Conferences/Seminars/Symposia	
2. Papers, Publications, Book(s), Media	
3. Self-Instruction	
4. Interdisciplinary Review	
5. Formal Academic Courses	
6. Personal Growth and Therapy	
7. Peer Review*	
TOTAL (at least 50 hours)	

* Peer Review (if applicable) Date: _____

Categories of Continuing Education:

1. **Workshops, Seminars, Symposia, Conferences, Preceptor ships** that provide specific focus for knowledge and experience in chaplaincy/supervisory issues. Supervisors are encouraged to participate in events that offer continuing education units.
2. **Papers, Publications, Books, or Media Materials** completed during the past year dealing with supervisory education, chaplaincy or a related field. Examples include: published papers, journal articles, books, or audio/video materials.
3. **Self-Instruction** via literature, audio-visual materials, and other types of non-supervised activities.
4. **Interdisciplinary Patient Care Review** that provides opportunities to interact with other disciplines while focusing on the care of patients/clients/students, for example grand rounds, case conferences, team meetings, etc.
5. **Formal Academic Courses** that provide either on-going education or education designed to culminate in a degree, for example study for a degree in another discipline. Courses should be in areas generally related to supervision such as counseling, theology, ethics, or education.

APPENDIX 6 D cont'd

6. **Personal Growth** including marriage enrichment, family systems therapy, pastoral care and counseling, retreats, career assessment, spiritual guidance, and personal therapy.

7. **Peer Review** is a process through which an ACPE Supervisor or Associate Supervisor receives consultation about personal/professional growth issues and receives support and counsel from peers in ministry. Details of the process follow regional guidelines.

Signatures: _____
 Primary ACPE Supervisor Professional Advisory Group Chair/representative

NOTE: Keep report on file for Five Year and Ten Year Reviews.

CONTINUING EDUCATION REPORT FORM

Instructions: List below each continuing education activity engaged in throughout the year. It is recommended events be recorded as they occur. Category descriptions are on the front of this Summary Form. Hours may be recorded as contact hours or continuing education units (CEU).

Date	Description of Activity	CEU Units (1 CEU=10 Hrs)	Contact Hours	Category (e.g., # 1, 2, etc.)

APPENDIX 7

GUIDES FOR ACPE PROGRAMS

The following guides are provided to give centers and supervisors insights about developing certain aspects of CPE programs. These guides are not meant to be prescriptive but rather are provided to assist in centers' development of context-specific material.

7 A Guide to Developing Center Policies and Procedures

7 B Guide for Student Records

7 C Guide for Admission Interviews

7 D Guide for Evaluation of Students' CPE Experience

7 E Guide for Policy on ACPE Accreditation Records

APPENDIX 7 A

GUIDE TO DEVELOPING CENTER POLICIES AND PROCEDURES

ACPE Standards require centers to develop certain policies and procedures and to inform students of the policies and procedures. Policies and procedures assist both centers and students in understanding the ways in which they function. If the full text of all policies and procedures are not included in the handbook, they must be summarized in the center's student handbook, with the full text made available to students on site.

Centers may include policies and procedures that go beyond the expectations of the *ACPE Standards 2010 Interim Revisions February 2015*, but the policies and procedures of an Accredited Member Center must include:

- Access to ACPE standards and commissions' manuals (Standard 303.7),
- Access to library, other resources (Standard 303.6),
- Admissions (Standard 304.1),
- Agreement for training (Standard 304.9),
- Complaints (Standard 304.3),
- Completion of unit in progress if supervisor unable to continue (Standard 304.10),
- Consultation (Standard 304.5),
- Discipline, dismissal and withdrawal (Standard 304.6),
- Ethical conduct for students consistent with ACPE standards (Standard 304.7),
- Maintenance of student records (Standard 304.4),
- Supervisor's evaluation (Standard 308.8.1),
- Financial-fees, benefits, etc. (304.2), and
- Students' rights and responsibilities (304.8).

Policy and procedure development varies from center to center. Some centers may be required to use a format as developed by an institution or governance board. However, if a format is not available, the following is a recommended format for developing policies and/or procedures.

1. Purpose of policy and/or procedure: why policy/procedure exists or what it is intended to accomplish, and citing applicable ACPE standard.
2. Policy/procedure: statement of the policy/procedure, i.e. requirements of student or center.
3. Procedure: procedure/steps to follow in implementing the policy.
4. Definitions of key terms as they apply to the center and the policy/procedure.

APPENDIX 7 B

GUIDE FOR STUDENT RECORDS ACPE Standard 304.4

The *Family Education Rights and Privacy Act (FERPA)* applies to all ACPE CPE programs. *FERPA* addresses *privacy* not *confidentiality* issues. This means students own the information about them and must know what is being collected and how it is being used. Their information cannot be shared without their written permission. Each CPE center must publicize *Annual Notice* (see below) of its protocols for proper handling of student records. Use the following guidelines for implementation of protocols and the required *Annual Notice*.

Guidelines: A student record is: (1) any record (paper, electronic, video, audio, biometric etc.) directly related to the student from which the student's identity can be recognized; and (2) maintained by the education program/institution or a person acting for the institution.

Note:

- Application materials of students admitted, matriculated and ***completing orientation*** are part of the student record ***and must be kept for ten years. At the ten year review, site visitors will reconcile the report of student units with the face sheets.***
- Application materials for others are subject to particular state privacy laws for their retention, use and destruction. If no applicable laws exist, the center creates, publicizes, and follows its own protocol.

Directory Information is student information not generally considered harmful or an invasion of privacy if released. Note:

- Each Center defines directory information that will be released without specific consent unless a student “opts out.”
- Common directory information includes: name, address, email, telephone, date of birth, religion, previous education, and photograph. *All other information is released only with the student's written, signed, dated consent specifying which records are being disclosed, to whom, and for what limited purpose.*
- Before releasing information, students must have received the *Annual Notice*.
- Current students can restrict directory information and/or record access at any time during attendance. Restrictions must be honored even after the student's departure. Former students cannot initiate new restrictions after departure.

Subject to notification, the student's name, address, denomination and unit of CPE successfully completed will be sent to the ACPE office on the student unit report at the completion of each unit of CPE.

ACPE requires that the CPE student record include the face sheet with directory information, the CPE supervisor's evaluation report and the student's own evaluation report, if submitted.

- A copy of the CPE supervisor's evaluation report will be given to the student. The student will be informed that the center will keep this evaluation for a specified period of time, and it will not be available to anyone else except with written permission from the student. If the student's own evaluation is included, it will be kept with the supervisor's subject to the same provisions. (Note “Exceptions” below)

APPENDIX 7 B cont'd

- Students are responsible for maintaining their own files for future use. The center will not keep a permanent file or evaluation reports (See *Annual Notice* for center's particular protocol). Students will be informed at the time copies are given to them that it is their responsibility to keep copies for future use.
- CPE students are expected to give written consent for copies of the supervisor's evaluation reports (and their own if applicable) to be sent to their theological school.
- Supervisory Notes: The CPE Supervisor may keep process notes on a student. These process notes are for the exclusive use of the writer and are not considered a part of the student's record. They should be kept separately from the student record.

Exceptions: Certain exceptions concerning the release of information exist to protect the health or safety of the student or others, and for the purpose of accreditation or complaint review, or as required for legal processes. Before releasing material in any of these circumstances, consult with the ACPE Executive Director or Associate Director.

Records Management: Centers must have written protocols for student record retention and destruction (how long records are kept, where, custodian; how destroyed) and for student review of records. Protocols must be followed consistently.

- When an ACPE program closes, the center supervisor or appointed designee secures all student records of the closed program and ships the records to ACPE, c/o Accreditation.
- The center shall keep student records for at least ten years. These records shall not be open to anyone outside the CPE center except with the student's written request. (Note "Exceptions" above). After ten years, the center may destroy the student record except for a face sheet with identification information.
- Health records (mental and physical) must be kept in locked, limited access files separate from other student records. Their use and release is also subject to ADA and HIPPA. Certain safety and employment records are also subject to other federal regulations and state laws and are kept separately.
- Material written by students, such as verbatims and case histories that contain information about other persons, including other students, will either be destroyed or, if they are part of the student's record, will have the identifiable information about everyone other than the student redacted.
- FERPA requires students be able to review their record within 45 days of student's request (may be less). Record inspection cannot be denied based on the student's inability to come to the site or outstanding financial obligations. In the latter case, a center can note on the copy sent, "not available for official use." When a student record contains identifiers of another student, those must be redacted. The *Annual Notice* details records maintenance protocols and should include whether/how students may copy their records.

Annual Notice: *Annual Notice* must be published annually prior to program start and appear in the student and center handbooks in addition to other sources at the center's discretion. It contains *:

APPENDIX 7 B cont'd

I. This ACPE CPE center/program guarantees to its students the rights to inspect and review education records, to seek to amend them, to specified control over release of record information, and to file a complaint against the program for alleged violations of these Family Education and Privacy Act (FERPA) rights.

II. What constitutes directory information at that center and how to opt out;

III. The definition of student records;

IV. Details of the center's record's management protocols. Include:

A student has the right to object to record content. If not negotiable, the written objection will be kept with and released with the record. Grades are exempted from this right.

V. Define within the center who constitutes an "education official" and what constitutes "a legitimate education interest." Within the center, these people may have access to student records without student consent;

VI. Violations of these protocols may be reported to the Chair of the Accreditation Commission at: ACPE, One West Court Square, Suite 325, Decatur, GA 30030.

** Items in bold throughout this document must appear in the Annual Notice as stated here.*

Persons Seeking Certification as a CPE Supervisor. Students must give written permission to the use of their clinical material and recorded and/or live observation media pertinent to the supervisor's process toward certification as an ACPE Supervisor by signing Appendix 5 Consent Form, ACPE 2010 Certification Manual Interim Revisions February 2015. Note: Only the Appendix 5 Consent Form is acceptable for obtaining students' written permission to use personally identifiable material. Students being accepted into a unit of CPE are to review and sign the Appendix 5 Consent Form prior to formal admission to a Clinical Pastoral Education Program or a unit of CPE Level I/Level II supervised by a Supervisory Candidate or Associate Supervisor. See ACPE 2010 Certification Manual Interim Revisions February 2015, Part Two, I.E. General Certification Policies.

- Following the action of a regional certification committee or the Certification Commission, and when the time limit for appeal has lapsed, all materials submitted about students will be destroyed.
- A regional certification committee and the Certification Commission may keep on file a face sheet of the person seeking certification, copies of the Presenters' Reports, and copies of all Action Reports on the person seeking certification. Other materials should be returned to the person seeking certification.
- ACPE may keep on file a copy of the face sheet and regional certification committee Action Reports, copies of all Certification Commission Presenters' Reports, and copies of all Certification Commission Action Reports.

Research: If information in student records or in a CPE supervisor's records is considered of research value, and a CPE center or ACPE desires to collect and use such material for research, a release form shall be made available for the person's signature. No personally identifiable material will be used for research without the person's written permission for its use.

APPENDIX 7 C

GUIDE FOR ADMISSIONS INTERVIEWS ACPE Standard 307.2

The interview for admission to CPE provides an opportunity for a qualified interviewer to meet with the applicant to discuss the application, to provide information and answer questions, to dynamically engage the applicant as a person and learner, to assess the applicant's readiness for CPE, and to discuss the selection of particular centers suitable to the educational goals of the applicant. Each center may have its own process of interviewing applicants. This guide provides insight into processes that have been used by many centers.

I. The Interview Process

The interviewer:

- reviews the completed application prior to the admission interview.
- conducts the interview with sufficient time and objectivity to permit the interviewer and the applicant to discuss concerns and questions relevant to the applicant's involvement in CPE.
- if the interview is conducted for another center, prepares a written report and makes it available to the applicant at the applicant's request; the report:
 - √ identifies the name and address of the applicant; the name, address, position, and telephone number of the interviewer; the date of the interview, and the date of the report.
 - √ is completed within 14 days of the interview.
 - √ is confidential and is not shared with anyone except upon the student's written request.
 - √ supplements and clarifies, rather than duplicates material in the application.
 - √ distinguishes between the factual information and the interviewer's observations, conclusions, interpretations, and recommendations.
 - √ invites the applicant to seek clarification, make a written response, or request a new interview with another interviewer.
- informs applicants that they are responsible for sharing the report with the center to which they have applied. If the report is submitted by the interviewer to others it should be only upon the written request of the applicant.
- gives written and verbal feedback to the applicant with pastoral discretion since no contract for an on-going relationship necessarily exists between the interviewer and applicant.
- Supervisory Candidates and Associate Supervisors will inform a CPE student in the initial interview(s) and any follow-up interview(s) that the CPE students' clinical materials and recorded and/or live observation media will be used from the unit that are pertinent to the supervisors' process toward certification as an ACPE Supervisor.

If CPE students indicate they are not okay with this during the interview(s), then they will be informed during the interview(s) of other CPE groups either in the Learning Center and/or in the greater area to which they could apply that are not supervised by Supervisory Candidates or Associate Supervisors.

II. Content of the Report

The report should address:

- description of the applicant – description of the applicant's affect and behavior as observed by the interviewer during the interview;
- family background and religious history – significant information not covered in the application;
- educational readiness in the judgment of the interviewer, such as the applicant's motivation, openness to learning, learning style, educational issues, understanding of process education, educational goals, and expectations of CPE;
- personal qualities, such as the applicant's ability to relate to people, openness in sharing feelings, sensitivity, and level of maturity as perceived by the interviewer.
- previous CPE or pastoral experience – an evaluative description of the experience and areas identified for continued development;
- practical concerns, such as financial resources to participate in the program, physical ability to participate in the program with or without reasonable accommodations, any housing and transportation concerns that would affect program participation, and the impact CPE will have on family, church and community relationships in the judgment of the applicant; and
- recommendations of the interviewer – readiness for CPE, type of center recommended, and specific educational issues and areas noted in anticipation of the CPE experience.

III. Qualified Interviewers of Applicants for CPE

- CPE supervisors or
- Other persons meeting the following criteria:
 - √ knowledgeable about current ACPE standards, procedures, practices, and objectives.
 - √ objective as to the interests of the applicant, church, seminary, center, and CPE.
 - √ able to recognize those qualities of well being, personality and faith that will enable an applicant to develop in CPE.
 - √ able to dynamically engage the applicant and assess readiness for CPE.
 - √ able to assess the applicant's potential to benefit from CPE in the center(s) to which application is being made.

APPENDIX 7 D

GUIDE FOR EVALUATION OF STUDENTS' CPE EXPERIENCE ACPE Standard 308.8

I. Purpose

The ACPE Standards require an evaluation of the student's CPE experience by the supervisor and by the student. Evaluation is a part of process education and may take various forms, be conducted with a variety of persons, occur at many and varied times, and serve several purposes.

II. The foci of the evaluation experience are:

- the student's individualized contract and learning goals.
- learning issues that have emerged in the CPE experience.
- the objectives and/or outcomes of the CPE program -- CPE (Level I/Level II) or Supervisory CPE.

III. The supervisor's final written evaluation of the student's CPE experience should:

- identify the student, supervisor, center, program of CPE, date of unit, and preparer of the document.
- be of professional quality both in clarity of thought and style of preparation and presentation.
- be timely in respect to the evaluation experiences being summarized and also to the availability of the document for future use; made available to the student within 45 calendar days of the end of the unit.
- respect the confidentiality of the student, peers and persons to whom the student ministered.
- never be given to anyone without the written permission and direction of the student, except as noted in Appendix 7B *Guide for Student Records*.
- be signed and dated by the supervisor and the student.

Students may attach an addendum to the supervisor's evaluation.

IV. The student's evaluation of the unit of CPE

- may be completed using the form *Sample CPE Program Evaluation*, Appendix 6. However, students may use a form designated by the supervisor or center.*

*** Note: Students in supervisory education are required to have students complete the *CPE Program Evaluation* form found in the *ACPE 2010 Certification Manual Interim Revisions February 2015* Appendix 4.**

APPENDIX 7 E

GUIDE FOR POLICY ON ACPE ACCREDITATION RECORDS

The ACPE Accreditation Commission maintains member center files according to the requirements of the U.S. Department of Education.

1. The Commission maintains a permanent record of:
 - all pre-accreditation (centers seeking Candidacy) decisions.
 - all accreditation decisions, including all adverse actions.

2. The Commission maintains accreditation records:
 - for two accreditation review cycles. An accreditation review cycle is five years; member centers complete two accreditation review cycles every ten years.
 - records related to a center's Candidacy status for ten years following the grant of Accredited Member status.

3. Materials maintained in a member center's files are:
 - self study or feasibility study (self study includes annual center reports).
 - Site Visit Reports I and II (for Ten Year Review and site visits, if any, required by Commission between review cycles).
 - center response to Site Visit Report I.
 - record of any regional accreditation committee action with the center, including:
 - reports of consultations and/or site visits, and
 - correspondence related to the center's accreditation.
 - Commission presenter's report.
 - report of Commission action.
 - regional reviewer's report for Five Year Review.
 - regional committee recommendation for Five Year Review.
 - Commission action on Five Year Review.
 - center response to notation(s) and/or any adverse action imposed by Commission.
 - presenter's report for notations.
 - report of Commission actions to remove notations or adverse actions.
 - substantive change decisions and associated significant correspondence.

APPENDIX 8 cont'd

Please rate items # 5-13 using the rating scale:

1=Not at all, 4=Very; NA=not applicable

5. How timely were the site team chair and regional accreditation chair in arranging the site team members and the site visit date?

1 2 3 4 N/A

B. SITE VISIT/TEAM EVALUATION

6. How knowledgeable was the site team about the content and intent of the ACPE standards?

1 2 3 4 N/A

7. How familiar were the site team members with the relevant material available for this accreditation review?

1 2 3 4 N/A

8. How effective was the site team in interpreting the accreditation process to the center?

1 2 3 4 N/A

9. How well organized was the site team's review of the center?

1 2 3 4 N/A

10. How capable was the site team in applying the standards to any unique or unusual circumstances encountered during the accreditation review?

1 2 3 4 N/A

11. If adjustments in the visit schedule were required during the course of the visit, how easily and cooperatively did the site team make these changes?

1 2 3 4 N/A

12. How effectively did the site team communicate with persons in the center throughout the site visit?

1 2 3 4 N/A

13. How clear was the site team report about the center's compliance with ACPE standards?

1 2 3 4 N/A

14. Was an agenda for the site visit established prior to the visit? _____ Yes _____ No
If "no", why was one not established? _____

15. Did the site team have enough time to complete its work? _____ Yes _____ No
If "no," what prohibited it from completing its work? _____

APPENDIX 8 cont'd

16. Was sufficient consultation given by the site team to the center? _____ Yes _____ No
If "no", what limited the consultation? _____

C. POST-SITE VISIT EVALUATION

Please rate items # 17-19 using the rating scale: 1=Not at all, 4=Very; NA=not applicable

17. How prompt was the site team chair in providing copies of site visit reports?
1 2 3 4 N/A

18. How clear and accurate were the reports?
1 2 3 4 N/A

19. How prompt was the Accreditation Commission in providing copies of important records and Commission actions?
1 2 3 4 N/A

20. How clear and accurate were the reports of Commission action?
1 2 3 4 N/A

21. How prompt was the ACPE office in providing copies of important reports and Commission action?
1 2 3 4 N/A

D. EVALUATION FOLLOW-UP

21. Which aspects of the accreditation review (to date) were the most beneficial? Please feel free to refer to site team members by name. _____

22. Which aspects of the accreditation review (to date) were the least beneficial? Please feel free to refer to the site team members by name. _____

23. What changes have been implemented, if any, as a result of the site team's recommendations? _____

APPENDIX 8 cont'd

24. Describe the outcome(s) of the above implementations. _____

Please attach additional pages to comment on any item in the questionnaire, to elaborate on any problem area of the accreditation review process, or to mention any aspect that especially pleased you. Once again, thank you for sharing your feedback so that the process might be improved.

Please mail the evaluation form within thirty days after notification of Commission final action to:

Chair, Accreditation Commission
c/o ACPE, Inc.
One West Court Square, Suite 325
Decatur, GA 30030.

Your response will be shared with the Accreditation Commission and the regional accreditation chair.

APPENDIX 9

APPEAL OF ADVERSE ACCREDITATION DECISION(S) ACPE Standard 320

Note: all time frames are calendar days.

The ACPE appeal process for adverse accreditation decisions is designed to provide due process as defined by the U.S. Department of Education for the appeal process.

I. Policy

A. Adverse Accreditation Decisions are communicated to the center. Decisions to suspend or deny accreditation are not effective or published until the time for appeal has lapsed or until the appeal process is concluded, i.e., the Appeal Process, or if applicable Review Process, is concluded.

B. Records maintenance

When an adverse accreditation decision is rendered, the Commission retains all materials submitted by the center until time for Appeal or Review, if applicable, has lapsed.

C. Limited Basis of Appeal

The appellant bears the burden of proof to establish the basis of the appeal to the satisfaction of the Appeal panel. An appeal must be based on the grounds that the Adverse decision was:

- arbitrary, capricious, or otherwise in violation of ACPE standards or the ACPE *Accreditation Manual*; or
- not supported by substantial evidence in the record on which the adverse decision was based

that could have substantially altered the outcome.

D. Scope of Appeal

If grounds are established per I.C (above), the question before the Appeal Panel is: does the record on which the adverse decision was based support the decision? The veracity of the records content or process of collection is not for the Appeal Panel to assess. The panel will consider only material from the record on which the adverse decision is based.

E. Appearance at hearing

Appellants may bring legal counsel or a support person to advise them. Only the appellant(s) will be permitted to speak at the hearing.

A representative of the entity that rendered the adverse decision may also appear and speak, at the discretion of the entity or at the request of the panel.

At the discretion of the panel, appellant and entity representative may be heard at separate times.

APPENDIX 9 cont'd

F. Final Ruling

The ruling of the Appeals Panel is final and binding for ACPE.

G. Responsibility for costs of appeal

1. Appellant(s) is responsible for all costs for expenses related to initiating/presenting the appeal, including travel for hearing, any support persons.
2. ACPE is responsible for costs to it associated with decisions made by the Accreditation Commission, i.e., Appeal Panel, Commission representative, legal consultation to ACPE with ACPE designated attorney(s).
3. The ACPE Executive Director authorizes all ACPE related expenses. ACPE is not responsible for unauthorized legal services.

H. Appeal pool

The Appeal Pool will be composed of five persons from each ACPE region. Each regional group will consist of educator members and practitioners. An Appeal Panel is selected from this pool along with members of the public appointed by the ACPE Executive Director and others at the discretion of the Executive Director.

Three member appeal panels will include at least one educator, one member of the public and one practitioner.

1. Criteria

- a. ACPE supervisors, cognate group members and representatives of other disciplines.
- b. expertise in accreditation.
- c. knowledge of ACPE standards.
- d. free of any conflict of interest, including ACPE Board, officer or Executive Director; regional director or officer; participant in regional or national accreditation activities at time of the decision being appealed.
- e. training in judicatory or complaint and appeal processes within ACPE, a cognate group or other professional forum.

2. Selection

- a. Each region annually selects their five persons, with attention to multi-cultural and gender representation, from the region for the pool.
- b. Regional directors submit names of these persons by December 15 for the following year.
- c. ACPE Executive Director maintains a pool of public members available to serve.

I. Recording hearings

No audio or audiovisual recording of a hearing is allowed.

APPENDIX 9 cont'd

II Procedure/Time Lines

Time line begins with Commission's mailing by certified mail and email the notice of *accreditation* action.

- A. Within 30 calendar days appellant must notify ACPE Executive Director in writing at

ACPE
One West Court Square
Suite 325
Decatur, GA 30030
confidential@acpe.edu

stating grounds (limited to 1.C Limited Appeal Basis) upon which appeal is based.

- B. Within 21 days of receipt of notice from appellant, ACPE Executive Director acknowledges receipt of appeal and:

- notifies appropriate regional director.
- notifies Commission chair.
- provides appellant the appeal pool roster.

- C. Within 15 days of sending by email and certified mail the appeal pool roster, appellant may identify without cause up to three members of the pool who may not be impaneled.

- D. Within 30 days following appellant's challenges, or no response from appellant, ACPE Executive Director, in consultation with regional director:

1. appoints a three member appeal panel, including at least one educator, one member of the public, and one practitioner and whose members have no personal/professional conflict of interest in the particular appeal.
2. designates one member as Panel Chair.
3. sends appeal materials to Panel:
 - a. statement of appellant of grounds for appeal.
 - b. record of the decision.
 - c. additional documentation as needed to clarify the appeal grounds;
 - d. Commission Action Report of adverse decision.

- E. Panel Chair convenes Panel by video conference or telephonic means to determine if I.C. criteria for an Appeal Hearing have been met.

1. If in the judgment of the Panel the criteria are not met, the appeal is dismissed and the decision stands.

APPENDIX 9 cont'd

2. The Panel Chair informs the Executive Director in writing and the Executive Director informs the appellant, regional director and Accreditation Commission Chair.
3. There is no appeal of the Panel's decision.
4. If the Panel determines one or more criteria are met, the Panel Chair:
 - a. establishes date and place of Hearing;
 - b. notifies the Executive Director who notifies the appellant, regional director and Accreditation Commission Chair;
 - c. Executive Director sends the appellant any of the above materials (3 b-d) he/she does not have.

F. Within 15 days of ACPE sending by certified mail and email the E.4.b notification, appellant may submit to Appeal Panel documentation citing additional I.C. grounds for the Appeal; comment is limited to commentary on the written record. Documentation may not include new evidence, materials or information developed after the decision.

G. Within 30 days of E (Panel determines one or more criteria are met), the panel holds a hearing. It will:

1. uphold the original decision or
2. remand the decision to the Accreditation Commission for further action.
 - a. Panel must identify specific issues to be addressed by the Accreditation Commission;
 - b. provide specific instruction to the appellant and Accreditation Commission, including but not limited to:
 - waiver of fees,
 - submission of new materials,
 - other matters as befits a just and equitable outcome in the opinion of the Appeal Panel.

In a decision implemented by or remanded to the original decision-making body, that body must act in a manner consistent with the Appeal Panel's decision or instruction.

Note: if more than one decision is involved in the Appeal, the panel may sustain, remand or vacate one or more decisions and take other action(s) on the remainder.

3. Vacate the decision (See H. following).

H. Within 30 days of a decision being vacated, the Commission convenes a five person Review Panel, including two members of the Appeal Panel, two Commission members appointed by the Commission chair (cannot have been on original regional accreditation committee or site visit team), and one person appointed by the ACPE Executive Director.

APPENDIX 9 cont'd

1. Appellant has right to preemptorily challenge one member of the Review Panel within five days of notification by email.
2. Review Panel members must not have personal or professional conflict of interest (see I. H.1.d).
3. Review Panel is authorized to act on behalf of the Commission.
4. Decision of the Review Panel is final and binding on ACPE and its members and affiliates.
5. Within 45 days of formation, the Review Panel reviews all relevant documents and makes a decision.
6. Within seven days, the Review Panel submits its decision in writing to the ACPE Executive who sends it to the Commission chair and appellant.

I. The Review Panel accepts the original determination of jurisdiction for Appeal. The Review Panel considers afresh those portions of the Commission's decision that the Appeal Panel vacated and makes its own decision and gives directions, as necessary, regarding those portions. If the entire decision was vacated, the Review Panel acts accordingly. It may use the materials available to the Commission in its original decision and those available to the Appeal Panel. It may seek testimony (oral and/or written) and request additional materials from anyone or source it believes will help it reach a just and fair decision on the issue of Accreditation for the respondent-program.

J. After receipt of Appeal or Review Panel's findings by all parties, disposition of the appeal may be published. See 2010 Accreditation Manual Part Two I. H. re: Commission notifications to the U.S. Secretary of Education and appropriate state agencies.

K. Within 30 days following the Hearing, Appeal or Review Panel, whichever last occurs, the Panel Chair(s) consults with the Accreditation Commission Chair to address any procedural issues found not in compliance with ACPE Standards or Accreditation Manual.

**POLICIES FOR
COMPLAINTS AGAINST THE ACPE ACCREDITATION COMMISSION
AND
COMPLAINTS ALLEGING VIOLATIONS OF ACPE EDUCATIONAL
STANDARDS IN EDUCATIONAL PROGRAMS**

As required by the U.S. Department of Education, ACPE has policies for addressing complaints against the Accreditation Commission and complaints against education programs.

The *Policy for Complaints Against the Accreditation Commission* (Appendix 10) details how a complaint may be filed if it is believed that the Commission or its representatives have failed to follow its processes or misapplied the 300 Standards. This does not apply to charges relating to adverse accreditation action or citations for non-compliance.

The *Policy for Complaints Alleging Violations of Education Standards in Educational Programs* (Appendix 11) is to be used if there are allegations that a program is in violation of one or more of the ACPE Education Standards (300). ACPE encourages people to address their concerns directly whenever possible with the person or program with whom concerns have arisen. In the instances of these particular policies, such communication, while desirable, is not required.

APPENDIX 10

POLICY FOR COMPLAINTS AGAINST THE ACPE ACCREDITATION COMMISSION

CONSENT: Persons participating in an ACPE accreditation, certification, ethics, or appeal process consent to that process as described in relevant ACPE materials and give permission for the disclosure of information and materials from one ACPE process to another ACPE process if, in the determination of ACPE representatives, that should be necessary for ensuring compliance with ACPE standards. When one process makes referral to another, the referring body may be asked for additional information and will be informed of the work of the commission to which the referral was made. The Inter Commission Referral Form is an Appendix in each Commission's current manual.

The Accreditation Commission (“Commission”) is committed to fair and impartial administration of the Education Standards (300’s) (“standards”) of the Association for Clinical Pastoral Education (ACPE). The Commission follows these standards in its established accreditation practices, on-site reviews and administrative functions.

Allegations that the Commission or its representatives have failed to follow its processes or misapplied the standards will receive prompt, unbiased attention. “The Commission” refers to the Commission Chair and Commission members at the time the complaint is filed. If former Commission members held roles referenced in the complaint, the present Commission will consult with them as part of its response. “Representatives” refers to those persons appointed by the Commission (at the time of their appointment) and approved by the ACPE Board of Directors to function as site team chairs, the persons selected by the regional accreditation chair and national site team chair functioning at the site of the action giving rise to the complaints, and other persons delegated (or appointed) by the Commission to perform specific functions.

No source making a good-faith complaint will be retaliated against, harassed or jeopardized in accreditation decisions on the basis of having filed a complaint. ACPE works diligently to respect all parties to a complaint, their reasonable privacy and professional standing.

This complaint process does not apply to charges relating to adverse accreditation action. Those must follow the *Appeal of Adverse Accreditation Decision(s) ACPE Standard 320* process set forth in Appendix 9 of the *ACPE Accreditation Manual 2010 Interim Revisions February 2015*.

Complaint Review Process for Allegations of Commission Violations

I. General Information

- A. A complaint is a grievance presented in writing and preferably signed, involving an alleged violation by the Commission or its representatives of the ACPE Accreditation

APPENDIX 10 cont'd

Standards 2010 Interim Revisions February 2015 (300's) and/or ACPE Ethics Standards (100s) or Commission processes enumerated in the *ACPE Accreditation Manual 2010 Interim Revisions 2015*. The complaint must identify the specific standard(s) or process alleged violated and state specifically how it was violated. Complaints may be registered by those who consider themselves harmed by an alleged violation or by any person(s) having substantive knowledge of a violation.

The complaint to the Commission must specify the particular role of the Commission representative(s) alleged to have violated each Standard. It must link the role to the alleged violation. The person filing the complaint (signed or anonymous) consents to this complaint process and gives permission for the disclosure of all information to the Commission, its representatives, representatives of ACPE, and the respondent.

- B. ACPE Standard 103.4 states: In relation to ACPE, members do not make intentionally false, misleading or incomplete statements about their work or ethical behavior. This is binding on members. It is expected of nonmembers who engage the complaint process.

II. Inquiries and Filing of Complaints

- A. Complaints, or inquiries about filing them, are directed to the Program Manager:

ACPE
One West Court Square
Suite 325
Decatur, GA 30030
confidential@acpe.edu

If the complaint is not on an [ACPE Complaint Form](#), the Program Manager will contact the complainant and request this be done if reasonably possible. For those without web access, a copy of the *ACPE Complaint Form*, the *ACPE Accreditation Standards (300)* and the *Policy for Complaints Against the ACPE Accreditation Commission* will be mailed within a week of receipt of the inquiry. These materials are available at www.acpe.edu.

- B. When the Program Manager receives the above material, it is sent to an Initial Review Panel (IRP) to confirm jurisdiction. The IRP consists of the ACPE Executive Director, ACPE Chairs of the Certification and Professional Ethics Commissions and the Standards Committee and appropriate consultant as the IRP determines. They will designate which will function as Chair throughout the process under this section.

III. Initial Review Panel (IRP)

- A. As soon as reasonably possible, the IRP convenes by videoconference or telephonic means to determine whether or not ACPE has jurisdiction over the person/entity named and allegations. Jurisdiction requires:

APPENDIX 10 cont'd

1. the complaint alleges a violation which if it occurred would violate the education standards (300s) or Commission process and/or ethics standards(100s).
2. the alleged violation occurred in a context and during a time the person/entity was subject to the Commission's processes or standards, and
3. the complaint is filed within three months of the alleged event occasioning it or within three months of the completion of the Accreditation Commission/Accreditation process during which the alleged event occurred. In unusual circumstances, at the discretion of the IRP, these limits may be extended.

If any of these criteria are not met, the complaint is dismissed for lack of jurisdiction. The complainant is notified by the Executive Director or Program Manager.

If jurisdiction is established, the ACPE Executive Director sends the complaint and response form to the respondent(s) and requests a reply to him or her within 30 calendar days from the notification by certified mail and email.

- B. After the response is received, the IRP reconvenes to determine the status of the process. More than one option may be chosen:
1. Dismiss the complaint without prejudice if it appears the situation is one that could be reasonably addressed by the parties and insufficient attempt has been made to seek resolution. Their materials may be resubmitted if resolution fails. The IRP may suggest approaches to resolution and/or make recommendations to either or both parties regarding practice, perspective or other matters associated with the concerns raised.
 2. If #1. (above) has been engaged and not successful, or is inappropriate to engage, or issues remain over which the IRP has concern, the IRP may do one or more of the following:
 - a. suggest mediation to the parties if the IRP feels it is appropriate.
 - b. name additional standards to be considered.
 - c. conclude there is cause for an investigation to commence.
 - d. conclude there is not cause for an investigation and dismiss the complaint. (may suggest other avenues for addressing the situation alleged).
 - e. conclude there is no cause for an investigation; based on the data at hand, refer for final Case Review and/or remediation and/or other resolution (Section 6).
 - f. implement the determined options.
 3. If an investigation will commence an investigator(s) is appointed by the Executive Director in consultation with the IRP.

C. Notification: The Executive Director will send notification within seven days by certified mail and email to the complainant(s) and respondent(s) of the action(s) (See B. above).

APPENDIX 10 cont'd

1. If there will be mediation, the ED makes the arrangements as set forth in Section IV.
2. If there will be an investigation, the notification will include the specific allegations, the standards alleged violated and the name and contact information of the investigator(s). If the IRP has implicated additional standards, the respondent is informed. *Henceforth, all associational contact with the parties is only through the investigator(s) until the investigation is complete.*
3. Section V. governs cases proceeding directly to the Investigative Phase; Section VI., those cases proceeding directly to remediation/resolution.

IV. Processing Complaints Through Mediation

- A. Mediation generally precedes the commencement of the investigative process, if it is used. Occasionally, it may occur during or after the investigative process if both parties and the IRP and/or investigator concur. Time lines toll during the period in which mediation is being arranged and engaged. If it does not produce resolution, the process continues at the stage it stopped.
- B. If mediation is recommended and if the parties agree, the ED and IRP shall appoint a mediator and the process for mediation outlined in this section shall commence.
- C. Information heard in mediation cannot be used in any other part of the process unless the information is available and also obtained outside the mediation process.
- D. If mediation is used and the complaint is resolved to the satisfaction of the parties, the resolution process is complete.
- E. If mediation is unsuccessful, the complainant may request the process commence or re-commence where it has been halted. The request must be made in writing to the Executive Director within seven days following the completion of the mediation attempt. Time lines for this process recommence with receipt of the request by the Executive Director.
- F. Mediation shall commence and be completed within 60 days of the acceptance by both parties of the recommendation.
- G. If the complaint is resolved, the mediator and all parties involved in the complaint sign a memorandum of understanding (MOU). The mediator forwards the original MOU to the ED and copies to all those who signed the MOU. The MOU shall be retained by national ACPE office with copy in file of each party.
- H. Mediation fees will be paid, in most situations, by ACPE.

APPENDIX 10 cont'd

V. The Investigative Phase:

When an investigation is warranted, the IRP Chair and ACPE Executive Director will appoint an investigator(s). If there are Ethics Standards violations alleged, one investigator will be a present or former member of the Ethics Commission. The investigator(s) must have training in processing complaints. Any investigator(s) appointed on behalf of the Education Standards must be a former Accreditation Commission member not connected to the complaint. The investigator(s) must have training in processing complaints. The investigative phase will proceed as follows:

- A. The investigator(s) will contact the complainant and respondent as soon as reasonably possible after receiving appointment.
- B. Each party will be asked to provide a list of people whom the investigator(s) might contact, a means of contact, and a brief statement of what the party expects the person to contribute to knowledge of the allegations.
- C. Interviews will be held with each party before any witnesses are interviewed. Interviews can occur in person or by telephonic or videoconferencing means.
- D. If one party is interviewed in person, the other will be also.
- E. The process seeks to be conversational rather than confrontational. Cooperation and courtesy are expected from the investigator(s) and the parties. Phone calls are to be returned and requested information produced within reasonable times.
- F. The investigator(s) and/or her or his designees will function as information gathers. Information is assembled to allow the Case Review Remediation Panel to determine the facts on which a decision will be made as to whether a violation of the education standards or ethics standards if implicated or Commission procedures occurred as alleged. The investigator(s) may allege standards violations additional to those named in the complaint.
- G. Neither party has a burden of proof. Rather, the investigator's task is to assemble information so that the Case Review Remediation Panel in its fact-finding can construct the proofs from the evidence it is given. The task of each party is to supply the investigator(s) with accurate and timely evidence throughout the investigation and to state clearly how the evidence relates to the allegations.
- H. The investigator(s) will spend as much time as they determine reasonably necessary to gather enough information for the Case Review Remediation Panel to make an informed decision. The investigator(s) may contact as many people as they deem necessary -- these may be people suggested by the parties, by other sources or originate with the investigator(s). Some people may be interviewed more than once.
- I. The investigator(s) are not required to inform either party of people with whom they have spoken or materials collected except as used in the investigator's report.

APPENDIX 10 cont'd

- J. At the close of the investigation, the investigator(s) will provide the IRP Chair their report. It will include: a copy of the original complaint form, any written response, a chronological summary of the investigation that includes a summary of each interview, relevant information, correspondence and any exhibits submitted. The investigator(s) may elaborate the above items and include the investigator(s)' observations of affect and conditions not obvious in the collected data.
- K. The above report will usually be sent by the IRP Chair to the parties within three days of his/her receipt. At the Chair's and investigator(s)' discretion, some information may be withheld from the parties if to do otherwise might seriously jeopardize justice or the physical safety of a party or other witness. Any information sent to one party will be sent to the other.

VI. The Case Review Remediation Panel

- A. The President of the ACPE Board in consultation with the IRP will appoint a four person Case Review Remediation Panel. If there are 100's Standards, two members of the Case Review Remediation Panel will be present or former members of the Professional Ethics Commission. Otherwise all panel members will be four former members of the Accreditation Commission. All Panel members will be trained in processing complaints. The IRP Chair will chair the Panel but have no vote unless to break a tie. This is the designated fact-finding body.
- B. The investigator(s) and association ethics or legal consultant may be present during the Review but will not participate in the vote on final actions
- C. The Case Review Remediation Panel receives the investigative report. The case review will proceed as follows:
 - 1. Each party may submit to the Case Review Remediation Panel a written response to the materials it receives from the investigator(s). The response must be sent to the IRP Chair, who chairs the Case Review Remediation Panel, within fourteen calendar days from when the material is certified mailed and emailed to the party. The Case Review Remediation Panel may solicit additional information from a party or any other source but will not accept information provided at the party's initiative after the fourteen-day period unless the Chair determines exceptional circumstances.
 - 2. New information obtained from a party (a. above) will be shared with the other party at least ten days prior to the Final Case Review if time permits. The party receiving the information will have the opportunity to respond to it during the Final Case Review.

APPENDIX 10 cont'd

3. The Panel may implicate additional violations of standards previously not cited based on new information or reasonable interpretation of existing information. The respondent will be given notice not less than ten days prior to the Final Case Review.
4. The Final Case Review may occur in person or by videoconference or telephonic means.
5. Parties will receive at least four weeks written notification of the meeting date, time and place if the Final Case Review occurs in person.
6. Parties will be invited to meet for up to an hour with an in-person Review Panel. Attendance will be at the party's own expense. A party may appear even if the other elects not to appear. Telephonic or videoconference appearance for either party may be arranged at the discretion of the Review Panel.
7. Parties will receive at least two week's written notification of a telephonic or videoconference Final Case Review.
8. If the Final Review is telephonic or videoconference, the Panel will invite the parties to participate for up to one half hour each. If one party declines, the other may still be heard. ACPE bears the cost of the telephonic or videoconference interview.
9. The Panel meets or speaks first with the complainant if he or she elects to participate.
10. At its discretion, the Panel may invite written information, telephonic or videoconference testimony, or appearance at the Final Case Review by non-party witnesses. These witnesses are not required to comply, may be responsible for their own expenses, and should receive at least two week's written notice of the review.
11. The parties will not be present or heard at the same time before the Panel and will not be present for any portion of the Final Case Review other than their own testimony.
12. Each party may be accompanied by a support person who will not be permitted to speak to the Panel but is free to consult with the party. The party will bear any costs associated with the support person.
13. The Panel Chair will explain its process to each party and give each an opportunity to make a brief opening and closing statement. The Panel will devote the remainder of the time to asking questions to clarify the written materials, witness testimony or any other relevant issues it elects to address. The party may not offer new evidence at this time.

APPENDIX 10 cont'd

14. The Panel may question the party about discrepancies in the information and invite the party's explanation.
 15. The Panel may ask the party what he or she feels would be a reasonable outcome.
 16. The Panel will make its decision based on a preponderance of the evidence. This is a qualitative not a quantitative standard of proof and means: "whether it is more likely than not that a violation occurred."
 17. When reviewing cases of racial or sexual harassment, the Panel will apply the "reasonable person" standard. The evidence will be reviewed from the perspective of a reasonable person similarly situated to the complainant in terms of gender, race, sexual orientation, age, disability, religious preference and national origin.
 18. The Panel will issue its findings in writing within 14 calendar days of its review. No new evidence may be submitted or solicited at the parties' initiative after this review. The Review Panel at its discretion may seek clarification from any source.
- D. After reviewing the evidence and deliberating, the Panel shall reach one of two decisions:
1. No violation of standards or process occurred.
 2. A violation of standards or process did occur and they may recommend what follow up actions ACPE should take to rectify the violation and guard against future violations.
 3. The ACPE President, President-Elect, Secretary, Treasurer, and Executive Director receive the Case Review Remediation Panel's recommendations and accept or modify them. If any of these people are parties to the complaint process, the remaining four will appoint a member of the Board to fill the position. They may designate the present Accreditation Commission, some of its members or former members, none of whom have been involved in the case, to oversee and implement the Case Review Remediation Panel recommendations as approved or modified by the Board Officers.

E. The recommendations may include:

1. Admonishment: The Case Review Remediation Panel finds that the respondent(s) did violate the 300 standards and/or Accreditation Commission processes, acknowledges the violation, and that education regarding the standards and processes is proportionally sufficient to the violation and will insure future compliance with the 300 standards and processes.
2. Reprimand: This is a serious rebuke of the respondent(s). It is based upon an assessment that the respondent(s) has accepted full responsibility for the violation, articulates and understands the consequences of the violation; that

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3. the Reprimand is proportionally sufficient to the violation and is adequate to ensure future compliance with the 300 standards and accreditation processes. It may include increased supervision or other stipulations for continued participation in accreditation processes as recommended by the Case Review Remediation Panel.
 4. Suspension: The Case Review Remediation Panel finds that the respondent(s) does not understand and/or accept responsibility nor appreciate the serious nature and/or consequences of the violation. Removal from participation in accreditation processes is not disproportionate to the violation. The suspension is in effect until a specifically identified problem or condition is addressed to the satisfaction of the Case Review Remediation Panel. The respondent(s) will meet with the Panel to demonstrate compliance to their satisfaction before the suspension is lifted. During this time the respondent(s) may not serve on regional or national committees, commissions, the Board and/or in other ACPE leadership roles.
 5. Removal permanently of the respondent(s) from participation in accreditation processes at the regional or national level. In the Case Review Remediation Panel's judgment, the respondent(s) demonstrates an essential lack of professional knowledge or procedures consistent with participation in accreditation processes.
- F. The complainant, respondent and any other parties will be notified by certified mail and secure email of the decision and outcome within 14 days of "D." (above).
- G. The decision is final and binding on the Accreditation Commission/PEC if applicable and the Association for Clinical Pastoral Education, Inc. and its members and affiliates.

VII. Appeal Process

- A. Appeals of Panel decisions and actions are sent to the Executive Director who with the Board President will appoint three members of the Board not otherwise involved in the case to serve as the Appeal Panel. If possible, the appointed board members will have served on the Accreditation Commission. If 100's Ethics Standards are being appealed, at least one of the three appointees will have served on the Ethics Commission if possible. Appointees will be trained in complaint processes.
- B. Findings and/or remediation can be appealed by the respondent on the grounds stated below at "E".
- C. The complainant may appeal the finding but not the remediation.

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- D. Each party has thirty days from the sending of the Panel actions by certified mail and email to register an appeal with the Executive Director. The written appeal must include a statement of the grounds (E. below) for the appeal and the evidence supporting them.
- E. An appeal is limited to one or more of the following grounds: (a) the party was refused reasonable opportunity to obtain and present evidence within these guidelines that could have substantially altered the outcome; (b) gross irregularity in the proceedings as established by these guidelines that could have substantially altered the outcome.
- F. The Case Review Remediation Panel Chair will provide to the Appeal Panel the report received from the investigator as well as the minutes and summary of the Case Review Remediation Panel deliberations and any additional materials the Case Review Remediation Panel determines relevant to the Appeal Panel's decision to accept or deny the appeal.
- G. Whether the criteria for appeal have been met will be decided by the Appeal Panel on the basis of the written material submitted by the appellant and Case Review Remediation Panel. If grounds are not substantiated in the opinion of the Appeal Panel, the appeal is dismissed.
- H. If grounds are substantiated the Appeal Panel may take one of the following actions:
1. Dismiss the original complaint and findings and set aside the action taken.
 2. Reinstate the complaint, reverse or modify the findings and impose sanctions.
 3. Re-open the investigation (with the original investigators) and request additional information.
 4. Uphold the original findings but modify the requirements of the remediation.
 5. Uphold the original findings and remediation.
- I. Substantial deference will be given to the recommendations of the Case Review Remediation Panel. Parties or Case Review Remediation Panel members may be contacted by phone, email, or mail for additional information to assist the Appeal Panel in reaching its decision.
- J. Decisions by the Appeal Panel are final and binding on the Association, its members, programs and affiliates.

APPENDIX 11

POLICY FOR COMPLAINTS ALLEGING VIOLATIONS OF ACPE EDUCATION STANDARDS in EDUCATIONAL PROGRAMS

CONSENT: *Persons participating in an ACPE accreditation, certification, ethics, or appeal process consent to that process as described in relevant ACPE materials and give permission for the disclosure of information and materials from one ACPE process to another ACPE process if, in the determination of ACPE representatives, that should be necessary for ensuring compliance with ACPE standards. When one process makes referral to another, the referring body may be asked for additional information and will be informed of the work of the commission to which the referral was made. The Inter Commission Referral Form is Appendix 1 in each Commission's 2010 Interim Revisions February 2015 Manual.*

As required by the U.S. Department of Education, ACPE has policies for addressing complaints against an ACPE accredited center. When allegations arise that a program is in violation of one or more of the ACPE Education Standards (300), the process below applies. ACPE encourages people to communicate directly whenever possible with the person administering the program with which concerns have arisen.

The U.S. Department of Education mandates that in addition to the preferred signed complaint, anonymous complaints be processed in cases that implicate the Education Standards (300) and their related policies and procedures. ACPE encourages people to provide as much specificity as possible to accommodate a fair process. ACPE works diligently to respect all parties to a complaint, their reasonable privacy and professional standing.

Complaint Review Process for Allegations of Violations of Education Standards in ACPE Accredited Programs

I.General Information

- A. A complaint is a grievance presented in writing and preferably signed, involving an alleged violation of the education criteria established by the *ACPE Accreditation Standards 2010* (300's). The complaint must identify the specific standard(s) alleged violated and state specifically how it was violated. Complaints may be registered by those who consider themselves harmed by an alleged violation or by any person(s) having substantive knowledge of a violation of the *Education Standards* (300's).
- B. The complaint must name an individual(s) and/or program over which the Accreditation Commission ("Commission") has jurisdiction. The person filing the complaint (signed or anonymous) consents to this complaint process and gives permission for the disclosure of all information to the Commission, its representatives, representatives of ACPE, and the respondent.

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- C. ACPE Standard 103.4 states: In relation to ACPE, members do not make intentionally false, misleading or incomplete statements about their work or ethical behavior. This is binding on members. It is expected of nonmembers who engage the complaint process.

II. Inquiries and Filing Complaints

- A. Complaints, or inquiries about filing them, are directed to the ACPE Executive Director (ED) or Program Manager at:

ACPE, Inc
One West Court Square, Suite 325
Decatur, GA 30030
confidential@acpe.edu

If a complaint is not on an [ACPE Complaint Form](#), the Program Manager will contact the complainant and request this be done if reasonably possible. For those without web access, a copy of the *Education Complaint Form*, the ACPE Accreditation Standards (300) and *the Policy for Complaints Alleging Violations of ACPE Education Standards in Educational Programs* will be mailed within a week of the receipt of inquiry. These materials are available at www.acpe.edu.

B. When the ED or Program Manager receives the above material, it is sent to an Initial Review Panel (IRP) to confirm jurisdiction. If only 300s Standards are named, the IRP consists of the ACPE Executive Director, the Accreditation Commission Chair and appropriate consultant as the Executive Director and Chair determine. If 300 and 100 Standards are named, the IRP consists of the ACPE Executive Director, the Accreditation Commission Chair, the Chair of Professional Ethics and appropriate consultant as the Executive Director and Chairs determine.

III. Initial Review Panel (IRP)

- A. As soon as reasonably possible, the IRP convenes by videoconference or telephonic means to determine whether or not ACPE has jurisdiction over the person/entity named and allegations. Jurisdiction requires:
1. the respondent program is accredited by the Commission.
 2. the complaint alleges a violation which if it occurred would violate the Commission's education standards (300's) and/or ethics standards (100s); if only the 100's are alleged, the complaint is referred to the Ethics process for their IRP and any subsequent action.
 3. the alleged violations occurred in a context and during a time the program was subject to the ACPE Education Standards, and

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4. the alleged violation falls within twelve months of the date of filing the complaint with ACPE. In unusual circumstances, at the discretion of the IRP these limits may be extended.

If any of these criteria are not met, the complaint is dismissed for lack of jurisdiction. The complainant is notified by the Executive Director or Program Manager.

If jurisdiction is established, the Executive Director or Program Manager sends the complaint, the education complaint response form and copy of these policies (and the same ethics materials, if applicable) to the respondent and requests a reply within 30 days of the notification by certified mail and email.

- B. After the response is received, the IRP reconvenes to determine the status of the process. More than one option may be chosen:
 1. Dismiss the complaint without prejudice if it appears the situation is one that could be reasonably addressed by the parties and insufficient attempt has been made to seek resolution. Their materials may be resubmitted if resolution fails. The IRP may suggest approaches to resolution and/or make recommendations to either or both parties regarding practice, perspective or other matters associated with the concerns raised.
 2. If #1. (above) has been engaged and not successful, or is inappropriate to engage, or issues remain over which the IRP has concern, the IRP may do one or more of the following:
 - a. suggest mediation to the parties if the IRP feels it is appropriate.
 - b. name additional standards to be considered.
 - c. conclude there is cause for an investigation to commence.
 - d. conclude there is not cause for an investigation and dismiss the complaint (may suggest other avenues for addressing the situation alleged).
 - e. conclude there is no cause for an investigation; based on the data at hand, refer for final Case Review and/or sanctions and/or other resolution.
 - f. implement the determined options.
 3. If an investigation will commence an investigator is appointed by the Executive Director in consultation with the IRP (s) (Section V).
- C. Notification: The Executive Director/Program Manager will send notification within seven days by certified mail and email to the complainant and respondent of the action(s) (See B above).
 1. If there will be mediation, the Executive Director makes the arrangements and it proceeds per Section IV.
 2. If there will be an investigation, the notification will include the specific allegations, the standards alleged violated and the name and contact information of the

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investigator(s). If the IRP has implicated additional standards, the respondent is informed. *Henceforth, all associational contact with the parties is only through the investigator(s) until the investigation is complete.*

3. Section VI. governs cases proceeding directly to a Case Review Remediation Panel; Section VI. E. those cases proceeding directly to a sanction/remediation.

IV. Processing Complaints Through Mediation

- A. Mediation generally precedes the commencement of the investigative process, if it is used. Occasionally, it may occur during or after the investigative process if both parties and the IRP and/or investigator concur. Time lines toll during the period in which mediation is being arranged and engaged. If it does not produce resolution, the process continues at the stage it stopped.
- B. If mediation is recommended and if the parties agree, the Executive Director and IRP shall appoint a mediator and the process for mediation outlined in this section shall commence.
- C. Information heard in mediation cannot be used in any other part of the process unless the information is available and also obtained outside the mediation process.
- D. If mediation is used and the complaint is resolved to the satisfaction of the parties, the resolution process is complete.
- E. If mediation is unsuccessful, the complainant may request the process commence or re-commence where it has been halted. The request must be made in writing to the Executive Director within seven days following the completion of the mediation attempt. Time lines for this process recommence with receipt of the request by the Executive Director.
- F. Mediation shall commence and be completed within 60 days of the acceptance by both parties of the recommendation.
- G. If the complaint is resolved, the mediator and all parties involved in the complaint sign a memorandum of understanding (MOU). The mediator forwards the original MOU to the ED and copies to all those who signed the MOU. The MOU shall be retained by national ACPE office with copy in file of each party.
- H. Mediation fees will be paid, in most situations, by ACPE.

V. The Investigative Phase:

When an investigation is warranted, the IRP and Executive Director will appoint an investigator(s). The investigators must have training in processing complaints. The person

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appointed on behalf of the Education Standards must be a former Accreditation Commission member not connected to the complaint. If Ethics Standards violations alleged, one investigator will be a present or former member of the Ethics Commission. The investigative phase will proceed as follows:

- A. The investigator(s) will contact the complainant and designated program administrative personnel as soon as reasonably possible after receiving appointment.
 1. Each party will be asked to provide a list of people whom the investigator(s) might contact, a means of contact, and a brief statement of what the party expects the person to contribute to knowledge of the allegations.
 2. Interviews will be held with each party before any witnesses are interviewed. Interviews can occur in person, by videoconference or telephonic means.
 3. If one party is interviewed in person, the other will be also.
 4. The process seeks to be conversational rather than confrontational. Cooperation and courtesy are expected from the investigator(s) and the parties. Phone calls are to be returned and requested information produced within reasonable times.
 5. The investigator(s) and/or her or his designees will function as information gathers. Information is assembled to allow the Case Review Panel to determine the facts on which a decision will be made as to whether a violation of the education standards and/or ethics standards occurred as alleged. The investigator(s) may allege standards violations additional to those named in the complaint.
 6. Neither party has a burden of proof. Rather, the investigator's task is to assemble information so that the Case Review Panel in its fact-finding can construct the proofs from the evidence it is given. The task of each party is to supply the investigator(s) with accurate and timely evidence throughout the investigation and to state clearly how the evidence relates to the allegations.
 7. The investigator(s) will spend as much time as they determine reasonably necessary to gather enough information for the Case Review Panel to make an informed decision. The investigator(s) may contact as many people as they deem necessary -- these may be people suggested by the parties, by other sources or originate with the investigator(s). Some people may be interviewed more than once.
 8. The investigator(s) are not required to inform either party of people with whom they have spoken or materials collected except as used in the Investigator's report.
 9. At the close of the investigation, the investigator(s) will provide the IRP Chair their report. It will include a copy of the original complaint form, any written response, a chronological summary of the investigation that includes a summary of each

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10. interview, relevant information, correspondence and any exhibits submitted. The investigator(s) may elaborate the above items and include the investigator(s)' observations of affect and conditions not obvious in the collected data.
11. The above report will usually be sent by the IRP Chair to the parties within three days of his/her receipt. At the Chair's and investigator(s)' discretion, some information may be withheld from the parties if to do otherwise might seriously jeopardize justice or the physical safety of a party or other witness. Any information sent to one party will be sent to the other.

VI. The Case Review Remediation Panel

- A. A four person sub-committee of the Accreditation Commission is the designated fact-finding Case Review Remediation Panel if only 300 standards are alleged. If Ethics (100s's) Standards have been named, two of the four Case Review Panel members will be present or former members of the ACPE Professional Ethics Commission. All Panel members will be trained in processing complaints. The IRP Chair will chair the Panel but have no vote unless to break a tie.
- B. The investigator(s) and association ethics or legal consultant may be present during the Case Review but will not participate in the vote on final actions.
- C. The Case Review Panel receives the investigative report and recommends corrective/remedial action as necessary.
 1. The Case Review Remediation will proceed as follows:
 - a. Each party may submit to the Case Review Remediation Panel a written response to the materials it receives from the investigator(s). The response must be sent to the Panel Chair within fourteen calendar days from when the material is certified mailed and emailed to the party. The Panel may solicit additional information from a party or any other source but will not accept information provided at the party's initiative after the fourteen-day period unless the Chair determines exceptional circumstances.
 - b. New information obtained from a party (a. above) will be shared with the other party at least ten days prior to the Case Review if time permits. The party receiving the information will have the opportunity to respond orally to it during the Case Review.
 - c. The Panel may implicate additional violations of standards previously not cited based on new information or reasonable interpretation of existing information. The respondent will be given notice not less than ten days prior to the Final Case Review.

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- d. The Final Case Review may occur in person, or via videoconference telephonic means.
- e. Parties will receive at least four weeks' written notification of the meeting date, time and place if the Final Case Review occurs in person.
- f. Parties will be invited to meet for up to an hour with the Panel. Attendance will be at the party's own expense. A party may appear even if the other elects not to appear. Telephonic or videoconference means for either party may be arranged at the discretion of the Panel.
- g. Parties will receive at least two week's written notification of a telephonic or videoconference Case Review.
- h. If the Case Review is g. (above), the Committee will invite the parties to participate for up to one half hour each. If one party declines, the other may still be heard. ACPE bears the cost of the telephonic or videoconference Case Review.
- i. The Panel meets or speaks first with the complainant if he or she elects to participate.
- j. At its discretion, the Panel may invite written information, telephonic or video testimony, or appearance at the Final Case Review by non-party witnesses. These witnesses are not required to comply, may be responsible for their own expenses, and should receive at least two week's written notice of the review.
- k. The parties will not be present or heard at the same time before the Panel and will not be present for any portion of the Case Review other than their own testimony.
- l. Each party may be accompanied by a support person who will not be permitted to speak to the Panel but is free to consult with the party. The party will bear any costs associated with the support person.
- m. The Case Review Remediation Panel Chair will explain its process to each party and give each an opportunity to make a brief opening and closing statement. The Panel will devote the remainder of the time to asking questions to clarify the written materials, witness testimony or any other relevant issues it elects to address. The party may not offer new evidence at this time.
- n. The Panel may question the party about discrepancies in the information and invite the party's explanation.

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- o. The Panel may ask the party what he or she feels would be a reasonable outcome.
 - p. The Panel will make its decision based on a preponderance of the evidence. This is a qualitative not a quantitative standard of proof and means: “whether it is more likely than not that a violation occurred.”
 - q. When reviewing cases of racial or sexual harassment, the Panel will apply the “reasonable person” standard. The evidence will be reviewed from the perspective of a reasonable person similarly situated to the complainant in terms of gender, race, sexual orientation, age, disability, religious preference and national origin.
 - r. The Panel will issue its findings in writing within 14 calendar days of the Case Review. No new evidence may be submitted or solicited at the parties’ initiative after this review. The Panel at its discretion may seek clarification from any source.
- D. After reviewing the evidence and deliberating, the Case Review Remediation Panel shall reach one of two decisions:
- 1. No violation of standards occurred.
 - 2. No violation of standards occurred, but the Panel has concerns about the respondent program’s practice, conduct or perspective. These concerns may be set forth in a letter of information that may offer suggestions for further action on the part of the program to address the concerns. This letter is not considered a notation or reportable disciplinary action for any forum.
 - 3. A violation of the standards did occur.
- E. When the Review Panel finds a violation(s) of 300 standards did occur, it may recommend notation(s), suspension or withdrawal of accreditation. If the Panel finds violation(s) of 100 standards it may impose an appropriate sanction as listed in the [ACPE PEC Manual](#).

VII. Notification of Findings and Action for Case Review

- A. The Case Review Remediation Panel Chair will notify the respondent and complainant of the action taken. The notification to both parties of the complaint will be sent by certified mail and email, and shall include notification that either may appeal the decision. The limited grounds for appeal will be stated. Both shall be instructed not to make the notification public until the appeals process is over.

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- B. No public notification shall be made until after the appeal process is completed or time for an appeal has expired
- C. When no appeal is filed, an appeal is denied, or after the appeal process is completed, notification shall occur according to the Accreditation Notification process in the 2010 ACPE Accreditation Manual, Part Two, I. H.

VIII. Appeals Process

- A. Appeals of Panel decisions and actions are sent to the Chair of the Accreditation Commission who will appoint three members of the Commission not otherwise involved in the case to serve as the Appeal Panel. If 100's Ethics Standards are being appealed, two members of the Ethics Commission not otherwise involved in the case will be appointed by the Ethics Commission Chair to serve with the three Accreditation appointees.
- B. Findings and/or sanctions can be appealed by the respondent on the grounds stated below at "E".
- C. The complainant may appeal the finding but not the sanctions.
- D. Each party has thirty days from the sending of the Panel actions by certified mail and email to register an appeal with the Executive Director. The written appeal must include a statement of the grounds (E.) for the appeal and the evidence supporting them.
- E. An appeal is limited to one or more of the following grounds: (a) the party was refused reasonable opportunity to obtain and present evidence within these guidelines that could have substantially altered the outcome; (b) gross irregularity in the proceedings as established by these guidelines that could have substantially altered the outcome.
- F. The Case Review Remediation Panel Chair will provide the Appeal Panel the report received from the investigator as well as the minutes and summary of the Panel deliberations and any additional materials the Panel determines relevant to the Appeal Panel's decision to accept or deny the appeal.
- G. Whether the criteria for appeal have been met will be decided by the Appeal Panel on the basis of the written material submitted by the appellant and Case Review Remediation Panel. If grounds are not substantiated in the opinion of the Appeal Panel, the appeal is dismissed.
- H. If grounds are substantiated the Appeal Panel may take one of the following actions:
 - 1. Dismiss the original complaint and findings and set aside the action taken.
 - 2. Reinstate the complaint, reverse or modify the findings and impose sanctions.

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3. Re-open the investigation (with the original investigators) and request additional information.
4. Uphold the original findings but modify the action, e.g. reduce or increase level of sanction or modify the requirements of the program.
5. Uphold the original findings and sanction.

Substantial deference will be given to the recommendations of the Review Panel. Parties or Review Panel members may be contacted by phone, email, or mail for additional information to assist the Appeal Panel in reaching its decision.

Decisions by the Appeal Panel are final and binding on the Association, its members, programs and affiliates.

APPENDIX 12

Guide for Reporting Student Units and Completion Rates

The Accreditation Commission monitors compliance with student unit reporting and completion rates requirements through regular review of student unit reports and the ten year review according to the following policies and procedures.

All centers:

1. Complete and retain a copy of the face sheet for each student who enrolls and completes orientation to a unit of education for ten years. The Accreditation Commission monitors compliance with these requirements through regular review of student unit reports and the ten year review.
2. Complete a student unit registration for all students who enroll and complete orientation in each unit of CPE (Level I/Level II) and Supervisory Education offered by the center, indicating credit or zero credit awarded (See below Directions for Student Unit Reporting). Student unit registration must be completed within 45 days of the end of the unit.
4. The ACPE office generates a monthly report for all units registered beyond 45 days of the end of the unit and sends the report to the center supervisor, regional accreditation committee chair and regional director. The Accreditation Commission assigns a notation for all late student unit reports at its next regular meeting and provides information and the deadline response for removing the notation.
3. Report annually (using the Annual Center Report Appendix 1, Accreditation Manual) completion rates for all students enrolled and completing orientation, as required by Standard 308.10 Over a ten year period, 75% of students entering units of CPE (Level I/Level II) and Supervisory Education receive credit for those units. (See Annual Center Report, Appendix 1, Accreditation Manual).

Directions for Student Unit Reporting System:

Log into Members Only on the ACPE website: www.acpe.edu (Contact the ACPE office for assistance with login and password for Members Only!)

Select the third bullet “Find other users and register student unit reports” under the “Welcome message”.

Click on “Find.”

On the following page that loads, in the middle column, click on “Register Student Units.”

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Do not be concerned about the date displayed – It will always show Wed, August 22, 2007 2:27PM as the time the page was first uploaded.

Click in the yellow box “Click Here”. Please be patient – it takes several moments for the page to load.

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The Input page has many drop-down choices for convenience. The end date cannot be more than one week into the future. **All fields** regarding a student must be completed.

Please do not enter student’s names in ALL CAPS. Please do not include titles (Rev., Fr. Etc...)

When all information is entered, click the Submit button in the lower right hand corner. A copy is submitted automatically via email to both the National Office and the Regional Director for that Center.

Go to “Did it go through?” to Search your Reports; print and retain a copy of your submission for your records.

A signature is not required. This submission is tied to the Supervisor’s personal login, which is equivalent to his/her signature. Please do not send an extra signed copy to the National Office.

Regional Directors use the procedures of their respective regions to invoice or receive payment for student units. The ACPE national office invoices centers annually for the Annual Accreditation Fee based on the number of student units offered.

If corrections to the information entered are needed, contact the Program Manager at ACPE programmanager@acpe.edu, the only person authorized to make changes or corrections to the database.

APPENDIX 13

ACPE INTER COMMISSION/ENTITY REFERRAL AND RESPONSE FORM

Referring Commission/Entity (RFCE): _____ RFCE Chair: _____

Receiving Commission/Entity (RCCE): _____ RCCE Chair: _____

Referral Date: _____

RFCE REFERRAL FORM

1. List Standard(s) about which RFCE is making referral. _____

2. Date RFCE discovered above Standard(s) concern(s). _____

3. Date(s) of event(s) giving rise to above Standard(s) concern(s). _____

4. List Standards RFCE is/has processed. _____

5. Does the ACPE member or entity named in this referral know that it is being made? _____

6. State what phase the RFCE process is in with this matter.

7. State what the RFCE believes the RCCE can do through its process that the RFCE has not or cannot do.

8. List documents or other materials the RFCE has that could assist the RCCE.

9. Provide contact information for person authorized to send above items to RCCE upon its request.

10. Provide any additional information of which RCCE should be aware when reviewing this referral.

11. RCCE REMINDER: Retain this form and use the reverse to report back to the RFCE the steps taken regarding this referral.

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RCCE REPORT TO RCFE

1. The RCCE met according to its procedures and considered this referral on _____(date).
2. The decision was made to _____

3. RCCE follow-up is complete _____ date_____
4. Information from the follow-up available to the RFCE upon their request is as follows:
5. For further information, please contact: _____
6. Other observations: