

# **CACREP**

## **Policy Document**



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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. Sunsetting 7/10/2021
- 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, but are not limited to: the Self-Study document, any Addenda to the Self-Study document, the Institutional Response to the Site Team's Report, and any mandated monitoring reports. The Accreditation Reports must be submitted, in a read-only or other content-locked format. The available methods for submission of Accreditation Reports can be found on the CACREP Reports Submission web page.

When submitting an Accreditation Report, the institution must submit one complete copy of each of the reports required. Each submission should be clearly and concisely labeled in a way that specifies the institution and report type. 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 of a saved web page, screen shot of relevant information, or other embedded form.

In the submission, the Self-Study document should also include a complete version of the Application for Accreditation. The Application must include valid electronic signatures of designated institution and program administrators and faculty authorizing the program's engagement in the accreditation process.

All information pertaining to student identities must be redacted from the documentation included in the Accreditation Reports. (Rev 1/2021)

- 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 In-Person 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. When offering a single course or more using digital delivery as part of the curriculum the program will be considered a digitally delivered program.

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 a quality 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 in-person sites, CACREP will consider it to be a single program offered at multiple in-person 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 in-person 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 in-person 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 in-person 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 in-person sites, regardless of where the program is offered, and the same assessment procedures are used at each in-person 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 in-person 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 in-person site (Standard 1.T).
10. 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 on-person sites where the program is offered is deemed "unaccreditable" by CACREP, then the entire program will be denied accreditation. Institutions may decide to bring in-person sites in as separate applications and students must be informed that only specific sites offer the CACREP accredited 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 in-person sites to the main campus or administrative home of the program, the number of students using the in-person site, and the ability of the team and the institution to validate each in-person 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 In-person Sites policy will be charged fees according to the schedule which takes into account the number of in-person sites where 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 In-Person Sites Mid-cycle*



Programs must submit a substantive change request when considering the delivery of their counseling program at any new in-person 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 in-person 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.  
**Appeal Policy**  
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 for cause may be appealed. No other accreditation decisions of the Board are subject to appeal.

#### **Consideration of the Appeal**

The consideration of the appeal is based upon the Board's written findings and reasons related to the decision, the program's written *Statement of Grounds for Appeal*, any reply to the *Statement of Grounds for Appeal* by CACREP, all relevant supportive documents and any oral presentation by the program if a hearing is requested. In all instances, the appeal is limited to the factual record that was before the Board at the time of its decision (the Accreditation Record). No new

information will be reviewed on appeal.

### **Standard of Review**

The program has the burden of demonstrating on appeal that (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.

### **Accreditation Status During Appeal**

A program's accreditation remains in effect pending the outcome of the appeal.

### **Appeal Procedure**

#### Application for Appeal

To initiate the appeal process, the program must submit a completed [\*Application for Appeal Form\*](#) and the appeal fee 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. The Application must include a succinct statement of the basis for the appeal, taking into account the Standard of Review, and indicate if the program is requesting a hearing. If the *Application for Appeal Form* or fee are not received by the deadline, the program will be deemed to have waived its right to appeal and the Board's decision will become final. The program will be notified of the effective date of the decision.

#### Appeal Panel Composition

1. The program's appeal is considered by an appeal panel that is separate and independent from the Board and serves as an additional level of due process for the program.
2. The Appeal Panel consists of three qualified individuals with knowledge of accreditation purposes and CACREP Standards and Policies. Appeal Panel members may be selected from the ranks of former members of the CACREP Board; however, the Appeal Panel cannot include any current member of the Board or a Board member who was serving on the Board at the time the accreditation decision under appeal was made. Appeal Panel members are subject to the CACREP *Conflict of Interest Policy* and receive training on CACREP's *Appeal Policy and Procedures* in advance of undertaking their responsibilities.

#### Appeal Panel Selection

The President and CEO of CACREP will submit a list of proposed Appeal Panel members to the program in advance of their selection. Within 10 calendar days of receiving the list, a program may request the removal of a proposed member on the basis of a potential conflict of interest. The President and CEO will propose additional qualified Appeal Panel members until three members are mutually agreed upon. If no mutual agreement is reached, the President and CEO shall appoint qualified individuals to serve on the Appeal Panel. The President and CEO will notify the Appeal Panel members and the program promptly when the Appeal Panel is fully constituted.

#### Appeal Administrator

The Appeal Panel will have a designated Appeal Administrator who will be responsible for arrangements pertaining to the appeal, and independent legal counsel who will provide guidance to the Appeal Panel.

### Accreditation Record

CACREP will provide the members of the Appeal Panel with a copy of the Accreditation Record consisting of copies of all documents used by the Board in reaching its decision. Copies of the Application for Appeal, Statement of Grounds for Appeal and supporting documents will also be provided. The Appeal Panel considers the Statement of Grounds for Appeal and any reply by CACREP, the program's oral presentation, if any, and the record that was before the Board when it made the decision to deny accreditation 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. CACREP reserves the right to reply to the *Statement of Grounds for Appeal* to correct any factual inaccuracies or misstatements within fifteen (15) calendar days of receipt. In the event the program has not requested a hearing, the Appeal Panel will convene and render its decision within 15 days of receipt of the *Statement of Grounds for Appeal* and the expiration of the timeframe for any reply by CACREP. The appeal decision will be communicated in writing to the Board of CACREP and will be implemented and communicated to the program in accordance with the procedure outlined under *Board Receipt and Implementation of Appeal Panel Decisions* below.

### Appeal Hearing

1. In the event the program has requested a hearing, Appeal Panel selection will take place according to the process above after a date for the hearing has been determined.
2. The Appeal Administrator will notify the parties in writing of the date, time, and location of the appeal hearing, which will be scheduled no later than seventy-five (75) calendar days of the date of notification to the program of the decision on appeal. This time may be extended by the President and CEO as circumstances require. At CACREP's discretion, the hearing may take place using a web-based platform.

### Hearing Procedure

1. Three (3) hours will be set aside for the hearing which may be extended at the discretion of the Appeal Panel. The program will have forty-five (45) minutes to make its presentation to the Appeal Panel and may reserve some of that time for a closing statement. The rest of the time will be reserved for questions to the program from the Appeal Panel members.
2. The program must submit the names and affiliations of those appearing at the hearing to CACREP at least thirty (30) calendar days prior to the hearing. The Appeal Panel Chair may limit the number of representatives who may make oral presentations.
3. The program may be represented by counsel during the appeal hearing.
4. CACREP shall have at least one observer present at the hearing.
5. CACREP does not consider the appeal hearing to be adversarial in nature. Accordingly, the program will not have the right to question the CACREP designated observer.
6. The appeal hearing will be recorded by stenographic or electronic means. The program may request copies of the recording and transcripts at the program's expense.

### **Decisions Available to the Appeal Panel**

1. **Affirm:** If the Appeal Panel determines in applying the Standard of Review that the program has failed to meet its burden of proof it must affirm the decision of the Board. Where the Board's decision was based on multiple violations of CACREP standards or procedures, if the program shows that there is no support in the record for some of the violations, that is not by itself sufficient to meet the program's burden of proof. The program must show that, in light of the entire record, the decision is not supported by the record or is clearly erroneous.
2. **Remand:** The Appeal Panel may remand a decision to the Board when it finds that the Board's decision was arbitrary and capricious, not supported by the record or was clearly erroneous and/or that the Board failed to a material degree to follow its written procedures causing the accreditation decision to be unfair to the program. Where the Appeal Panel finds that the Board failed to consider a material fact before it in reaching its decision, the decision must include a directive to the Board that it must reconsider its decision in light of all relevant facts that were before the Board at the time of its decision, including the specific material fact or facts that are the basis for the remand.

### **Board Receipt and Implementation of Appeal Panel Decisions**

The written decision of the Appeal Panel is provided to the Board within fifteen (15) calendar days. The Board implements the decision of the Appeal Panel to affirm or remand the prior Board decision at a Special Meeting of the Board called for that purpose or at its next regularly scheduled Board Meeting. The Board notifies the program of the decision and the effective date within thirty (30) calendar days of implementation.

### **Effective Date of Decision**

#### Initial Applicants:

The effective date of a decision to deny accreditation after appeal will be the date of official notification to the program that the decision has become final.

#### Accredited Programs:

The effective date of a decision to withdraw accreditation after appeal will be the last day of the academic term in which the program receives official notification that the decision has become final.

### **Public Notification**

The Board notifies the public of its decision according to CACREP Policy 4.a Policies Governing the Publication of Accreditation Decisions and Status.

### **Costs of Appeal**

CACREP and the appealing program will pay individually the costs associated with obtaining their own legal advice, preparing their case, and sending their representatives or observers to the hearing. All other costs will be the responsibility of the appealing program. Costs may include, but are not limited to, travel costs for the Appeal Panel members, duplicating costs, stenographic and/or electronic recording expenses, hearing room rental. Legal fees for counsel to the Appeal Panel will be shared equally between CACREP and the program. The program will submit a deposit for these costs with the *Application for Appeal*. CACREP will determine these costs after the hearing and invoice or refund the appealing program in accordance with this policy.

Effective: July 1, 2022

- 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

Complaints that reasonably allege instances of noncompliance with CACREP accreditation standards by accredited programs, active applicant programs, CACREP Site Team members, CACREP Board Directors, or CACREP staff are investigated in a fair and timely manner.

A complaint is defined as notification to CACREP by any person or entity (including, but not limited to, any student, faculty member, or staff member of an accredited program; any member of the general public; any representative of a federal, state, or local government; and any member of any other institution or organization) that sets forth reasonable and credible information that (a) an accredited program; (b) an applicant program; or (c) the CACREP Site Team members, Board Directors, or staff are not in compliance with CACREP Standards, Policies, procedures and/or Codes of Conduct.

### A. Policy and Procedures for Complaints against Programs.

#### 1. Complaint Policy

CACREP expects an accredited program to remain in compliance with all CACREP Standards, Policies and procedures throughout its grant of accreditation. Applicant programs must be in compliance with all CACREP Standards, Policies and procedures throughout the accreditation review process. Accordingly, when CACREP receives a complaint, it maintains an investigative role in which the burden of proof rests with the program to demonstrate it is meeting all CACREP requirements. CACREP does not act as a mediator or engage in dispute resolution. CACREP also requires accredited programs to have their own internal procedures for effectively and promptly resolving complaints.

##### a. A complaint must meet the following requirements:

It is submitted in writing on the Complaint Form.

- It is signed by the complainant
- It must identify the name(s) and relationship(s) to the education program of the individual(s) initiating the complaint
- It describes the actions forming the basis of the complaint that directly relate to CACREP Standards, Policies or procedures and includes supporting documentation.
- It describes and includes evidence of efforts to resolve the complaint through the program's or institution's internal grievance process or indicates reasons that such efforts would not be productive.
- It is submitted to CACREP within 120 calendar days of the last event that is material to the complaint in order to assure that the facts and circumstances giving rise to the complaint can be ascertained through the investigative process. In its sole discretion, CACREP may consider a longer period of time.
- It includes a release authorizing CACREP to forward a copy of the complaint to the program respecting any request by the complainant for confidentiality.

- b. **Anonymous Complaints:** Generally, CACREP will not investigate anonymous complaints (i.e., complaints in which the identity of the complainant is not known), however CACREP, in its sole discretion, may require a program to respond to such a complaint if the identity of the complainant is not necessary to determine whether the allegations constitute non-compliance with CACREP Standards, Policies and procedures.
- c. **Requests for Confidentiality:** Complainants may request that CACREP withhold their identity from a program named in the complaint. Under these circumstances, CACREP will review the complaint, but in its discretion may determine that the complaint will not be investigated where the identity of the complainant is a material fact necessary to determine whether non-compliance has occurred or is needed for the program to have a fair opportunity to respond. **In addition, while CACREP will take every reasonable precaution to prevent the identity of the complainant from being revealed to the program, CACREP cannot guarantee the confidentiality of the complainant.**
- d. **Scope of CACREP Consideration of Complaints:** CACREP is interested in the continued quality of its accredited and applicant programs but will not intervene in cases of a personnel action, nor will it review a program's administrative decisions in such matters as admissions, academic dishonesty, assignment of grades, dismissal, and similar matters unless the allegations suggest unethical or unprofessional conduct or action that might call the program's compliance with a CACREP Standard, Policy or procedure into question.
- e. **Referrals:** Where issues of educational quality or compliance with CACREP Standards, Policies or procedures are not central to the complaint, CACREP may refer the complaint and/or the complainant to the appropriate federal or state agency or private entity (such as an institutional accrediting organization) with jurisdiction over the subject matter of the complaint and may provide a copy of the complaint and notice of the referral to the program.

2. **Complaint Procedures:** The following procedures have been established to manage complaints:

- a. **Initial Complaint Review Procedure:** When a complaint is submitted, the following procedure is followed to determine that the complaint meets the requirements of section a:
  - i. The materials submitted are initially reviewed by staff. This initial review includes verifying that the *Complaint Form* is complete and signed, was submitted timely and includes sufficient information and documentation to support allegations of non-compliance with the CACREP Standards, Policies, or procedures.

- ii. The complaint is forwarded to the chair of the appropriate review committee to determine whether there is sufficient information to proceed to an investigation.
  - iii. If additional information, documentation is required, a request is made to the complainant. If no response is received within 10 calendar days, the complaint will be closed with notification to the complainant that the complaint may be refiled at a later time provided the requested information is submitted at that time.
- b. **Investigation Procedures:** CACREP will abide by the following procedures for complaints determined to be complete and merit further investigation:
- i. CACREP will provide a copy of the complaint (respecting any requests for confidentiality) to the chief executive officer (CEO) of the sponsoring institution [with copies sent to all administrative levels – e.g., the school/college dean and the program chair] with a summary of the allegations and the relevant Standards, Policies and procedures. A response to the allegations, including a narrative and evidence of compliance will be required to be submitted within thirty (30) calendar days of receipt.
  - ii. CACREP will acknowledge receipt of the program’s written response to the complaint.
  - iii. The appropriate committee will review the program’s written response to the complaint at the next regularly scheduled meeting. In the event waiting until the next scheduled meeting would preclude a timely review, the appropriate committee will review and consider the report in a telephone or video conference. The recommended action of the committee will be forwarded to CACREP at the next meeting or in the latter case, for approval.
- c. **Decisions available to CACREP**
- i. If CACREP determines that the program continues to comply with the Standards, Policies, and/or procedures in question and closes the complaint.
  - ii. If CACREP determines that the program does not or may not continue to comply with the Standards, Policies and/or procedures in question:

- Require the program to take corrective action to be documented in a written report to CACREP within a timeframe to be determined by CACREP considering the scope and seriousness of the complaint and required response; or
  - Require an on-site review to more fully investigate the complaint in a special review or as part of an on-going accreditation review.
- iii. CACREP will consider, as applicable, the program’s report or the report of the on-site review team and program’s response. If the program has provided a satisfactory response, close the complaint. If outstanding compliance concerns remain, CACREP may take any of the following actions:
- Require another report addressing the outstanding issues,
  - Require another on-site review,
  - Place the program on warning, probationary accreditation or show cause, and/or
  - Take other action or require other reporting permitted under CACREP’s policies and procedures.
- d. **Notification:** Within thirty (30) calendar days of its action, CACREP will notify the program and the complainant of the status of the investigation.
- e. **Complaint Record:** A record of the complaint, all documenting materials, and the action letter are kept on file in accordance with CACREP’s document retention policies and procedures.

**B. Complaints About CACREP Site Team members, Board of Directors, and Staff:**

**1. Complaint Policy**

CACREP expects Site Team members, Board Directors, and/or staff to review applications for accreditation and apply CACREP Standards, Policies and procedures fairly and objectively and to adhere to Codes of Conduct. Accordingly, when CACREP receives a complaint, it maintains an investigative role in which the burden of proof rests with the named person to demonstrate compliance with standards of accreditation and/or *Code of Conduct*, *Conflict of Interest Policy* and other CACREP requirements as set forth in *Handbooks* for employees, Board members, team chairs and team members as updated annually.



CACREP promptly reviews any complaint it receives regarding its Site Team members, Board Directors, and/or staff. CACREP requests that such complaints be in writing and submitted directly to the President and CEO of CACREP. If the complaint concerns the President and CEO, the complaint should be submitted to the Chair of the Board of CACREP. The named person against whom the complaint is lodged does not participate in the review or decision-making process. In all instances, CACREP's *Conflict of Interest Policy* is followed.

**a. A complaint must meet the following requirements:**

- It is submitted in writing on the Complaint Form and sent to the email address provided in accordance with the instructions on the form.
- It is signed by the complainant.
- It identifies the name(s) and relationship(s) to the individual(s) named in the complaint
- It alleges instances of subjectivity, unfair treatment or other concerns that directly relate to CACREP Standards, Policies or procedures and/or Codes of Conduct and other requirements and includes supporting documentation.
- It is submitted to CACREP within 30 calendar days of the last event that is material to the complaint in order to assure that the facts and circumstances giving rise to the complaint can be ascertained through the investigative process.
- It includes a release authorizing CACREP to forward a copy of the complaint to the individual named in the complaint respecting any request by the complainant for anonymity or confidentiality.

**b. Anonymous Complaints and Confidentiality:** Generally, CACREP will not investigate anonymous complaints (i.e., complaints in which the identity of the complainant is not known), however CACREP, in its sole discretion, may require the named person to respond to such a complaint if the identity of the complainant is not necessary to determine whether the allegations constitute a violation of the application review process of CACREP Standards, Policies and Procedures Codes of Conduct or other requirements.

- c. **Requests for Confidentiality:** Complainants may request that CACREP withhold their identity from the named person in the complaint. Under these circumstances, CACREP will review the complaint, but in its discretion may determine that the complaint will not be investigated where the identity of the complainant is a material fact necessary to determine whether a violation has occurred or is needed for the named person to have a fair opportunity to respond. **In addition, while CACREP will take every reasonable precaution to prevent the identity of the complainant from being revealed to the named person, CACREP cannot guarantee the confidentiality of the complainant.**

The Complaint Policy, including provisions for anonymity and confidentiality, may be superseded by CACREP's *Whistle Blower Policy*.

**2. Complaint Procedure:** When a complaint is submitted, the following procedure is followed:

**a. Initial Complaint Review Procedure**

- i. After the receipt of the complaint by CACREP, all materials related to the complaint are forwarded to President and CEO of CACREP or the CACREP Board Chair or Vice Chair, as appropriate, who will determine, applying unbiased judgment, whether the complaint meets the requirements of section B.1.a.
- ii. If the President and CEO, Chair, or Vice Chair, determine that any additional information is needed from the complainant, before the complaint can be considered, they will request the information to be submitted within 30 calendar days. If the requested information is not received within the specified timeframe, the complaint may be closed. Under these circumstances, the complainant will be informed that the complaint may be refiled with the requested information included.

**b. Investigation Procedures:** The procedures for handling complaints against CACREP Site Team members, Board Directors, and/or staff for alleged violations of review of CACREP Standards, Policies, procedures or Codes of Conduct are as follows:

- i. Upon receipt of all the information pertaining to the complaint, including the original complaint and any additional information, the President and CEO, Chair, or Vice Chair sends a letter to the complainant acknowledging receipt of the complaint and explaining the process of investigation.
- ii. Within 30 calendar days of acknowledging the complaint, the President and CEO, Chair or Vice Chair convenes a conference call of the Executive Committee of the

Board of Directors to review the complaint. The Executive Committee will determine the process for investigating the complaint, which may include an interview and/or written response from the person named in the complaint. The Executive Committee will not complete its review or make a decision regarding the complaint unless it ensures that the Site Team member, Director, or staff member has had sufficient opportunity to provide a response to the complaint.

- iii. After review of the complaint and, as applicable, response by the person named in the complaint, the Executive Committee summarizes its findings and presents them to CACREP Board of Directors at its next regularly scheduled meeting, at which time CACREP reviews the matter and reaches a final decision. In the event waiting until the next scheduled meeting would preclude a timely review, the Board will review and consider the report in a telephone or video conference.
- c. **Decisions available to CACREP:** CACREP will make a decision using its best judgment on what action it should take in cases where it has determined that there has been a violation of CACREP Standards, Policies, procedures, Code of Conduct or other policies and requirements. The action may include personal admonishment, letter of reprimand, or termination of employment or volunteer service to CACREP.
- d. **Notification of Decision:**
  - i. The President and CEO, Chair, or Vice Chair notifies the person named in the complaint of CACREP's final decision within 30 calendar days of the close of the CACREP meeting (or telephone or video-conference) and of any follow-up, if required.
  - ii. The President and CEO, Chair, or Vice Chair notifies the complainant in writing of CACREP's decision within 30 calendar days of the close of the meeting (or telephone or video-conference) during which the complaint was reviewed.
- e. **Record of Complaint:** A record of the complaint, all documenting materials, and the action letter are kept on file in accordance with CACREP's document retention policies and procedures.

*(adopted July 9, 2022)*

### 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.