

**Accreditation
of an
Institution
by the
ACPEinc**

V 2.0 March 16, 2010

Approved by the Board on

March 22, 2010

1. Submit Request

An Institution submits a request for the Self Study Document which will serve as the Application.

- a. The request should include the usual identifying information about the Institution.
- b. The request should include waivers of liability by the ACPEinc if it acts in good faith.
- c. The request should be addressed to the President of the ACPEinc. Unless there is some cause, the request should be accepted and a self-study document sent to the Institution for completion. If there is presumptive cause to not accept the application, this will be reported to the Board for its consideration and decision.

2. Complete self-study

The Institution completes the self-study document which serves as an application and submits it to the President.

- a. The President sends the Self-Study document to a Standing Committee of 4 Trustees (Three psychoanalysts and one public member). This Committee may review the document itself or appoint ad hoc teams as needed to review the document and report their findings and recommendations to the Standing Committee.
- b. ACPEinc makes every effort to apply consistently and enforce its standards to ensure that the education or training offered by an institution or program, including any offered through distance education, is of sufficient quality to achieve its stated objective for the duration of any accreditation or preaccreditation period it has been granted. To ensure that this requirement is met and that ACPEinc has effective controls against the inconsistent application of its standards, each site visit committee will have at least one member who has conducted a previous site visit, and that all site visitors without prior experience are provided with adequate training for them to meet their obligations.
- c. The Committee or Ads Hoc Team will review the self-study document and will assess whether the institution meets our *prima facie* criteria for accreditation and its readiness for a site visit.
- d. If the institution does not appear to meet our core standards for accreditation, this should be reported to the President who will inform the Board of Trustees. With the concurrence of the Board of Trustees, the President may appoint one or more individuals to meet with the

representatives of the institution to help the institution achieve these core standards.

- e. If the institution does appear to meet the core standards, the next step will be for the committee to nominate an *ad hoc* site visit team for the Board of Trustees to approve or modify to visit and assess the institution. The size of the site visit team and the parameters of site visit teams will be subject to policies developed and approved by the Board of Trustees. Institutions will be informed that they may request that a team member be replaced upon submission of a valid reason. The number of sit visitors and the length of site visit should be set in accordance with prudent financial considerations and the size of the institution to be visited.
- f. The *ad hoc* site visit team will notify the institution of the progress in its application to that point, raise any special questions to be addressed as a result of the self-study document, and arrange for a site visit. The Chair of the *ad hoc* site visit team will serve as a liaison with the institution for any questions or need for coordination that may arise.

3. Site visit

- a. It is the responsibility of the Site Visiting Team to collect data and obtain documentation on the institution being site visited so as to evaluate its strengths and weaknesses as measured by the extent to which it meets the Standards of Psychoanalytic Education of the ACPEinc and, eventually, the US Department of Education. The documentation provided is both in the form of materials submitted and that gathered by the site visitors during their trip. The intent behind the process is to help the institution meet the standards of excellence set by the profession. The process through which this goal is achieved is twofold. First, it encourages the institution to undertake the type of self examination (which is why our application is call a "Self Study") that will lead it to determine the extent to which it functions in accord with its own standards, while at the same time meeting the core standards of ACPEinc. Second, it structures a collaborative process through which data are collected and documentation is obtained to permit the site visitors to formulate and provide feedback on their impressions of the institution's functioning.
- b. Among the tasks of the site visitors will be to meet with the representatives of the institution to examine any relevant documents associated with the functions these persons perform and directly to observe committees, classes and tutorials including supervision as deemed needed by the site visit team or requested by the institution because a group may be particularly eager to show us an innovative or

particularly excellent element of their program.

- i. Observe a Board of Trustees meeting and meet with some or all Trustees as needed.
- ii. Meet with some or all of the institution's administrators or leaders of governance
- iii. Examine relevant documents which might include, among others, the institutions bylaws, mission statement, conflict of interest policy, evidence of Board's and Director's insurance, affirmative action statement, non-discrimination statement, organization chart, etc.

(1) Academic Organization

- (a) Meet with the Director or Dean of the institution, chairs of relevant committees, committee members, faculty members, clinical case supervisors, and analysts responsible for student's analyses. Observe such activities as may be required such as committees and supervision sessions, but NOT analyses of candidates or their patients.
- (b) The following committees as well as potential others should be assessed; student admissions committee, student progression committee, curriculum committee, student advisement committee, faculty selection and faculty progression committees.
- (c) Examine the overall academic governance and academic organization including faculty by-laws, policies and practices for each committee, minutes of committee meetings requirements for admission, progression and graduation.
- (d) Examine policies for academic freedom and responsibility.

(2) Student affairs

- (a) Meet with a sample of all students from several levels of progression in the institution.
- (b) Observe classes with different instructors, students and subject matter in a manner that is not unduly disruptive of the educational process.
- (c) Review documents such as student's records, student's evaluation of faculty, Student Code of Conduct, procedures for disciplinary action, student grievance procedures, appropriate insurance including faculty and student professional liability

- insurance, etc.
- (3) Associated personnel and related activities:
 - (a) Library resources, personnel and assistive technologies, if any.
 - (b) Clinic resources, programs, policies, personnel, insurance, etc., if any
 - (c) Research resources, programs, policies, personnel, insurance, etc., if any
 - (d) Continuing Education resources, programs, policies, personnel, insurance, etc., if any
 - (e) Community involvement, resources, programs, policies, personnel, insurance, etc., if any
 - (4) General Administration
 - (a) Meet with institutions administrator, bookkeeper, development personnel, and persons in charge of publicity and public relations
 - (b) Examine documents related to the administrative structure of the institution and its policies and procedures, course credits and record keeping, budget and planning, bookkeeping, administrative space, security of records, adequacy of class rooms.
 - (5) Personnel practices: including employment policies for faculty and administrative staff, compensation, hours of employment, leaves of absence, performance evaluation, promotions, standards of conduct, disciplinary action and termination, grievance procedures, personnel records, employment policies for faculty and administrative staff, non-discrimination, sexual harassment policies and procedures, evidence of faculty malpractice insurance, policies related to employment of relatives and board members, etc. The institution may submit some of the following exhibits to document its functioning.
 - (a) Catalog
 - (b) Annual reports
 - (c) Board fund-raising events
 - (d) Lists and samples of faculty publications
 - (e) Faculty CVs
 - (f) Student manual.
 - (g) Course outlines and syllabi
 - (h) Surveys of student assessment of faculty and programs

- (i) Continuing education announcements
- (j) Evidence of scholarly writings of last three graduating classes
- (k) Alumni activities
- (6) Closing meeting:
 - (a) At the conclusion of the site visit, the Site Visit Team will meet with the representatives of the institution to provide a preliminary impression of the findings of the site visit. Those representatives may include Board members, Faculty Administrators and Students.

4. Evaluation Process and Report of the finding of the Site Visit

- a. Before adjournment, the Site Visit Team will meet to draft a preliminary report of their findings. This may be elaborated, revised and refined at a later date. It may be revised by electronic communication.
- b. The evaluation is based on whether an institution or program--
 - i. Maintains clearly specified educational objectives that are consistent with its mission and appropriate in light of the degrees or certificates awarded;
 - ii. Is successful in achieving its stated objectives; and
 - iii. Maintains degree and certificate requirements that at least conform to commonly accepted standards;
- c. A preliminary draft of the report will be submitted to the institution for review, factual corrections, and comments within 6 weeks time. Factual corrections, if verified, will be included in the final version. The team will use its discretion about other comments received from the visited institution. In lieu of including these comments in the report proper, the institution's comments will be included in an appendix to the final report. The report will include a statement of the institution's compliance with the ACPEinc standards, including areas needing improvement; and the institution's or program's performance with respect to student achievement.
- d. The final report will be submitted for review to the Chair of the ACPEinc Standing Committee on Accreditation of Institutions or to the Board of Trustees in the absence of this committee who will distribute it to other members of the committee.
- e. Upon completion of the site visit and receiving the comments of the institution and the ACPEinc standing committee, the Chair of the ad hoc site visit team will prepare a report of the visit and findings for

submission to the ACPE Board of Trustees. The report should include a recommendation to the Board about which accreditation option the Site Visit Team thinks is appropriate. In an effort to aid institutions applying for accreditation to improve their programs, the report may include suggestions for improvement even when, the institution meets core standards for accreditation.

5. Options for Accreditation

The following are the options for accreditation that be recommended to the Board in the Site Visit Team report:

- a. *Full Accreditation:*
 - i. When the Site Visit Team finds that all significant core standards are being met.
 - ii. Full accreditation is for 5 years.
- b. *Provisional Accreditation:*
 - i. When the Site Visit Team finds that nearly all significant core standards are being met, but some important standards are not yet achieved. Provisional accreditation is for 2 years. If by the end of that time, the institution can provide evidence that the standard(s) not previously met are now met, full accreditation may be granted. Such accreditation will be for not more than 4 years from the date of the granting of provisional accreditation.
- c. *Deferred accreditation:*
 - i. When the Site Visit Team finds that significant standards are not yet met, but many standards are being met the Site Visit Team should recommend deferred accreditation.
 - ii. The institution may request another site visit when their self-evaluation convinces them that it will result in full accreditation.
- d. *Denied accreditation:*
 - i. When the Site Visit Team finds that the institution does not meet a significant portion of the core standards. The institution may reapply for accreditation after a period of not less than 4 years.

6. ACPEinc. Board Action

- a. The Board will meet to discuss the Committee on Accreditation of Institutions recommendation which will be put as a motion before the Board.
- b. *Policy:* Approval or rejection of the motion is contingent upon a majority of all the members of the Board of Trustees voting for or against the

motion

- c. *Notification:* The institution will be notified within 30 days of the decision of the Board
- d. *Appeals process:* To be developed later.

7. Monitoring of Accredited Institutions .

- a. Accredited institutions will be assessed a yearly fee to be set by the Board of Trustee. Institutions will be so notified in the letters of accreditation and will be billed on the anniversary date of their accreditation.
- b. Accredited institutions must provide an annual report that includes data on any major changes or modifications of its curriculum, faculty, facilities, and administration. Budgets and audited financial statements should be submitted. Data on student achievement should also be included. These reports will be reviewed by the Chair of the Committee on Accreditation of Institutions, who will recommend to the board any action that is required. Actions may include requiring the institution/program to submit a special report or conducting a focused site visit to ensure continued compliance with the accreditation standards.
- c. Accredited institutions will be notified of the need to develop and submit a new self-study from 12-18 months prior to the expiration of the period of their accreditation. These institutions will be required to submit a new self-study at least three months prior to the expiration of the period of their accreditation.
- d. If the review of an institution or program under any standard indicates that the institution or program is not in compliance with ACPEinc standard, the Site Visit Committee Chair, in consultation with the board, must–
 - i. Immediately initiate adverse action against the institution or program or require the institution or program to take appropriate action to bring itself into compliance with the ACEPinc’s standards within a time period that must not exceed twelve months to two years, depending on the nature of the problem. The institution is required to submit a report in one-year on their efforts to come into compliance. If after reviewing their report they still have not established compliance, they may be granted an additional year to submit another report to demonstrate compliance.
 - ii. In the interim, The Site Visit chair may recommend a change in the accreditation status of the institution to a provisional or deferred accreditation. Such a change can only be given for a two year period. At the end of two years, if the institution/program has not

established full compliance the Site Visit chair may recommend to the board the removal of their accreditation or grant a specified extension beyond the two years during which to demonstrate of full compliance. An extension can only be granted if a good cause has been established.

8. Right to Withdraw

- a. An institution has the right to withdraw its application at any time before the Board has voted on the Committee on Accreditation of Institutions' recommendations. There will be no refund of fees as a result of withdrawal. An institution that withdraws its application may reapply after a period of no less than four years

Approved by ACPEinc Board of Trustees 22 March 2010