

APPLICATION FOR APPEAL

Decisions by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) Board of Directors (Board), to deny accreditation at the conclusion of an application process or to withdraw accreditation from an accredited program may be appealed. No other accreditation decisions of the Board are subject to appeal. Please see [CACREP Policy 3.e Appeal Policy and Procedures](#)

The appeal is limited to a claim of material error in the decision attributable to: (1) the Board's decision was arbitrary and capricious and not supported by the record or was clearly erroneous and/or (2) CACREP failed to a material degree to follow its written procedures causing the accreditation decision to be unfair to the program.

General Instructions:

Application for Appeal: The program must submit the *Application for Appeal Form* below together with the appeal fee (see Fees information on the CACREP website) to the President and CEO of CACREP within 15 calendar days of the date of the Board's letter advising the program of the decision to deny or withdraw accreditation.

Statement of Grounds for Appeal: The program must submit to CACREP a written *Statement of Grounds for Appeal* setting forth all of the reasons the program believes that the Board's decision was in clear error and the part or parts of the Record that support its positions within forty-five (45) calendar days of the date of the notification letter of the Board's decision. No new information will be reviewed on appeal.

Hearing with Appeal Panel: The program may elect to request, or not, a hearing with the Appeal Panel. If the program requests a hearing, the program will need to remit a deposit for the hearing and the Appeal Panel selection and Hearing Procedure will take place according to the process outlined in [CACREP Policy 3.e Appeal Policy and Procedures](#).



Council for Accreditation of Counseling and Related Educational Programs

500 Montgomery Street, Suite 350 • Alexandria, VA 22314 • (703) 535-5990 • www.cacrep.org

APPLICATION FOR APPEAL FORM

Institution Name: _____

Institution Address: _____

Name of Contact Person for Appeal: _____

Email of Contact Person for Appeal: _____

Telephone Number: _____

Date: _____

I. Standard of Review

The appeal is being filed on the claim of material error in the decision attributable to:

(Check all that applies)

- the Board's decision was arbitrary and capricious and not supported by the record or was clearly erroneous.
- CACREP failed to a material degree to follow its written procedures causing the accreditation decision to be unfair to the program.

II. Statement of the basis for appeal (200 word limit)

III. Hearing with Appeal Panel

Please indicate by checking one of the boxes below whether the institution intends to request an Appeal Panel Hearing

- The institution requests an Appeal Panel Hearing. A hearing fee deposit will need to be remitted.
- The institution does not intend to request an Appeal Panel Hearing.

If requested, indicate the names and titles of institution representatives who will be present at the Appeal Panel Hearing:

Name:

Title:

Name:

Title:

Name:

Title:

Appeal Hearing Transcript:

Please indicate by checking one of the boxes below whether the institution requests a copy of the appeal panel hearing transcript:

- The institution requests a copy of the hearing transcript at its own expense.
- The institution does not request a copy of the hearing transcript.

Remitted with this Application:

Appeal Fee \$1,500.00

Appeal Panel Hearing deposit - \$5,000.00 (if hearing requested)

IV. Certification

I certify that the information contained on this application is true and correct, and I understand that, by electronically typing my name in this document, it is considered to have the same legally binding effect as signing my signature using pen and paper.

Institution President/CEO Name:

Institution President/CEO Signature:

Date:

**Submit to: President and CEO
CACREP
[CACREP portal](#)**