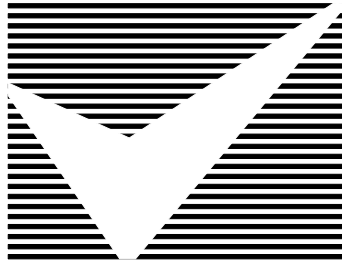


CACREP

Policy Document



CACREP

March 2015
Revised January 2019

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1. Policies Governing the Pre-Application and Application Review Stages

- a. Integrity of Process. Specialized accreditation is a voluntary process of evaluation by self and others. The self-evaluation includes an assessment of the program's resources, goals and objectives, outcomes, and other strengths, and limitations. The ultimate purpose of the process is to improve the educational effectiveness of the program by those individuals responsible for the program's operations. A self-evaluation using the CACREP Standards may result in a self-study document that can then be evaluated by others using procedures established by the accrediting organization.

To insure the integrity of this process, it is imperative that professional conduct be exemplified in the application and self-study materials submitted to CACREP, as well as in the accreditation review procedures followed by the accrediting organization. For the process to be effective and fair it must follow the established review procedures and the information submitted during the review process must be based on clear statements and documentation describing how the program operated. The self-study narrative and supporting evidence must not misrepresent the program by implying resources or any level of strengths that exceed the program's level of operation. Constructive, reciprocal feedback can only be based on an open and honest documentation that follows the prescribed review process.

If misrepresentation is determined to have occurred or if the integrity of the review process has been compromised by any actions taken by either CACREP or the program, the Board reserves the right to withdraw the application or the accreditation status of the program(s).

- b. Counseling Program Identity. Programs applying for CACREP accreditation must be clearly identifiable as counseling programs. Programs should demonstrate a counseling identity in the following areas at the time of application for accreditation:
 1. Core Curriculum (course prefixes, course titles, course content) - Standards 2.F.1-8
 2. Specialty area (e.g., SC, CMHC) descriptions and general content
 3. Descriptions of program and its specialty area(s) in program materials (e.g., website, student handbooks, catalogs)
 4. Core faculty identification with the counseling profession - Standard 1.X.
 5. Student identification with the counseling profession - Standard 2.C.
 6. Faculty supervisor qualifications - Standard 3.N.
- c. Use of Program and Degree Titles. Titles may not be used that have the potential of misrepresentation with regard to CACREP accreditation. Therefore, when an institution decides to seek CACREP accreditation for one or more graduate degree programs (e.g., School Counseling, Marriage, Couple and Family Counseling), the institution must use titles that 1) clearly identify the programs and degrees as *counseling* programs and *counseling* degrees, and 2) accurately reflect the CACREP program specialty area under which accreditation is being sought.
- d. Equivalent Program Requirement (Less than Programs). Programs may not run alternative counseling degree programs in the same area as an accredited program that do not have equivalent requirements in terms of credit hours, core curriculum, and supervised clinical experiences.
- e. Graduate Level Coursework. The Board will accept only graduate-level coursework to complete the CACREP curricular requirements.

- f. Core Faculty. A core faculty member is one who is employed by the institution and holds a full time academic appointment in the counselor education program for at least the current academic year. Faculty members may be designated as core faculty in only one institution, regardless of how many other institutions in which they teach classes.
- g. Curriculum Content. In reviewing how programs document meeting CACREP curricular requirements, the Board will base decisions on the adequacy and appropriateness of the curricular content and practice elements against empirically supported theories and practices that are consistent with the counseling profession's current ethical guidelines and standards of practice.
- h. Duration of Practicum. The duration of a student's supervised practicum experience is to extend across a full academic term to allow for the development of basic counseling skills and the integration of knowledge. Practicum is completed prior to internship. Therefore, CACREP standards do not allow for extra hours obtained during the practicum to be counted toward the 600 clock hour internship requirements.
- i. Program Experimentation and Innovation. The objectives of the institution seeking accreditation of its program(s) should be considered, as long as these are reasonably compatible with the objectives of counselor preparation, including the recognition that responsible experimentation and innovation are desirable.
- j. Review of Nontraditional Programs. CACREP recognizes institutions and programs may deliver counselor preparation curriculum and experiences via alternative instruction and delivery methods (e.g., distance learning, cohort learning environments). The following principles apply when evaluating programs using nontraditional modes of delivery:
 1. programs offering all or part of the curriculum via alternative structures and delivery modalities will be evaluated against the same CACREP accreditation standards as traditional programs;
 2. accreditation for such programs will be based on demonstrated compliance with CACREP Standards; and
 3. CACREP will determine the appropriate structure of the on-site visit to ensure determination of compliance with the Standards.
- k. When CACREP Standards Conflict with State/Local Laws. If CACREP Standards, policies, or procedures conflict with any local or state laws governing an institution, it is the responsibility of the applicant program to notify CACREP of the conflict and suggest one or more alternative resolutions that demonstrate the program's willingness to meet the intent of the Standards, policies, or procedures in question. Upon receipt of the information, the CACREP Board will review the suggested resolutions and notify the institution's and program's leadership, in writing, if acceptable. If the suggested resolutions are not acceptable, the Board may suggest other possible resolutions to the program or inform the program that the proposed resolution is unacceptable.
- l. Outcomes Reporting. CACREP-accredited programs are required to provide the outcome data asked for on the most recent Vital Statistics Survey on their websites. The link provided for public access to the required outcome data should be easy to find and clearly labeled.
- m. Electronic Submission of Accreditation Documents. Programs must submit *all* documents created during the accreditation process electronically. These documents (the Accreditation

Reports) include: the Self-Study document, any Addenda to the Self-Study document, the Institutional Response to the Site Team's Report, any Interim Reports, the Mid-cycle Report, and any Substantive Change Reports. The Accreditation Reports must be submitted on CD or CD/DVD disks or USB drives, in a read-only or other content-locked format. The disks or USB drives must be readable on all computers and platforms.

When submitting an Accreditation Report, the institution must submit one complete copy of each of the reports required. Each disk or USB drive should be clearly labeled with the name of the institution, the type of report, and the submission date. Programs are responsible for maintaining copies of all documents and materials included in the Accreditation Reports should any problems develop with the electronic versions submitted.

As the Accreditation Reports represent the status of the program at the time of the report's submission, all electronic reports must be self-contained and not include links to external or live websites as a means of documentation for standards. In instances where information is included on a web page, the webpage should be included in a static form on the disk or flash drive in the form of a saved web page, screen shot of relevant information, or other embedded form. In the submission of self-study materials, each disk or USB drive including the initial Self-Study document should also include a complete version of the Application for Accreditation. The institution must also mail a hard copy of the Application's signature pages that includes the original signatures of the designated institution and program administrators and faculty. All information pertaining to student identities must be redacted from the documentation included in the Accreditation Reports prior to their submission to the CACREP office.

- n. Programs with Time-Limited Cohorts. Programs offering the counseling program at time-limited cohort program locations that have not been reviewed or approved by CACREP will need to submit a Substantive Change Report and address the conditions outlined in the Multiple Sites Policy. Program's reopening a cohort location that has been previously approved by CACREP need to notify, in writing, the length (dates) of the cohort at that former location and any changes in faculty and/or the facility.
- o. Programs Offered at Multiple Sites. CACREP recognizes that institutions of higher education have expanded options for delivering curricular offerings and programs to students. Some of these options include the creation of time-limited cohort program sites, the use of extension campuses, or the use of many "main" campuses under a single institution's brand name.

This policy is not intended to apply to main campus programs that offer periodic courses at extension sites taught by the program faculty, although CACREP should be informed of such activities during the self-study application and review process so that it can be factored into the site visit planning for adequate review of the alternative locations. Instead, this policy is intended to assist institutions and CACREP in determining when a single application and site visit process may be appropriate for institutions that offer a single program across individual sites that permit students to complete the majority of their program requirements at locations other than the main campus or administrative home of the program. This policy is intended to ensure that students, regardless of where the program is delivered, receive an experience that meets CACREP Standards.

When an institution chooses to offer 50% or more of a counseling program's curriculum to students at one or more alternative sites, CACREP will consider it to be a single program offered at multiple sites only when the conditions outlined below are met. If any of the conditions are not

met, then the program offerings are not considered to be a single program and a separate self-study and application fee for each site will be required.

Conditions

1. The program, regardless of where it is offered, operates under a single institutional budget and reports to a single academic unit leader who oversees all counseling programs offered by the institution (Standard 1.C).
2. The program, regardless of where it is offered, requires completion of identical curricular requirements, culminates in the same degree title, and provides identical entries on student transcripts (Standard 1.B).
3. The program, regardless of where it is offered, demonstrates that core faculty across sites share in the program curriculum development (Standard 1.Y).
4. The program, regardless of where it is offered, demonstrates access to appropriate resources at each site where the program is offered (Standards 1.F, 1.G, 1.H, and 1.I).
5. Students are admitted and advised under the same procedures and processes, regardless of which site they attend (Standard 1.L, 1.M and 1.P).
6. The program, regardless of where it is offered, follows identical student retention and dismissal procedures (Standard 1.N(7))
7. The program's comprehensive assessment plan applies to all sites, regardless of where the program is offered, and the same assessment procedures are used at each site. Data are reviewed at each site individually and in aggregate across sites (Section 4).
8. The program demonstrates that regardless of the site where students complete coursework that the number of credit hours delivered by noncore faculty at each site does not exceed the number of credit hours delivered by core faculty (1.S).
9. The FTE student-to-faculty ratio is met at each site (Standard 1.T).
10. The program or institution ensures it is authorized to offer instruction in all states where it enrolls students.

Institutions that meet these conditions may choose to submit a single application for the counseling program with the understanding that if even one of the sites where the program is offered is deemed "unaccreditable" by CACREP, then the entire program will be denied accreditation. Institutions may decide to bring sites in as separate applications and students must be informed that only specific sites offer the CACREP accredited specialty and/or program.

Structure of the Site Visit

CACREP requires every site to be reviewed. The determination of how many visitors will be required will be determined by the distance of the additional sites to the main campus or administrative home of the program, the number of students using the site, and the ability of the team and the institution to validate each site's ability to meet the Standards using alternative meeting and review technologies.

Multiple Site Fees

Institutions that choose to apply for a single program review under the Multiple Sites policy will be charged fees according to the number of visitors required on a team visit, and the expanded nature and complexities of the review process. Please visit the CACREP website for the most current schedule of fees.

Adding New Sites Mid-cycle

Programs must submit a substantive change request when considering the delivery of their counseling program at any new sites, including site-based cohorts, that were not included in the most recent self-study application. The substantive change request must document how the new site(s) will meet the conditions outlined in this policy and be approved by CACREP prior to enrolling students who use the new site(s).

- p. State Licensure Policy. Programs have an obligation to inform current and/or potential students whether the specific specialty area(s) qualify for state licensure and/or certification in the state(s) where their courses are offered. This obligation includes referring students to appropriate websites, documents, or courses for information about qualifying for credentials in states outside of where their courses are offered.

- q. Programs Offered by Multiple Delivery Methods.

This policy is intended to assist institutions and CACREP in determining when a single application and site visit process may be appropriate for institutions that offers a single degree program or specialization(s) across multiple delivery methods. This policy is intended to help institutions to ensure that students, regardless of how the program is delivered, receive an experience that meets CACREP Standards.

When an institution chooses to offer 50% or more of a counseling specialization's curriculum to students through multiple delivery methods, CACREP will consider it to be a single degree program offered through multiple delivery methods only if all of the conditions outlined below are met. If any of the conditions are not met, then the multiple delivery method's offerings are not considered to be a single degree program. This will result in each specialization reviewed separately for each delivery method in a full review, or Adding a Program Mid-cycle if it is done in the middle of a cycle (see below).

Conditions Required for a Single Degree Program:

1. The counseling program, regardless of how it is offered, operates under a single institutional budget and reports to a single academic unit leader who oversees all counseling degree programs and specialization(s) offered by the institution (Standard 1.C).
2. The program, regardless of how it is offered, requires completion of identical curricular requirements, culminates in the same degree title, and provides identical entries on student transcripts (Standard 1.B).
3. The program, regardless of how it is offered, demonstrates that core faculty across delivery methods share in the program curriculum development (Standard 1.Y).
4. The program, regardless of how it is offered, demonstrates access to appropriate resources in each delivery method through which the program is offered (Standards 1.F, 1.G, 1.H, and 1.I).
5. Students are admitted and advised under the same procedures and processes, regardless of which delivery method they are enrolled in (Standard 1.L, 1.M and 1.P).
6. The program, regardless of how it is offered, follows identical student retention, remediation and dismissal procedures. (Standard 1.N(7))
7. The program's comprehensive assessment plan applies to all delivery methods, regardless of how the program is offered, and the same assessment procedures are used throughout all of the counseling programs. Data are reviewed by each delivery method individually and in aggregate across delivery methods (Section 4).

8. The program demonstrates that, for each delivery method, the number of credit hours delivered by noncore faculty through each method does not exceed the number of credit hours delivered by core faculty (1.S).
9. The FTE student-to-faculty ratio is met through each delivery method and across all delivery methods (Standard 1.T).
10. The program or institution ensures it is authorized to offer instruction by all states from which it enrolls students.

Institutions that meet these conditions may choose to submit a single application for the counseling program with the understanding that if even one of the delivery methods a program uses is deemed “unaccreditable” by CACREP, then the entire program will be denied accreditation. Institutions may decide to bring multiple delivery methods in as separate applications and students must be informed that CACREP only accredits the program offered through the delivery method(s) already approved in the most recent self-study application.

Structure of the Site Visit

CACREP requires every delivery method to be reviewed. The administrative home base of the program offered across delivery methods requires a minimum of three (3) visitors. The determination of if and how many additional visitors required will be determined by the number of delivery methods, the number of students using each method, and the ability of the team and the institution to validate each method’s capacity to meet the Standards using multiple delivery technologies.

Site Visit Fees

Institutions that choose to apply for a single degree program or specialization(s) review under the *Multiple Delivery Methods* policy will be charged site visit fees according to the schedule which takes into account the number of delivery methods through which the program is offered, the number of visitors required on a team visit, and the expanded nature and complexities of the review process. Please visit the CACREP website for the most current schedule of fees.

Adding New Delivery Methods Mid-cycle

Institutions must submit a substantive change request when proposing the delivery of their counseling program through any new delivery methods that were not included in the most recent self-study application. The substantive change request must document how the new delivery method(s) will meet the conditions outlined in this policy and be approved by CACREP prior to enrolling students in the multiple delivery method(s).

2. Policies Governing Timelines

- a. Accreditation Process Timeline. Institutions submitting a self-study for accreditation should expect to complete the process within 18 months. If the Initial Review results in an addendum being required, the institution must submit that addendum within 6 months of the receipt of the Initial Review Letter.
- b. On-site Visit Scheduling Requirements. CACREP prefers to schedule on-site visits when programs seeking accreditation can document graduates; however, for new master's-degree programs seeking initial accreditation, CACREP may schedule an on-site visit when students are in the last term of their program prior to graduation. For new doctoral programs, a visit cannot be scheduled until there are students who are likely to be finished within a two-year time frame.
- c. Submission of Materials Following the Institutional Response. The Board may request additional information if it believes there is a good probability that clarifying information exists that could clear conditions and allow for the rendering of an 8-year accreditation decision. This option is utilized only when the Board believes an 8-year accreditation decision is possible. When requests for supplemental information to the Institutional Response are made to an institution, the institution will be informed that the request does not guarantee an 8-year accreditation decision. The Board will not accept unsolicited material beyond the submission of the Institutional Response.
- d. Materials Due for Board Decisions. Any program for which an accreditation decision will be rendered by the Board must have all of its accreditation materials, including the Institutional Response to the Team Report, in the CACREP office at least 30 days prior to the start date of the Board meeting.
- e. Voluntary Withdrawal of Accreditation Status. A program may withdraw from any status of accreditation at any time by forwarding such notice, in writing, to CACREP. In addition, if a program is an applicant for initial accreditation, the application for accreditation may be withdrawn by the institution at any time prior to final action being taken by the CACREP Board. The request for application withdrawal must be made in writing by an authorized institutional representative.
- f. Decision Notification Timeline. All final accreditation decisions will be made by the CACREP Board. Chief executive officers will be notified, in writing, of any final decisions rendered for programs at their institutions no later than 45 days following the conclusion of the CACREP Board meeting.
- g. Extension of Accreditation Status. An institution is permitted no more than eight (8) years of accreditation per cycle. The Board may choose, however, to grant a one-time extension of accredited status in situations involving unpredictable difficulties despite due diligence. Upon favorable completion of the next accreditation review process, the institution's period of accreditation would include the extension time – for a total of no more than eight (8) additional years of accreditation.
- h. Meeting New Standards. Programs that are currently accredited under the 2001, 2009, or 2016 Standards must comply with 2016 Standard 1.J by July 1, 2023. The move to 60 credit hours or 90 quarter hours applies to students entering programs after July 1, 2023.

3. Policies Governing Accreditation Decisions

- a. On-Site Team Findings. At the final review of an institution's application for accreditation, the Board may not reverse any site team findings of "met" without first giving the institution notice and/or an opportunity to respond.
- b. Categories of Accreditation Decisions. Accreditation decisions are granted to each specialization within the applicant counseling program. For example, the Board could confer accreditation on an institution's counseling program specialty in School Counseling for eight years, its specialty in Clinical Mental Health Counseling for two-years and could deny accreditation of the specialty in Addiction Counseling.

There are three categories of decisions made by the CACREP Board. They are:

1. Accredited
This status is granted to counseling program specialties that, in the professional judgment of the CACREP Board of Directors, meet all applicable standards in a satisfactory manner. Accredited status is conferred for an eight-year period.
 2. Accredited for a Two-Year Period
This status is granted to counseling program specialties that, in the professional judgment of the CACREP Board of Directors, substantially meet the requirements for accredited status, but for which the Board requests an Interim Report addressing identified standards-related issues where a slight modification or change in practice will strengthen the program. The CACREP Board of Directors confers this accreditation status when there is a belief that the counseling program can address the identified issues within the two-year period.
 3. Denial of Accreditation
Accreditation is denied when, in the professional judgment of the CACREP Board of Directors, the counseling program specialty has been unable to establish clear evidence that it is in substantial compliance with the standards.
- c. Doctoral Program Accreditation. Since CACREP accredited doctoral programs are predicated on the entry-level program standards, accreditation for the full eight-year cycle can only be conferred when at least one of the entry level programs is granted accreditation for eight years.
 - d. Revocation of Accreditation for Failure to Submit Reports. Failure to submit any required reports may result in revocation of accreditation.
 - e. Appeals Policy and Procedures. Decisions by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) Board of Directors hereafter called the Board, to deny accreditation at the conclusion of an application process or decisions by the Board to withdraw accreditation from a previously accredited program may be appealed. No other decisions rendered by the Board are subject to appeal.¹ When an institution's appeal request

¹ Requests to the Chair of the Board for reconsideration of decisions based on new information are permissible, but only Board decisions to deny or withdraw accreditation may be appealed. A request for reconsideration will be granted only if the Chair of the Board determines it is likely the Board's decision would have been materially different if the new information had been available when the decision was made and that the new information could not have been presented before despite due diligence. If a request for reconsideration is related to a decision that results in withdrawal or expiration of accreditation, pendency or acceptance of the request for reconsideration will not extend the

regarding a Board decision to withdraw accreditation is accepted, the institution's accreditation shall remain in full effect pending a decision by the Appeal Panel and, in the event of remand to the Board by the Appeal Panel, pending a subsequent decision by the Board.

An appeal request must be initiated by delivery to the Board of a written statement of notice of intent to appeal ("Notice of Intent to Appeal") that is signed by an official representative of the program affected and the institution's chief executive officer ("CEO"). The Notice of Intent to Appeal must be received within thirty (30) days of the postmark date of the letter to the institution's CEO announcing the decision of the Board to deny or withdraw the accreditation of the program(s) and must include a statement of facts alleged by the appealing program that, if proven, will support an Appeal Panel decision to remand the matter to the Board for reconsideration. Within ninety (90) days of the postmark date of the letter to the institution's CEO announcing the Board decision, the appealing program must deliver to the CACREP office the following: (1) any and all documents that the institution wishes to be reviewed by the Appeal Panel ("Appeal Materials"); (2) an Appeal Fee of \$1,500.00; and (3) a list of witnesses, if any, that the appealing program plans to call to address the Appeal Panel and summaries of the topics the witness will be asked to address ("Witness Summaries").

An appeal will be accepted by the Board only if one or both of the following grounds for appeal are stated and supported in the written Notice of Intent to Appeal from the affected program representative:

1. The Board failed, to a material degree, to follow its published procedures in reaching its decision, and that this failure to follow procedures caused the decision to be unfair; and/or
2. The Board decision was not justified based on the information available at the time of the decision.

The Chair of the Board will determine whether grounds for appeal have been stated and notify the program representative in writing within thirty (30) days of receipt that the appeal request has been accepted. The decision of the Chair of the Board is final and cannot be appealed. If paid already, the Appeal Fee will be refunded in full if the Chair of the Board finds no grounds for appeal have been stated, but is nonrefundable after the Chair provides notice that the appeal has been accepted.

The Appeal Panel shall consist of three former Board members who were not serving on the Board at the time a denied application for accreditation was being processed or at the time a decision was made to withdraw accreditation. The Chair of the Board shall propose to the appealing institution's representative three former Board members who are willing and available to serve on the Appeal Panel.

In the event any of the proposed former Board members are unacceptable to the appealing institution's representative, the Chair of the Board shall propose additional former Board members until three are mutually agreed upon. If all eligible and available former Board

period of accreditation beyond the date of expiration that would occur if the request for reconsideration were not considered.

members are considered and no mutual agreement is reached, the Chair of the Board shall appoint any eligible former Board member to serve on the Appeal Panel. The Chair of the Board shall notify in writing the panel members and the appealing institution of the formation of the panel promptly upon the selection of the panel members.

The three members of the Appeal Panel shall elect a chairperson.

Standard of Review on Appeal

On appeal, the institution has the burden of proving as more likely than not that: (1) the Board failed, to a material degree, to follow its published procedures in reaching its decision, and that this failure to follow procedures caused the decision to be unfair; or (2) that the Board decision was not justified based on the information available at the time of the decision.

Costs of Appeals

CACREP and the appealing institution will pay individually the costs associated with obtaining their own legal advice, preparing their case, and sending their representatives and witnesses to the hearing. All other costs incurred by CACREP, including the Appeal Panel, associated with the hearing will be shared equally by CACREP and the appealing institution. Costs may include, but are not limited to, travel costs for the Appeal Panel members, telephone calls, duplicating costs, recording expenses, and hearing room rental. CACREP will initially pay all shared expenses, deducting the appealing program's share from the Appeal Fee until it is exhausted, and bill the appealing program institution for any portion of its share that exceeds the Appeal Fee.

Hearing

The Appeal Panel Chair, after consultation regarding possible dates with the Chair of the Board and the appealing program's representative, shall notify the two parties in writing of the date, time, and location of the hearing. The hearing must be scheduled within sixty (60) days of the date on the written notification of the formation of the Appeal Panel; however, this time may be extended by the Chair of the Board if required by extraordinary circumstances.

CACREP's President and CEO will provide the members of the Appeal Panel with copies of all documents used by the Board in reaching its decision and copies of the appeal request and supporting documents (Notice of Intent to Appeal, Appeal Materials, and Witness Summaries) from the institution. Before the hearing, Appeal Panel members will review all documents provided before the hearing.

The Appeal Panel Chair shall call the hearing to order. The Chair shall announce the purpose of the hearing, state the decision of the Board which is being appealed, read the grounds for appeal, declare the standard of review, and explain the hearing procedures to be followed, including time limits for presentations. The Appeal Panel Chair shall be responsible for conducting an orderly meeting and all rulings from the Chair regarding procedures shall be final.

The appealing institution and the Board may have any representative present they deem appropriate, including legal counsel; provided, however, the Appeal Panel Chair may limit the number of representatives who may attend a hearing as she or he deems appropriate given space available at the hearing location. All proceedings will be audio recorded by CACREP and a copy of the audio recording will be provided to the appealing institution, upon request.

The Appeal Panel is empowered to impose time limits within which the appealing institution and CACREP must complete presentation of their respective cases, including all witness testimony and questioning the opposing party; provided, however, the appealing institution will be allowed no less than 120 minutes for presentation of its case.

The Appeal Panel Chair shall recognize one representative of the appealing institution who will be given the opportunity to state the case of the institution. Witnesses may be asked to present information to the panel on behalf of the institution. One Board representative (or legal counsel) and Appeal Panel members will be given the opportunity to ask questions of witnesses.

The Appeal Panel Chair shall then recognize one Board representative who will be given the opportunity to state the case of the Board. Witnesses may be asked to present information to the panel on behalf of the Board. One institutional representative (or legal counsel) and Appeal Panel members will be given the opportunity to ask questions of witnesses.

At the conclusion of the presentation of the case by both parties, one representative from the appealing institution and one representative from the Board will be given the opportunity to make final remarks.

Ruling

The Appeal Panel shall issue a decision within fifteen (15) days of the conclusion of the hearing and written copies shall be sent to the Chair of the Board and the appealing institution's chief executive officer, with a copy to the appealing institution's representative who initiated the hearing.

The ruling may be one of the two listed below:

1. To sustain the Board decision that was appealed; or
2. To remand the decision to the Board for reconsideration with recommendations for appropriate action.

The Appeal Panel may never award accreditation to a program.

When a decision is remanded, the Board shall reconsider its previous decision at its next regularly scheduled meeting. Reconsidered Board decisions are final and no further appeal process is available.

Nothing in this policy limits the authority of the CACREP Board to agree to reconsider a decision without the necessity of a hearing or any part thereof and/or extending a period of accreditation if it deems that to be appropriate.

- f. Program Requests for Re-review of a Board Decision. When a complaint is received by the CACREP Office after a Board decision is rendered, the Executive Committee's role may be one of assuring due process by assessing that: 1) materials have been fairly reviewed, and 2) the Board had followed its process in the final decision-making. It is not in the Committee's purview to make accreditation decisions outside of the full Board review process.

4. Policies Governing the Publication of Accreditation Decisions and Status

- a. Public Notice of Accreditation Status. Within 60 days of notification to institutions, information regarding accreditation decisions will be released to the public via the CACREP website. The publicly available information will include the following: 1) the accreditation status of the program, 2) the end date for the most recent accreditation decision made on the program, and 3) a summary of the reasons for which the Board made the decision.

When a program is denied accreditation, the program will be provided a time-limited opportunity to submit a rejoinder to the denial summary. If a rejoinder is provided, it will be posted on the CACREP website with the summary statement. No information will be posted on denied programs that have entered into an appeal process until a final decision results from completion of the appeal.

Information regarding programs' accreditation statuses and end dates will remain available throughout the programs' current accreditation cycles. Applications voluntarily withdrawn as well as summary statements on accreditation decisions and any rejoinders will remain posted on the CACREP website for a minimum period of six (6) months.

- b. Publicizing Accreditation Status and Use of CACREP Logo. Postsecondary institutions with one or more programs accredited by CACREP and any persons acting on an institution's or program's behalf must assure accuracy when publicizing the program's CACREP accredited status. If CACREP determines that any entity or person has provided information in violation of this policy, including but not limited to incorrect or misleading information regarding accreditation status, the contents of a report of site team members, application or initial review, or accrediting actions with respect to the program, the program must provide public correction of this information to all audiences that possibly received the incorrect or misleading information. The program must provide CACREP with documentation of the steps taken to provide public correction. If the incorrect or misleading information is not promptly corrected, CACREP, in its sole discretion, may release a public statement in such a form and content as it deems necessary to provide the correct information and take such other action with regard to the accreditation status of the program(s) as CACREP deems appropriate. Accredited programs must obtain permission prior to using the CACREP Certification Mark, which is trademarked, in promotional materials. Permission may be obtained by submitting a written request to the CACREP office. Unauthorized use of the Certification Mark is subject to legal action. Institutions may not use the CACREP logo in any promotional materials.

5. Policies Governing Recognition of Graduates

- a. Program Graduate Qualification for Initial Accreditation. Students in a program seeking accreditation shall be considered graduates of a CACREP program if they receive their degree within eighteen (18) months prior to when accreditation is conferred, and if the program can verify that the student completed the CACREP program requirements.
- b. Graduates of Withdrawn or Denied Programs. Students in a CACREP accredited program for which accreditation is withdrawn or denied must graduate before or in the academic term during which accreditation is withdrawn or denied to be recognized as graduates of a CACREP program.
- c. Dual Degree Programs. If a student wishes to graduate from two counseling specialty areas concurrently, he or she must meet the degree requirements for both CACREP accredited specialties. This would include meeting the curricular requirements for each specialty, a minimum of a 600 clock hour internship for each specialty, and any differences in the core curriculum. The awarding of the degree(s) must occur simultaneously.

6. Policies Governing Fees

- a. Nonrefundable Fees. All accreditation fees submitted to the CACREP office are nonrefundable.
- b. Fees Set by CACREP Board. Accreditation fees will be reviewed annually and set by the CACREP Board of Directors. Accreditation fees include such fees as application fees, on-site visit fees, annual fees, and appeal fees. If fee increases are approved, advance notice will be provided to institutions for planning purposes.
- c. On-site Team Visit Fees. On-site visit fees are based on a flat rate charge per visitor for the first three (3) to four (4) visitors. When additional visitors or alternative visit structures are required in order to review distance learning programs or programs offered at multiple sites, additional fees will be assessed at a rate set by CACREP. Institutions will be billed for all site visit fees at the time the visit is scheduled. These fees must be paid prior to the team's arrival on campus. For budget planning purposes, institutions should contact the CACREP office for current information about the number of team members that will be required and the fees that will be charged for the visit.
- d. Release of Team Report and Accreditation Decisions. Applicant programs must pay all accreditation review fees (application, on-site team, and applicable annual fees) prior to the release of the on-site team report and/or the final accreditation decision(s).
- e. Submission of Annual Fees and Forms. Accredited status does not lapse because programs are undergoing continued accreditation review periods; therefore, institutions are responsible for submission of annual fees and appropriate forms even during years when both application fees and onsite team visit expenses are incurred. Newly accredited programs will receive a pro-rated annual fee invoice dependent upon the date when the initial accreditation was conferred. Programs accredited for the first time at a July meeting will be billed at 75% of the current annual fee; whereas, programs accredited in January will be billed at 25% of the current annual fee.
- f. Revocation of Accreditation for Failure to Submit Fees. Failure to submit any required fees may result in revocation of accreditation.

7. Policies Governing Confidentiality of Documents

- a. Disclosure of Accreditation Materials. CACREP regards the text of the Self-Study Report and any addenda, the Team Report, the Institutional Response to the Team Report, and the accreditation notification letter to the institution's CEO as confidential material. Upon request or permission from an institution, however, this material may be made available to others for review or for training purposes. Otherwise, these documents will be disclosed only if the Board is legally required to do so.

- b. Statement of Confidentiality. During the accreditation review and decision-making process all information submitted to the CACREP office with regard to a program application will be used for professional purposes only and discussed solely with persons directly involved in the review process. In addition, all written and oral reports developed for use in the accreditation decision-making process will present only data germane to the purposes of the accreditation. Every effort will be made to protect the confidentiality of documents and to avoid undue invasion of privacy.

8. Policies Governing Program Changes Mid-cycle

- a. Significant Program Changes. In the event that significant changes occur in a program that may call into question a program's ability to maintain compliance with the standards, the CACREP Board reserves the right to request that the program provide documentation of compliance with the standards in question. If concerns remain following review of this documentation, the Board will initiate a full review of the accredited status of the program and may impose conditions to be implemented by a specific date. Failure to comply with the conditions could result in revocation of accreditation. Such action would follow due process including the opportunity to appeal. For additional information, see the *Substantive Change Policy*.
- b. Impact of Institutional Accreditation Decisions on CACREP Programs. CACREP requires its programs and applicants to be housed in institutions that are accredited by a Regional Accrediting Organization recognized by either the Council for Higher Education Accreditation (CHEA) or the US Department of Education. If the institution's accreditation status is lost, withdrawn, or under review for any reason, the following statements apply to the CACREP accredited programs:
 1. When an institution that offers CACREP accredited programs either voluntarily withdraws from or has its accredited status revoked by a Regional Accrediting Organization, its CACREP programs are no longer in compliance with CACREP's eligibility requirements. These actions will, therefore, result in the immediate loss of CACREP accreditation for its counseling programs. It is further expected that students in the CACREP programs would have been previously notified by program faculty that the loss of the institution's accredited status would also result in the immediate loss of CACREP accreditation for the programs.
 2. When an institution that offers CACREP accredited programs is placed on probation or has its accredited status placed in suspended status by a Regional Accrediting Organization, the program must notify CACREP immediately. The notification should include information on how the program will maintain compliance with the CACREP Standards during the time period related to the probation or suspension timelines. The institution is further expected to notify all students and prospective students of the potential loss of the institution's accredited status, which could result in the loss of CACREP accreditation, too.
 3. When an institution that offers CACREP accredited programs is under continued review by a Regional Accrediting Organization that has taken adverse action(s) with regard to the institution's accredited status and the final outcome of the adverse action(s) remains unresolved at the time that the CACREP programs are due to be reviewed, CACREP may, upon request, extend the current accreditation cycle of the programs as long as the programs can demonstrate continued viability until a final decision has been made regarding the accredited status of the institution. Programs must inform potential and current students of the possible loss of CACREP accreditation under these circumstances.

- c. Use of Current Standards for Adding Program Accreditations Mid-cycle. Institutions submitting programs for review under CACREP’s policy for Adding Program Accreditations Mid-cycle must use the most current CACREP Standards, even when other programs at the same institution were reviewed under an earlier set of standards.
- d. Adding a Specialty Area or Program during an Accreditation Cycle. Once an institution has had one or more counseling specialty areas accredited by CACREP, the institution often wants to add additional accredited specialty areas or, perhaps, a doctoral program. Types of additions that might fall under this policy and procedure include:
- Applying for accreditation of an existing specialty area that was not included in the most recent application for accreditation;
 - Adding a newly-developed specialty area;
 - Instituting a 100% change in delivery method for an existing program or specialization;
 - Adding a doctoral program; or
 - Adding a new campus site that does not use the same faculty and/or curriculum.

Adding a Specialty Area

When an institution that already offers a CACREP-accredited program wants to apply for accreditation of an additional specialty areas or a doctoral program during a current accreditation cycle, the following four conditions apply:

1. The currently accredited specialty area(s) must have a minimum of two years remaining in the eight-year cycle at the time the application is submitted.
2. The accreditation expiration date for the specialty area(s) added mid-cycle will coincide with the end of the eight-year cycle of the currently accredited specialty area(s).
3. The specialty area(s) applying under this policy must provide documentation addressing CACREP’s most current set of accreditation standards, even if the currently accredited specialty area(s) are accredited under a prior set of standards. Any new specialty area(s) being added under the 2016 Standards must submit a self-study addressing sections 1-4 of the entry level standards and the applicable set(s) of specialty area standards.
4. CACREP’s most current application fee must be submitted at the time the self-study and application for review are submitted. In addition, if a visit is conducted, CACREP’s most current site visit fee structure applies.

Adding a Doctoral Program

In order for an academic unit to submit an application to have a doctoral-level degree program reviewed during a current accreditation cycle, the following four conditions apply:

1. The currently accredited specialty area(s) must have a minimum of two years remaining in the eight-year cycle at the time the application is submitted.
2. The accreditation expiration date for the program added mid-cycle will coincide with the end of the eight-year cycle of the currently accredited specialty area(s).
3. The doctoral program must submit a self-study addressing the following 2016 entry-level standards, as well as all of the doctoral program area standards:

Section 1	Standards B, F, O, R, W, X, Y, Z, and BB
Section 2	Standards B and D
Section 4	All Standards
4. CACREP’s most current application fee must be submitted at the time the self-study and application for review are submitted. In addition, if a visit is conducted, CACREP’s most current site visit fee structure applies.

Procedures for Adding a Specialty Area or Program during an Accreditation Cycle

1. Application

When an entry-level specialization is added, the institution must submit an application, application fee, and complete self-study, addressing CACREP's most current standards. In the case of the current CACREP 2016 Standards, the self-study should address all of the standards included in Sections 1-4 and the respective Specialty Area Standards for the specialty area being added.

When an institution adds a doctoral program, the institutions should similarly submit an application, application fee, and self-study. The self-study should address the specified entry-level standards and doctoral standards in CACREP's most current standards. In the case of the current CACREP 2016 Standards, the self-study should address the specified standards in Sections 1, 2 and 4, and all of the doctoral standards.

2. Evaluation by CACREP

Once received, the application will be reviewed through CACREP's normal accreditation review process. The following outcomes of the initial review are possible;

- Additional information may be required resulting in the submission and review of an addendum to the self-study, prior to a determination being made about a site visit;
- An abbreviated site visit may be recommended;
- A full site visit may be recommended; or
- A site visit may be waived and the review moves to the review agenda for the next scheduled board meeting.

3. Decisions

When the Board acts on an application to add a specialty area or program, the following decisions listed below may be made.

a. Accredited

This status is granted to counseling program specialties that, in the professional judgment of the CACREP Board of Directors, meet all applicable standards in a satisfactory manner. Accredited status is conferred for an eight-year period.

b. Accredited for a Two-Year Period

This status is granted to counseling program specialties that, in the professional judgment of the CACREP Board of Directors, substantially meet the requirements for accredited status, but for which the Board requests an Interim Report addressing identified standards-related issues where a slight modification or change in practice will strengthen the program. The CACREP Board of Directors confers this accreditation status when there is a belief that the counseling program can address the identified issues within the two-year period.

c. Denial of Accreditation

Accreditation is denied when, in the professional judgment of the CACREP Board of Directors, the counseling program specialty has been unable to establish clear evidence that it is in substantial compliance with the standards.

In the case of a specialty area or program area being added during an accreditation cycle, the time frame for this accreditation action is through the remainder of the accreditation cycle for any currently accredited specialty area(s) and programs.

- e. Substantive Change in an Accredited Program. Many program changes, such as routine and reasonable personnel change and/or adding, modifying, and dropping courses, fall within the nature and scope of normal program operation and typically do not affect accreditation status. Some changes may significantly affect the nature of the counseling program, curricula, identity of the faculty, and the allocation of resources. Such substantive changes initiated after the most recent review are not automatically included in the institution's accreditation.

Types of Substantive Change

Substantive changes include, but are not limited to the following:

1. changes in management, oversight, and/or ownership of the program, including merging with another program or university;
2. changes in geographical setting, including moving a program to a new location, or establishment of a branch campus or a new off-campus cohort program;
3. adding or modifying courses that represent a significant departure in terms of either the content or method of delivery from those that were offered at the last review, such as online courses (here a substantive change is operationally defined as 25% or more of the credit hours of the accredited curriculum); and
4. substantial turnover of core faculty, operationally defined as 51% or more within an academic year.

The decision as to whether a change is substantive is a judgment specific to an individual program, since the change must be considered in the context of the whole program and institution. CACREP staff members are authorized to decide if a substantive change report is required.

Procedures for Substantive Change

The following procedures describe the process to be followed for reporting and acting upon substantive changes:

It is helpful if a program considering or planning a substantive change notifies CACREP early in the planning and prior to the implementation of the change. This provides an opportunity for a program to seek consultation from CACREP staff that may lead to an advisory opinion on its plans and discuss the effects of the change on the accreditation, as well as the procedures to be followed.

1. Substantive Change Report

If a program proceeds with a substantive change, it must provide a Substantive Change Report to the CACREP office. The report should be submitted at least 90 days prior to the implementation date of the substantive change and include a detailed description and analysis of the change, authorization by the appropriate institutional authorities. Information about the following items should be included:

- a. a comparison between the existing and the proposed changed program;
- b. purpose of the change, relationship of the change to development of the program in terms of need and clientele to be served, and timetable for implementing the change;

- c. faculty and staff needs for initiation of the change and qualifications of faculty;
- d. library and other learning resources and facilities required for change;
- e. physical plant expansion and equipment required for the change;
- f. indication of financial support available and projection of needs over the next few years; and
- g. if the change involves a new delivery site(s) or a new delivery method(s), and the Multiple Sites Policy and/or Multiple Delivery Methods Policy is applicable, the Substantive Change Report should also address the components of the applicable policy.

2. Evaluation by CACREP

Once received, the Board will review the Substantive Change Report at its next regularly scheduled meeting.

The following decisions may be made:

- require a site visit or other measures to ensure adequacy of information on which to base a decision;
- approve the change without conditions;
- approve the change with conditions specified;
- disapprove the change; and/or
- initiate additional actions as deemed necessary.

3. Determination of Status

Only after a determination by the CACREP Board of the acceptability of the program's plans may the program consider such substantive changes not to have affected the validity of its accreditation. When adding new sites, cohorts, or delivery methods, accreditation status will not begin until the Board accepts the Substantive Change Report.

If the plans are disapproved, the CACREP Board will provide reasons when communicating the decision to the program.

If the program's plans are disapproved and the program proceeds with the change, the program is obliged to notify the CACREP office that it has proceeded. In proceeding with plans not approved by CACREP, the program has placed its accreditation at risk and the issue will be referred to the CACREP Board for a recommendation as to whether accreditation should be discontinued.

During any change, the program should take the steps necessary to assure an orderly transition consistent with the policies and procedures of CACREP.

9. Policies Governing International Programs

- a. Consultation Requirement with International External Quality Assurance Entities. Before CACREP will accept an application from an international program, the program must inform CACREP of its status with any governmental or nongovernmental quality assurance entities in their country or region and provide contact information that can be used to verify the status and the appropriateness and legality of seeking accreditation from a US-based accrediting organization.
- b. Use of CACREP Standards with International Programs. The CACREP Board will accredit non-US based programs using the same CACREP Standards and review processes required of programs offered by US based institutions. In those cases where the CACREP Standards refer to credentials or authorities relevant only in the United States, it is incumbent upon the applicant program to document how it meets the Standards through the use of substantially equivalent credentials or authorities.
- c. On-site Fees for Programs Offered Outside of the United States. Programs offered outside of the United States will be expected to pay the on-site fees assessed to cover the travel expenses of the team members. If these fees do not cover the expenses of the team visit, the institution will be billed for the extra costs incurred that are directly related to the visit. Any visitors choosing to remain “out of country” for additional days either preceding or following the normal days allotted for the visit and travel to and from the visit will be expected to cover their personal travel expenses.

10. Policies Governing Transitions to New Standards

- a. Use of New Standards Encouraged. When CACREP implements new or revised standards, programs are encouraged to move toward compliance with the most current criteria; however, for decision-making purposes, CACREP will hold programs accountable to meeting the criteria under which the most recent accreditation application was submitted.
- b. Re-titling Programs or Degrees when New Standards are Adopted. CACREP recognizes that revisions to program and degree titles require time for institutional and/or state approval. Programs wishing to change a program or degree title that could cause confusion to the public with regard to which set of specialty area standards were used for its CACREP review (e.g., re-titling a Community Counseling program title to Clinical Mental Health Counseling) should consult with the CACREP office to insure appropriate information is conveyed.
- c. Transitioning to a New Program Area Before All Students Have Graduated. When a program is transitioning to a new accreditation specialty area (e.g., Community Counseling transitioning to a Clinical Mental Health Counseling), programs may request an extension of the accredited status of the former program to allow matriculated students to graduate within the program in which they were admitted. (This policy will sunset on July 1, 2017)

11. Policies Governing Standards Revision

- a. Standards Revision. The Board will conduct a systematic, comprehensive review of the CACREP Standards every seven years. This involves consultation with all CACREP constituents. It requires lead-time so that affected programs can comply with proposed changes. It is only during this review time that Eligibility Requirements can be modified or added.

In the interim, the Board will only consider recommendations that clarify existing Standards or for which a delayed implementation would negatively affect the preparation of counselors and higher education student affairs practitioners.

Philosophically, the Board is committed to measures of outcomes and both qualitative and quantitative indices of success in teaching the skills and encouraging the attitudes needed for effective counseling work. Therefore, individuals making standards proposals must be sensitive to the needs that program faculty will have in attempting to meet any requirements. The following are necessary conditions for presenting new or revised statements to the CACREP Standards.

1. The proposal shall include a statement of rationale and apparent need for the changes.
2. The proposal shall include a review of the process followed in its development, including, for example, input from consumer groups, programs affected, and related specialty groups, as well as endorsement by the governing bodies of the professional association(s).
3. The proposal shall illustrate how the new statements will be applied in practice including the implications for cost to CACREP and/or institutions in the application of these statements as standards to be met for accreditation.

The Board will conduct a review of all such proposals. In every case, new statements or criteria for accreditation will be implemented only after thorough study and in an orderly, deliberate manner (i.e., time for affected programs to respond and/or make program changes will be provided). The Board encourages requests for consultation or information prior to and during any standards revisions or new standards development. Such consultation will preclude delays, duplication, or errors in processing.

12. Policies Governing Complaints

- a. CACREP Complaint Policy: Processes and Procedures. Students, faculty and other interested parties may submit written, signed complaints to CACREP for consideration. Only written, signed complaints will be considered by CACREP; oral and unsigned complaints will not be considered. CACREP strongly encourages attempts at informal or formal resolution through the program's or sponsoring institution's internal processes prior to initiating a formal complaint. An "appropriate" complaint is one that directly relates to a program's compliance with the CACREP Standards, policies and procedures. Therefore, the complaint must be based on the accreditation standards or required accreditation process/procedure(s). Submission of documentation which supports the non-compliance is required.

CACREP is interested in the continued quality of programs under its purview but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students. CACREP does not intervene in complaints as a mediator but maintains, at all times, an investigative role. This approach does not require that the complainant be identified to the program. CACREP, upon receipt, will take every reasonable precaution to prevent the identity of the complainant from being revealed to the program; however CACREP cannot guarantee the confidentiality of the complainant.

Procedures

The following procedures have been established to manage complaints:

Inquiries

When an inquiry about filing a complaint is received by the CACREP office, the inquirer will be directed to the on-line location of the CACREP Accreditation Policies and Standards.

Written Complaints

When a complaint is submitted, the following procedure is followed:

1. The materials submitted are initially reviewed by staff. This initial review would include verifying that the complaint is signed, that standards have been cited, and that supporting documents have been included.
2. The chair of the appropriate review committee may be consulted to assist in determining whether there is sufficient information to proceed.
 - a. If the complainant provides sufficient evidence of probable cause of non-compliance with the standards or required accreditation process/procedures, the complainant is so advised and the complaint is investigated using the procedures outlined in the following section "formal complaints".
 - b. If the complainant does not provide sufficient evidence of probable cause of non-compliance with the standards or required accreditation procedures, the complainant is so advised. The complainant may elect:
 - i. to revise and submit sufficient information to pursue a formal complaint, or
 - ii. to not pursue the complaint. In that event, the decision will be so noted and no further action will be taken.

Formal Complaints

Formal Complaints are investigated as follows:

1. If it is determined that the complaint requires further investigation, the complainant is informed that CACREP will investigate the complaint. Additionally, the complainant is advised that CACREP will provide no further correspondence or information regarding this matter to the complainant. Information related to the accreditation status of the program will be reflected in CACREP's posting of its list of accredited programs located on the CACREP website.
2. CACREP informs the chief executive officer (CEO) of the sponsoring institution [with copies sent to all administrative levels – i.e. the school/college dean and the program chair] that CACREP has received information indicating that the program's compliance with specific required accreditation procedures or designated standards has been questioned.
3. Program officials are asked to report on the program's compliance with required procedures or standards in question by a specific date, usually within thirty (30) days. Documented evidence that demonstrates compliance is required.
4. Receipt of the program's written response to the complaint is acknowledged.
5. The appropriate committee will review the program's written response to the complaint at the next regularly scheduled meeting. In the event that waiting until the next meeting would preclude a timely review, the appropriate committee will review and consider the report in a telephone conference call. The action of the committee will be forwarded to the CACREP Board for mail ballot approval in this latter case.
6. CACREP may act on the compliance question raised by the complainant by:
 - a. determining that the program continues to comply with the procedures or standards in question and that no further action is required; or
 - b. determining that the program does not or may not continue to comply with the procedures or standards in question and going on to determine whether any corrective action the program could take to fully comply could be documented and reported in a written report to CACREP or would require an on-site review.
 - i. If the program may respond by written report, CACREP will describe the problem and set a compliance deadline and submission date for the report and request documentation to support the corrective action taken by the program.
 - ii. If an on-site visit is required, CACREP will describe the problem and determine, based on the number and seriousness of the identified problems, whether the matter may be reviewed at the next regularly scheduled on-site review or whether a special on-site review will be conducted (at the college/university's expense).
7. Within thirty (30) days of its action, CACREP will also notify the program of the results of the investigation.

13. Policies Governing Conflicts of Interest

- a. Conflict of Interest Policy for CACREP Board Members.
 1. All members of the Board of Directors must exercise good faith and avoid participating in any activity of the Board where there exists an actual or perceived conflict of interest. Such conflicts may exist, for example, where the Board member has a past or present relationship with a program under consideration for accreditation, or with a person who is employed in or closely associated with such program.
 2. Members of the Board must discharge their duties in good faith, recognizing at all times their fiduciary duty to CACREP. To avoid any conflict of interest, CACREP Board members may not serve on the Boards of any other national professional counseling associations.
 3. To further avoid any foreseeable conflict of interest, CACREP Board members may not serve on any national committees, interest groups, task forces or other such groups that might impact the work of CACREP.
 4. With respect to Board decisions, members of the Board who become aware of circumstances that pose an actual or potential conflict of interest must recuse themselves from the decision-making process and take no part in the discussion or the vote. If the member advises the Chair that he or she wishes to be recused from the decision-making process, the Chair will honor the member's decision and the recusal will be noted in the minutes.
 5. Members of the Board shall not use their position on the Board or information obtained as a result of their service on the Board to obtain financial gain or advantage for themselves or members of their family or business associates.
 6. Members of the Board shall not disclose any confidential or proprietary information.
 7. Any member of the Board who becomes aware of circumstances that he or she believes pose a conflict of interest for another Board member should:
 - a. Discuss the issue with the Member.
 - b. If the issue is not resolved to the satisfaction of both parties, inform the Board chair of the underlying facts and the member's assessment of the appropriate resolution of the potential or actual conflict.
 - c. If the issue is not resolved to the satisfaction of all parties, the Board chair presents the issue to the Board for decision.
 - d. If the Board determines that there is an actual or potential conflict of interest, the Member will be recused from all discussion and decision-making in the matter. The minutes will reflect a decision to recuse at any step in the process and will reflect any Board decision not to recuse.
 8. With respect to any other matter involving a fiduciary duty to the Board, the Member shall disclose the matter to the Chair, who may request additional information from the member. The Chair may refer the matter to the full Board which shall have the final decision and may prescribe any reasonable corrective action.
 9. Each Board Member shall file, upon appointment and annually thereafter, a disclosure statement to the CACREP Executive Committee outlining her or his specific involvement in national professional counseling organizations.
- b. Conflict of Interest Policy for CACREP Team Members. For purposes of this policy, a conflict of interest is defined as a circumstance in which an individual's capacity to make an impartial or unbiased accreditation decision may be affected because of prior, current, or anticipated instructional affiliation(s), other significant relationship(s) or association(s) with the institution under review.

In selecting site team members, CACREP avoids individuals who have, or appear to have, a conflict of interest. CACREP also recognizes, however, that it is not possible to be aware of all circumstances where a conflict, or the appearance of conflict, may exist. Potential team members are expected to disclose possible conflicts or the appearance of conflict to CACREP staff at the earliest possible time.

Team members must decline to serve in the evaluation of a program where they have served as a consultant, paid or otherwise. CACREP also views as conflict of interest a team member's intent to use an institutional site visit as an opportunity to seek employment.

Other possible conflicts of interest include, but are not limited to, a site team member who:

- Is or was a student of or a candidate to a counseling program at the institution;
- Has served as an employee or appointee of the institution;
- Has a relative who is employed by or affiliated with the institution;
- Has a personal relationship with any employee at the institution;
- Has served as a self-study reviewer of a counseling program at the institution;
- Has sought or has been offered a position at the institution;
- Is or has been a member of the CACREP Board with any employee of the institution under review.

Conflicts of interest can be identified and should be reported by an institution/program employee, board member, other team member or CACREP staff person. An institution/program has the right to reject the assignment of any team member because of a possible conflict of interest.

After an accreditation decision, if it is discovered that a situation involving conflict of interest has, or may have, affected the outcome, the Chair of CACREP may place the accreditation decision on the CACREP board agenda for reconsideration.

A site team member who violates this policy is subject to dismissal as an accreditation team member.

Prior to the site visit, if a potential conflict of interest is identified, CACREP staff, in consultation with the team member and the program/institution, will determine if the team member should participate in the visit.

Prior to an accreditation decision, if a conflict of interest is identified, during or after a site visit, the team chair will consult with CACREP staff to determine appropriate action.

- c. Conflict of Interest Policy for CACREP Staff. Although CACREP staff members do not participate directly in decisions regarding accreditation, they are in a position to influence the outcomes of the process; therefore, staff members are committed to full disclosure and restraint for any institution and/or program consideration involving real or perceived conflict of interest.

In situations in which the objectivity or conflict of interest of a staff member may appear to be suspect or called into question, the action should be discussed with the Chair of the CACREP Board of Directors. An evaluation of the situation should ensue and a factual determination made.

If the situation, whether actual or theoretical, cannot be resolved, the matter may be referred to the Executive committee or ultimately the CACREP Board of Directors for input, advice, and/or determination.