



Accreditation Commission
Policy and Procedure Manual

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Accreditation Commission Policy and Procedure Manual

Table of Contents

I Authority and Function of the Accreditation Commission	1	
II Composition	1	
III. Qualifications and credentials of persons involved in accreditation evaluation	2	
IV. Meetings	3	
V. Policies and procedures	3	
VI Appendices	6	
APPENDIX 1	Site Visit Report: Part I	9
APPENDIX 2	Site Visit Report: Part II	10
APPENDIX 3	Commendations for Centers	11
APPENDIX 4	Regional Review Report: Accreditation Committee	12
APPENDIX 5	Presenter's Report: Candidacy for Accredited Member	13
APPENDIX 6	Presenter's Report: Centers	14
APPENDIX 7	Presenter's Report for Notation	15
APPENDIX 8	Regional Accreditation Committee Chair Checklist	16
APPENDIX 9	Reviewer's Report -- Five Year Review: Part I	17
APPENDIX 10	Reviewer's Report -- Five Year Review: Part II	18
APPENDIX 11	Report of Commission Work	19
APPENDIX 12	Proposed Changes in Centers and Programs: Report of Actions	22
APPENDIX 13	Non-disclosure Agreement for Information From Student Records	24
APPENDIX 14	Site Visitor Orientation and Training	25
APPENDIX 15	Complaints against the Commission	31
APPENDIX 16	Educational Complaints	35

ACCREDITATION COMMISSION POLICY AND PROCEDURE MANUAL

I. Authority and Function

- A. The Accreditation Commission (hereafter the “Commission”) is established under the governance of the Association for Clinical Pastoral Education, Inc (ACPE) as the agency responsible for establishing policies and procedures for pre-accreditation and accreditation of CPE centers and programs.
1. The **Accreditation** Commission has authority to take action on all **accreditation** matters, including: granting, suspending or withdrawing **accreditation** for any center or **program**, subject to the **appeal** process of ACPE. The Commission establishes procedures and guidelines governing **accreditation** processes for ACPE **accredited centers** (ACPE Standard 300).
 2. Changes in **accreditation** policy, procedures and criteria are subject to review and approval of the ACPE Board of Representatives.
 3. The Commission participates in review of ACPE standards to ensure they are adequate to evaluate the quality and relevance of education provided in ACPE **accredited centers** and relevant to the educational needs of students.
 4. The *Accreditation Manual* interprets, but does not supersede, ACPE standards.
 5. The U.S. Department of Education, Office of Post-Secondary Education, recognizes ACPE as a national accrediting body making ACPE **accredited centers** eligible to participate in these Federal **programs**:
 - International Exchange Visitors **Program**.
 - Veterans Educational (tuition) Benefits.

B. Role of regional accreditation committees

Regional accreditation committees are advisory to the Commission. The Commission authorizes the nine ACPE regional accreditation committees to function on behalf of the Commission in all areas and ways described in the *Accreditation Manual*. Requirements related to qualifications, bias, conflict of interest and non-disclosure agreement and availability of credentials described in this manual apply to regional accreditation committee members.

II. Composition

- A. The Accreditation Commission is comprised of 14 members:
- Commission chair nominated by the Commission and confirmed by the Board. The chair serves one three year term and may not serve two consecutive terms,
 - nine regional representatives recommended to the Representation and Nomination Committee (RANC) by the region,

- two at-large members who serve by appointment of the ACPE Board of Representatives, and
 - two public members nominated by the Commission subject to Board approval.
- B. Commission members may serve two three years terms. In the event someone completes a term for another member, they are still eligible to complete two full terms of office.
- C. The RANC nominates Commission members, chair and chair-elect to the Board, which appoints these persons.
- D. Prior to the beginning of the chair's last year in office, the Commission recommends a chair-elect to the RANC. The chair-elect serves one year prior to becoming chair. The chair-elect has no vote unless that person is also a regional representative. Thus, there will never be more than 14 voting members.

III. Qualifications and credentials of persons involved in accreditation evaluation

- A. Persons involved with ACPE accreditation work (Commission members, regional accreditation committees and others who participate in accreditation site review) must have sufficient knowledge and expertise to permit competent assessment of programs of clinical pastoral education. They must have one or more of the following qualifications:
- post-baccalaureate theological degree
 - successful completion of two or more units of clinical pastoral education
 - professional practice of ministry for five years or longer
 - post-baccalaureate degree in a field related to education or sociology or appointment to the faculty of a seminary or university,
 - recognized certification by the Association of Professional Chaplains or a related cognate group, or
 - medical or allied health professional practice.
- B. Additional Criteria for Public Members
Public members may not
- be employed by or associated with agencies or institutions affiliated with ACPE,
 - serve as officers or staff to an cognate ministry or chaplaincy group,
 - be the spouse, domestic partner, parent, child, or sibling of anyone affiliated with an accredited ACPE member center, or
 - be an ACPE officer or employee.
- C. **Orientation and training**
1. All who participate in ACPE accreditation processes shall complete an orientation to *Standards of the Association for Clinical Pastoral Education* and the *ACPE Accreditation Manual*, with special focus on the

responsibilities being assumed prior to involvement in ACPE accreditation work.

2. Persons serving as site visitors shall complete training (workshop or self study) that includes a thorough review of the ACPE standards, *Accreditation Manual* and *Site Visitor Orientation and Training* (Appendix 14). Workshops are offered regularly at regional meetings and annually at the ACPE national conference.

D. Non-disclosure agreement

All persons participating in accreditation processes who review or use student records during accreditation review will sign and abide by the non-disclosure agreement (See Appendix 13).

IV. Meetings

- A. There shall be two working meetings per year, one at the time of the ACPE Annual Conference and another at the time and place of the annual meeting of the Board and commissions.
- B. The chair, in consultation with regional chairs and the ACPE Associate Director sets the meeting agenda.
- C. Voting is by simple majority. The chair votes in the case of a tie.
- D. The chair submits minutes of meetings to the Board for review and to ACPE for the record. The record of commission accreditation actions are kept as specified in the *Accreditation Manual*, Appendix 15 *Policy on ACPE Accreditation Records*. Minutes are available to the ACPE and the Commission within 45 days of the end of the meeting.

V. Policies and procedures

A. Avoiding bias and conflict of interest

ACPE makes every effort to establish clear and effective controls to prevent conflicts of interest by the Commission members, regional committee members, consultants, administrative staff, and other agency representatives. “**Bias**” refers to a pre-existing impression or opinion, either positive or negative, about a center, the institution in which it is located, or its staff, which might affect one’s ability to assess accreditation matters objectively. “**Conflict of interest**” is any circumstance in which a person, close associate or institution might be adversely affected by or benefit from an accreditation decision.

CPE center representatives, regional accreditation committee members, Commission members, or the regional committee chair or Commission chair may request a person to withdraw from discussion and vote about a center if: the person is judged to hold a bias about the center under review or its staff because: (1) the center previously employed or had an association with the

person or (2) the person has demonstrated lack of objectivity about the evaluation of the program or center under review. Persons involved in accreditation review or accreditation decisions are expected to withdraw from the accreditation review process if they have a conflict of interest or find they hold a bias about the center under review.

B. Function of subcommittees

The Commission may assign a sub-committee(s) of the Commission to conduct the review of accreditation requests and applications. Sub-committees formulate recommendations for action by the Commission.

C. Role of Regional Accreditation Commission Representatives

Each regional representative on the Accreditation Commission shall:

1. Submit to the Accreditation Chair and National Office a list of each ACPE program that is to be reviewed at the meetings of the Accreditation Commission.
2. Set the regional dates for the deadlines for site visits.
3. Work with Site Team Chairs to assign additional Site Team Members.
4. Receive the Annual Center Report form from each accredited program no later than January 15th of each year.
5. Review the Annual Center Report for any record of complaints. The

Regional Representative shall:

- a. Determine if any complaints remain unresolved. The Center shall report any subsequent outcome of the complaint to the Regional Accreditation Representative.
- b. Determine if any complaints relate to the Center's compliance with the ACPE Standards for educational programs. If so, the Regional Representative is responsible for bringing the matter to the agenda of the next meeting of the Accreditation Commission.

D. Review/revisions of standards and/or the *Accreditation Manual*

1. The Commission will work with the Standards Committee to review and propose any necessary changes in ACPE standards to the Board every five years or sooner if interim substantive changes are deemed necessary.
2. The Commission will review annually the policy and procedure manual and submit the updated manual to the Board for approval.

E. Notifications

1. The national office will publish the accreditation review years for all candidacy and accredited centers in conjunction with an invitation to the public to

comment on the center's or program's qualifications for accreditation or candidacy.

2. When the commission determines that a center or a candidacy center has released incorrect or misleading information about itself or its programs, the commission will require the center to publicly correct this information within 30 days with respect to the following three areas: i. The accredited or candidacy status of the program. ii. The contents of reports of site teams. iii. ACPE's accrediting or preaccrediting actions with respect to the center or program. If the center does not comply, there will be a notation assigned to the center.
3. ACPE sends notification of Commission decisions on accreditation (initial and renewed accreditation of candidacy and accredited centers) to the US Secretary of Education ("the Secretary"), the appropriate state licensing or authorizing agencies, the appropriate accrediting agencies, and the public, no later than 30 days from the date of action.
4. ACPE sends notification to the Secretary, appropriate state licensing or authorizing agencies, other appropriate accrediting agencies and upon request, the public, when a candidacy or accredited member center voluntarily withdraws from candidacy or accredited member status. This notification will be sent within 30 days of the lapse of the center's accreditation. The center should communicate its decision to withdraw in a letter to the Executive Director. At the next meeting of the Accreditation Commission, these requests and lapses will be noted in the record.
5. ACPE sends notification of Commission adverse actions to deny, suspend or withdraw accredited member status to the Secretary, appropriate state licensing or authorizing agencies, other appropriate accrediting agencies, and the center and the public within 30 days of the date of the adverse action.
6. ACPE accredits only those institutions that are legally authorized under applicable state law to provide a program of education beyond the secondary level. ACPE does not renew, under the conditions described later in this section, the accreditation or pre-accreditation of a center or program during a period in which the institution:
 - a) Is the subject of an interim action by a recognized institutional accrediting agency potentially leading to the suspension, revocation, or termination of accreditation or pre-accreditation;
 - b) Is the subject for an interim action by a state agency potentially leading to the suspension, revocation, or termination of the institution's legal authority to provide post-secondary education;

- c) Has been notified of a threatened loss of accreditation, and the due process procedures required by the action have not been completed; or
- d) Has been notified of a threatened suspension, revocation, or termination by the State of the institution's legal authority to provide post-secondary education, and the due process procedures required by the action have not been completed.

7. In considering whether to grant initial accreditation or pre-accreditation to a center, ACPE takes into account actions –

- a) By recognized institutional accrediting centers that have denied accreditation or pre-accreditation to the center, placed the center on public probationary status, or revoked the accreditation or pre-accreditation of the center; and
- b) By a state agency that has suspended, revoked, or terminated the center's legal authority to provide post-secondary education.

8. ACPE does not grant initial or renewed accreditation or preaccreditation to a center or candidacy center, or a program if the agency knows or has reasonable cause to know that the center is the subject of:

- a) A pending or final action brought by a State agency to suspend, revoke, withdraw, or terminate the center's legal authority to provide post-secondary education in the State;
- b) A decision by a recognized agency to deny accreditation or preaccreditation;
- c) A pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the center's accreditation or preaccreditation; or
- d) Probation or an equivalent status imposed by a recognized agency.

ACPE will only grant accreditation or preaccreditation in these four situations (a-d) of pending or final negative action, if within 30 days of its decision, it provides to the Secretary a thorough and reasonable explanation of why the negative action of another agency did not preclude ACPE from making a positive accrediting decision.

9. If ACPE learns that an institution it accredits or preaccredits, or an institution that offers a program it accredits or preaccredits, is the subject of an adverse action by another recognized accrediting agency or has been placed on probation or an equivalent status by another recognized agency, ACPE will promptly review its accreditation or preaccreditation of the institution or program on probation or show cause.

10. ACPE will, upon request, share with other appropriate recognized accrediting

agencies and recognized state approval agencies information about the accreditation or preaccreditation status of a center or program and any adverse actions it has taken against an accredited or preaccredited institution or program.

11. ACPE sends a copy of any annual report that is prepared to the Secretary. ACPE sends an annually updated list of its candidacy and accredited centers to the Secretary. ACPE sends notification to the Secretary of any proposed changes to its policies, procedures or accreditation or preaccreditation standards that might alter the scope of recognition or compliance with the criteria of recognition.

Appendices

APPENDIX 1	Site Visit Report: Part I	9
APPENDIX 2	Site Visit Report: Part II	10
APPENDIX 3	Commendations for Centers	11
APPENDIX 4	Regional Reviewer Report: Accreditation Committee	12
APPENDIX 5	Presenter’s Report: Candidacy for Accredited Member	13
APPENDIX 6	Presenter’s Report: Centers	14
APPENDIX 7	Presenter’s Report for Notation	15
APPENDIX 8	Regional Accreditation Committee Chair Checklist	16
APPENDIX 9	Reviewer’s Report -- Five Year Review: Part I	17
APPENDIX 10	Reviewer’s Report -- Five Year Review: Part II	18
APPENDIX 11	Report of Commission Work	19
APPENDIX 12	Proposed Changes in Centers and Programs: Report of Actions	22
APPENDIX 13	Non-disclosure Agreement for Information From Student Records	24
APPENDIX 14	Site Visitor Orientation and Training	25
APPENDIX 15	Complaints against the Commission	31
APPENDIX 16	Educational Complaints	35

APPENDIX 1

ACPE ACCREDITATION COMMISSION

SITE VISIT REPORT – Part 1

CENTER:

DATE(S) OF VISIT:

ADDRESS:

SUPERVISOR(S):

SITE TEAM CHAIR:

TEAM MEMBERS:

REGIONAL REVIEWER:

-
1. Check List: Material Submitted and Fees Paid (refer also to checklist for specific accreditation review process in the *Accreditation Manual*)
 - Face Sheet
 - Statement from ACPE that center is in good financial standing (all fees paid and up to date)
 - Statement from region that center is in good financial standing (all fees paid and up to date)
 - Self Study/Feasibility Document
 - Annual Reports (up to 4 years)
 - Action Reports from Prior Reviews
 - Student Handbook
 - Accreditation Questionnaire
 - Accreditation Review Criteria Document
 2. Describe the site team's pre-visit orientation to its role and responsibilities and actions taken to familiarize the team with ACPE standards and accreditation procedures.
 3. Briefly summarize the history and current description of the center, including the pastoral care program/department.
 4. Briefly summarize the center's prior accreditation history. What deficiencies and/or notations were assigned? What concerns were identified? How were concerns, deficiencies, and notations addressed?
 5. Assess the center's self study/feasibility study process and the resulting document.
 6. Describe each component of the site visit.
 7. List strengths and limitations of the center and programs. Include:
 - a) an assessment of the center's financial viability to offer programs of CPE as reflected in financial audit statements;
 - b) a description and assessment of center's measurement of students' achievement after completing CPE (Level I/Level II) and Supervisory CPE.
 8. Summarize the standards issues needing to be addressed by the center in its response to the site team preliminary report.

NOTE: COMPLETE PART I IMMEDIATELY AFTER THE SITE VISIT AND RETURN TO THE CENTER FOR RESPONSE.

APPENDIX 2

ACPE ACCREDITATION COMMISSION

SITE VISIT REPORT – Part II FINAL REPORT WITH RECOMMENDATIONS

CENTER:

DATE(S) OF VISIT:

Complete this section after receiving the center response to Part I Site Visit Report

1. Comment on the center's written response to the site team visit and Part I Site Visit Report. Assess the center's compliance or feasibility for compliance (candidacy) with ACPE Standards. Include the *Accreditation Review Criteria* document (*Accreditation Manual*, Appendix 19) and make additional comments if necessary to document points of non-compliance.
2. Summarize specific issues for discussion by the regional accreditation committee.
3. Prepare a separate document, listing any commendations (See Appendix 3 *Commendations for Centers*) that may be appropriate for the center. Describe the portion of the center's documentation, operations, or program design and execution found to be exemplary.
3. Give a recommendation for action to the regional accreditation committee. Identify specific standards when recommending deficiencies or notations.
4. Record the site visit team's vote on its recommendation for action.

NOTE: Combine Site Visit Report Part I, the Center Response, Site Visit Report Part II, center materials, and any recommendations for commendation(s) and submit to the regional reviewer, with a copy of the report to the regional accreditation committee chair. **The site visit report Part II and recommendations for commendation(s) are not to be shared with the center.**

APPENDIX 3

ACPE ACCREDITATION COMMISSION

COMMENDATIONS FOR CENTERS

A commendation is an honor and acknowledgment of excellence given to a center as recognition of superiority in an aspect of its operation or accreditation materials. It is part of the Commission's final action, when appropriate, designating a certain portion of a center's documentation, operations, or program design and execution as exceptional (See glossary, *Accreditation Manual*.)

When a site team believes a center's work is worthy of a commendation(s), the site team will create a separate document from the Site Team Report Parts I and II, describing clearly the exceptionality of the work. No information about proposed commendations is shared with the center at this point. The site team will provide this document to the regional reviewer along with the Site Visit Report Part I, the center response, Site Visit Report Part II, and center materials, with a copy to the regional accreditation committee chair.

If the regional reviewer concurs with the proposed commendation(s), the regional accreditation committee will act on the recommendation, either to recommend the proposed commendation(s) to the Commission or to eliminate it (them). The regional accreditation committee chair will include the document with proposed commendation(s) in the material sent to the Commission's national reviewer.

At the time of the center's review by the Commission, the national reviewer will make recommendations about the proposed commendation(s) in the final review. The Commission will vote on the commendation(s) as a part of its regular business.

After the Commission's final vote, any commendation(s) will be communicated to the center and published in the ACPE newsletter.

When the center of a current member of the Commission receives proposed commendation(s), the matter will be handled in the same manner as any other business of a center of a current Commission member. The member will abstain from discussion or vote on such issues.

APPENDIX 4

REGIONAL REVIEWER REPORT

CENTER: _____

ADDRESS: _____

SUPERVISOR(S): _____

ACCREDITATION
REQUEST: _____

REVIEWER: _____

CHECKLIST

Indicate materials present and fees paid:

-
1. Check List: Material Submitted and Fees Paid (refer also to checklist for specific accreditation review process in the *Accreditation Manual*)
- _____ Face Sheet
 - _____ Statement from ACPE that center is in good financial standing
 - _____ Statement from region that center is in good financial standing
 - _____ Center's self study/feasibility document
 - _____ Accreditation Review Criteria document
 - _____ Site Visit Report Part I and Part II
 - _____ Center's response to site visit report
 - _____ Site team recommendation(s)
 - _____ Commendation(s), if any

REVIEW

- I. Identify and critique the center's self study/feasibility document.
- II. Evaluate the site team's visit.
- III. Evaluate the site team's report.
- IV. Critique the center's response to the site team's report
- V. Review the site team's evaluation of the center's response.
 - A. Record the site team's vote.
 - B. Record the site team's recommendations, including standards' citations.
- VI. Review the site team's recommendations for commendation(s), if any.
- VII. Record your recommendations to the regional accreditation committee:
 - A. Concurrence with site team's response.
 - B. Concurrence with site team's response with exceptions and/or additions, including recommended standards deficiencies or notations.
 - C. Disagreement with site team's report and/or response including recommended standards deficiencies or notations.
 - D. Concurrence (or not) with site team's recommendations for commendation(s).
- VIII. Additional critique and/or recommendations.

Reviewer signature: _____

APPENDIX 5

ACPE ACCREDITATION COMMISSION

**PRESENTER'S REPORT FOR CANDIDACY FOR
ACCREDITED MEMBER**

DATE: _____

CENTER: _____

ADDRESS: _____

CPE SUPERVISOR(S): _____

CHIEF EXECUTIVE OFFICER: _____

TYPE OF ACCREDITATION REQUEST: Candidacy

PRESENTER: _____

- I. Evaluate the accreditation process of this center to this point Where could the process be improved?

- II. Describe the regional committee's recommendations regarding candidacy for accredited membership.

- III. Presenter's recommendations to the Accreditation Commission.

Remember to provide sufficient copies of your report for members of your sub-committee. A copy of the report will also be placed in the center's permanent accreditation file in the ACPE office.

APPENDIX 6

ACPE ACCREDITATION COMMISSION

PRESENTERS REPORT CENTERS

DATE: _____

CENTER: _____

ADDRESS: _____

CPE SUPERVISOR (S): _____

CHIEF EXECUTIVE OFFICER: _____

TYPE OF ACCREDITATION REQUEST: _____

PRESENTER: _____

- I. Give a brief history of the center's accreditation. What issues, deficiencies, and/or notations were assigned? How were they addressed?
- II. Assess the center's compliance with ACPE standards. Are there continuing issues from the previous accreditation? **Were there any complaints considered as relevant to the decision to grant accredited standing?**
- III. Briefly describe major strengths and weaknesses of the program.
- IV. Evaluate the accreditation process of this center to this point. Where could the process be improved?
- V. Summarize specific issues for discussion by the Accreditation Commission. Include any proposed commendations to consider?
- VI. Presenter's recommendations to the Accreditation Commission.

Remember to provide sufficient copies of this report for members of your sub-committee. Copies of the report will be placed in the center's permanent accreditation file in the ACPE office.

APPENDIX 8

ACPE ACCREDITATION COMMISSION

REGIONAL ACCREDITATION COMMITTEE CHAIR CHECKLIST

Date: _____

Center: _____

Address: _____

Sponsoring Institution: _____

Phone: _____ **Fax:** _____ **E-mail** _____

Region Accreditation Committee Chair _____

Region: _____

Check and date each item as it is completed

- ____ 1. Accreditation review materials received from center with attached check list for specific accreditation review process. (See *Accreditation Manual* Part Two, II.)
- ____ 2. Site Visit Team Report Part I received by center, regional reviewer, and regional accreditation chair.
- ____ 3. Response by center to site visit team report received by site visit team, regional reviewer and regional accreditation chair.
- ____ 4. Site Visit Team Report Part II and site team recommendation(s) received by regional reviewer and regional accreditation chair.
- ____ 5. Regional reviewer’s report written and distributed to regional accreditation committee members.
- ____ 6. Review of center by regional accreditation committee.
- ____ 7. Send a complete set of the center’s accreditation materials (center materials, Site Team Report Part I and II, center’s response; site team recommendations, any proposed commendations, regional reviewer’s report and regional accreditation committee action report) to the presenter assigned by the Accreditation Commission Chair.

APPENDIX 9

ACPE ACCREDITATION COMMISSION

**REVIEWERS' REPORT
FIVE-YEAR REVIEW**

Part I – Preliminary Report

Center: _____

Address: _____

Supervisors: _____

Region: _____

Types of programs: CPE _____ Level I/Level II _____ Supervisory CPE

Evaluation of Materials:

1. Is the face sheet/checklist included? _____ Yes _____ No
2. Review and summarize annual reports, including Accreditation Committee and Commission Action.
3. Review and summarize other requested material required by Five-Year Review Checklist (*Accreditation Manual* Part Two, II. O.).
4. Evaluate if the student handbook is in compliance (*Accreditation Manual* Appendix 11).
5. Identify requests for additional information and recommendations for the center.

Reviewers: _____

Date: _____

APPENDIX 11

ACPE ACCREDITATION COMMISSION

REPORT OF COMMISSION WORK

Note: completion of this form begins at the regional level. Regional committee representatives complete the information up to the point that they send it to the Commission. Send this form, with the center's accreditation materials, to the presenter assigned by the Commission.

Center Name: _____

Type of Center: Institutional System Free Standing

Center Address: _____

Principal Supervisor: _____ **Phone** _____

Administrative Contact: _____ **Title** _____

(If satellite or component)

Name _____

Address: _____

Supervisor _____

The Center Requests the Commission Grant or Approve the Following:

Candidacy Accredited Membership Continued. Accredited Membership

Five-Year Review Remove Notation(s) Postpone Review (Extension)

Add Supervisory CPE Add a Satellite Program Add a Component Site

List a Satellite in the Directory Close a Program

Withdraw Center's Accreditation (Voluntary)

Regional Recommendation:

Region _____

Meeting Date: _____

Recommendation:

Vote: ___ Yes ___ No ___ Abstain

Commission Subcommittee:

Members: _____

Recommendation:

Vote: ___ Yes ___ No ___ Abstain

Commission Discussion:

Commission Action: Grant w/wo notation(s) Postpone action
 Deny request Assign Notation
 Give commendation(s)

Adverse Action: Suspend Accreditation Withdraw Membership

Commission Motion:

Vote: Yes No Abstain

Commission Chair: _____ **Date:** _____

Presenter or Regional Chair: _____ **Date:** _____

Next Review Date: _____

APPENDIX 12

**ACPE ACCREDITATION COMMISSION
PROPOSED CHANGES IN CENTERS AND PROGRAMS
REPORT OF ACTIONS**

Note: attach Changes in Centers and Programs Form and associated documentation submitted by the center.

Center _____

Region _____

PROVISIONAL ACTION BY THE REGION:

(Regional accreditation chair will communicate change to ACPE within 30 days.)

Date of action _____

Provisional action(s):

Regional Accreditation Chair Signature

REGIONAL COMMITTEE DISCUSSION, ACTION/RECOMMENDATIONS:

(Regional accreditation chair will present change to Commission for action)

Date of action: _____

Discussion/Action(s)/Recommendation(s):

ACCREDITATION COMMISSION SUBCOMMITTEE DISCUSSION AND RECOMMENDATION. (Include members present and vote.)

Date of action _____

Subcommittee members:

Discussion/Recommendation(s)/Vote:

Accreditation Commission Subcommittee Chair Signature

ACCREDITATION COMMISSION DISCUSSION, ACTION AND VOTE

(Commission chair will report action to national office)

Date of action _____

Discussion, action(s), vote:

Accreditation Commission Chair Signature

APPENDIX 13

**ACPE NON-DISCLOSURE AGREEMENT FOR INFORMATION
FROM STUDENT RECORDS ***

I understand that as a member of the ACPE Accreditation process, I may have access to information from confidential student records. I will not retain copies of those records or information, nor will I disclose or use any information I might obtain from them in any process other than the one in which I am currently authorized to participate.

Signature of ACPE member

Date

* Form is to be signed by anyone viewing or using student records in the context of an Accreditation Review if student records will be viewed.

APPENDIX 14

ACPE ACCREDITATION COMMISSION

Site Visitor Orientation and Training ~ Instructions for Site Team Members ~

Introduction

The key element in the ACPE accreditation review process is the site visit team. ACPE site visit teams are, with the exception of the program's supervisor(s), an institution's only face-to-face contact with representatives of ACPE. Site visit teams evaluate the ACPE center's feasibility study/self study and student handbook(s) for compliance with ACPE accreditation standards. The team confirms its findings through on-site observation of the program and facilities and interviews with students and support personnel. During the visit, site visit teams give consultation to supervisors, professional advisory groups and administrators about the quality of their CPE programs and of ways to strengthen or improve their programs. ACPE site visit teams, functioning in a professional manner as objective evaluators and with knowledge about the ACPE accreditation process, reflect positively on the association as a whole. Teams functioning in a non-professional, arbitrary manner or lacking knowledge about ACPE accreditation goals reflect poorly on the association.

This instruction guide is developed to better prepare ACPE site visit teams and their members to conduct high quality on-site accreditation review. A thorough review of this material will assure that ACPE site visit teams are well prepared in advance of the visit. The chair of the site visit team and team members should raise any questions or concerns about their role with the regional accreditation chair before the visit.

Thank you for your willingness to participate in this important work.

The ACPE Accreditation Commission

I. Basic Knowledge Required for Site Visits (See also Section VI Reference Material)

- Familiarity with the *ACPE Accreditation Manual* in general and requirements for the specific type of review in particular.
- Working knowledge of the procedures that govern site visits and the review of the type of center visited.
- Working knowledge of ACPE standards and *Accreditation Review Criteria* (Appendix 19, *ACPE Accreditation Manual*).
- Thorough understanding of the center's accreditation documents (feasibility study/self study and student handbook).

II. The Site Visit Team

- A full site review requires a three member site visit team; only one team member may be from outside the region in which the center is located.

- At least one team member should be experienced in the type of center under review and one experienced in conducting CPE programs similar to those of the center under review.
- The team may include a member of a cognate group.
- The center receives the names of the site visit team members at least six weeks prior to the visit. The center:
 - √ may request that one team member have expertise in a particular area and
 - √ may challenge the selection of any member of the team.
- If the review involves more than one program site, at least one member of the team must visit each program site. The team may be expanded to more than three members depending on the number of sites requiring on-site review.
- The regional accreditation committee chair may select one person to make the on-site visit when a center is adding Supervisory CPE or a component site at a time other than the Ten Year Review.

III. Expectations of Accreditation Site Visit Team Members

- Professional Dress: “Business professional.”
- Professional Interaction: The standard for interaction between members of ACPE site visits teams and center personnel is “collegial and consultative.” The Accreditation Commission expects that members of ACPE visit teams present themselves in a professional manner, with a spirit of collegiality and consultative intent. Team members will avoid confrontational encounters with center and institutional personnel.

IV. The Role of a Site Visit Team

Site visit teams conduct on-site surveys of CPE centers and programs. The scope and focus of a site visit team’s review will vary with the type of review.

- Candidacy Reviews: The team’s responsibility in the candidacy reviews is to evaluate the proposed center’s **potential to offer quality programs** of clinical pastoral education and its **preliminary efforts to demonstrate compliance** with ACPE standards.
- Accreditation Reviews: The team’s responsibility in accreditation or continuing accreditation reviews is to **evaluate the center’s compliance** with ACPE standards and **the quality of the educational programs** it offers.

Site teams review the center’s feasibility study/self study and student handbook in advance of the site visit. The purpose of the site visit itself is to:

- verify the center’s documentation is consistent with practice;
- assess quality of education offered students; and
- provide **consultation** to the center on requirements for **compliance** and ways to improve its **programs**.

A. Team Preparation

In advance of the scheduled site visit, members of the site team will:

- thoroughly review the ACPE *Accreditation Manual, Accreditation Review Criteria*

- (Appendix 19, *Accreditation Manual*), ACPE Standards, and this guide;
- read and thoroughly review the center's proposal or self study document and student handbook(s) to insure team members are knowledgeable about the center and its programs;
 - assess the center's readiness for a site visit and compliance with ACPE standards, identifying the center's potential strengths and weaknesses and areas for further discussion with the team;
 - meet by phone or communicate in other ways well enough in advance of the site visit to verify that all members have read the center's materials thoroughly; and
 - discuss whether the center's materials are of sufficient quality and the center's preparation is adequate for the site visit to occur.

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B. Site Visit Team May Determine a Center is not Ready for Review

If, based on its initial review, the team finds that the center's materials are not complete or do not meet the quality criteria set by the Commission¹, or the center is otherwise not prepared for a site visit, the team may ask the center to include additional material or revise all or part of its documentation and/or reschedule the site visit.

V. Guidelines for the Site Visit

The Accreditation Commission has formulated a set of guidelines to make this experience as valuable as possible for all concerned.

A. Site Visit Arrangements

The site visit arrangements, including the cost for hotel/motel accommodations and meals during the site visit, are the responsibility of the center under review. Travel expenses are the responsibility of the regional accreditation committee. These practices may vary by region.

B. On Site Preparation:

1. The chair should allow sufficient time for the team to share, collaborate, connect, and plan together before beginning their work with center personnel. The site visit chair is responsible for over-seeing the conduct of the site visit.
2. The chair of the site visit team verifies that all members have read the feasibility study/self study and student handbook(s) thoroughly.
3. The chair and site visit team review the appropriate standards and criteria applicable to the feasibility study/self study to insure all team members understand the evaluation criteria.
4. The chair works with the team to identify discrepancies in compliance identified by the site visit team that require further discussion and assessment with the supervisor(s) and center personnel.
5. The chair and the committee make a preliminary identification of the center's strengths and any areas of commendable practice.
6. Be certain to allow sufficient time for travel to and from site as well as for the

¹ See *ACPE Accreditation Manual*, Appendix 19 *Accreditation Review Criteria*.

visit itself.

C. Site Visit Team Participation:

The chair may ask team members to:

1. prepare a written evaluation of specific sections of the feasibility or self study based on ACPE standards.
2. convene one or more of the site visit meetings or serve as a process observer.
3. assist in the preparation and presentation of the exit summary report at the close of the site visit.

D. Site Visit Meetings and Activities Schedule

The time required to complete a site visit will vary depending on the complexity of the review. System center reviews are often the most complex and demanding, involving visits to two or more component sites before the visit to the administrative center. In most cases, site visits can be completed in one day, provided the team arrives the afternoon before the visit to complete its preparation. The following example illustrates the core elements of a site visit. The site visit chair has responsibility to negotiate the site visit schedule, meals and accommodations with the center supervisor(s) in advance of the visit.

Day 1: Site Team Arrival and Preparation

- **4:00 p.m.** Site team meets at a pre-determined location to prepare for the next day's activities. The team reviews the schedule, issues of compliance, and center strengths and weaknesses and determines what role individual team members will play in scheduled activities.
- **6:00 p.m.** Site team dinner meeting with center supervisor(s) to review the schedule for the visit and to invite discussion of the supervisor(s)' expectations for the visit.
- **8:00 p.m.** Site team meeting to complete final preparation for the visit and review individual site visitors' roles.

Day 2: Site Visit

- **8:00 a.m.** Site team gathers at a meeting room set aside for the team by the center.
- **8:30 a.m.** Site team meets with administrator responsible for program to assess program's financial and institutional support base.
- **9:00 a.m.** Site team members split up to review specific aspects of the center's operation:
 - one member reviews student records,
 - another member reviews past budgets and auditors reports, and
 - a third reviews minutes of the programs consultation group.
- **10:00 a.m.** Site team meets with department staff to discuss how various staff members are involved with and relate to students within the program.
- **11:00 a.m.** Site team meets with supervisor(s) to discuss annual reports and center's ongoing program evaluation process.
- **12:00 a.m.** Site team meets with the professional advisory group for lunch to discuss its role in program evaluation, the plan for completion of units in

progress and its faculty development plan.

- **1:30 p.m.** Site team meets with representative sample of program alumni to discuss their experience of the program and the ways in which they have used the training.
- **2:30 p.m.** Site team meets with current students to discuss their orientation process, knowledge of center policy and procedures and experience of the curriculum.
- **3:30 p.m.** Site team meets to organize its remarks for the exit interview by making a list of program strengths, standards deficiencies and the steps needed to address the deficiencies.
- **4:30 p.m.** The team holds an exit interview to provide a preliminary report of its findings, explain the next steps in the accreditation review process and answer questions.
- **5:00 p.m.** Site visit ends

E. Site Visit Summary and Follow-up

Following the site visit team members will:

1. participate in writing Site Visit Report Part I;
2. read the center's response to the Site Visit Report Part I and evaluate the extent to which it addresses the team's concerns and findings as outlined in the report; and
3. participate in writing the Site Visit Report Part II and recommendations.

VI. Documentation of Preparation and Training

Members of site visit teams must be competent and knowledgeable at their task. The Accreditation Commission requires site visit teams to document their qualifications and training (either through a workshop or self-study) to serve as ACPE site visitors. The site visit team chair is responsible for documenting the team's preparation and training as part of the Site Visit Report – Part I" (See Appendix 1).

Include the following information documentation of the site team members' qualifications and preparations:

- name, occupation, and credentials of each site team member;
- verification that members of the team have no conflict of interest with the center under review; and
- description of the team's preparation including verification that each member of the team either attended a site visitor training workshop or trained through self-study by reviewing the materials listed in Section VII Reference Material.

VII. Reference Material

Persons participating in accreditation reviews are required to review and be familiar with the following:

ACPE Standards 105.4, 105.5, 300-319.2;

ACPE Accreditation Manual (describes in detail procedures/requirements for

accreditation review); and
ACPE Accreditation Commission Policy and Procedure Manual.

The following list points out the location of specific procedures for accreditation review. Please read this material as part of your orientation to your role and responsibilities:

- *ACPE Accreditation Commission Policy and Procedure Manual*
 - III. A. Qualifications of Site Visitors
 - V. A. Bias and Conflict of Interest.

- *ACPE Accreditation Manual*
 - Types of Accredited Centers and Programs -- Part Two, Introduction
 - Types of Accreditation Review -- Part Two, II.
 - Appendix 11 *Requirements for Student Handbooks*
 - Appendix 17 *Appeal of Adverse Accreditation Decisions*
 - Appendix 19 *Accreditation Review Criteria.*

APPENDIX 15

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

The Accreditation Commission of the Association for Clinical Pastoral Education (ACPE) takes seriously any complaint alleging violations of education standards within accredited programs. Such complaints should be directed promptly to the Chair of the Accreditation Commission. The Accreditation Chair, in consultation with the ACPE Accreditation Staff, will commence the Education Review Process (ERP) – outlined below and detailed in the *Accreditation Commission Manual for Processing Allegations of ACPE Education Standards Violations*.

Education Program Complaint Review Process

I. General Information

A. A **complaint** is a **grievance** presented in writing and signed, involving an alleged violation of the education criteria established by the *ACPE Accreditation Standards (300's)*. The complaint must identify the specific standard(s) alleged violated. Complaints may be registered by those who consider themselves harmed by an alleged violation or by any person(s) having substantive knowledge of a violation of the *Education Standards (300's)*.

B. The complaint must name an individual(s) and/or program over which the Accreditation Commission [Commission] has jurisdiction. The person filing the complaint consents to the Commission complaint process and gives permission for the disclosure to the Commission, its representatives, and the respondent of all information necessary to process the complaint. In most instances, the complainant will be asked to submit an Accreditation *Education Complaint Form*.

II. Inquiries and Filing of Complaints

A. Complaints, or inquiries about filing them, are directed to the Chair of the Accreditation Commission [Chair] at: *ACPE*

*1549 Clairmont Road, Suite 103
Decatur, GA 30033*

If a complaint is not on an *Education Complaint Form*, the Chair will contact the complainant and request this be done if reasonably possible. The Chair will supply the complainant the form, a copy of the *ACPE Accreditation Standards (300)*, and the *Accreditation Commission Manual for Processing Allegations of ACPE Education Standards Violations* or the web address for each.

B. When the Chair receives a complaint form, the Chair sends it to the respondent/program named in the complaint and to the Accreditation Staff. The respondent will also be sent a copy of the *Accreditation Commission Manual for Processing Allegations of ACPE Education Standards Violations* and *Education Complaint Response Form*. The respondent has thirty (30) calendar days from the time of receiving the complaint material to complete the response form and return it to the Chair.

III. Initial Review

A. Within a reasonable time of receiving the complaint and the respondent's response, the Chair with the Accreditation Staff will determine whether or not the Commission has jurisdiction over the persons, program and allegations. Jurisdiction requires that:

1. the respondent-individual-program is a member/program accredited by the Commission;
2. the complaint alleges a violation which if it occurred would violate the Commission's education standards;
3. the alleged violations occurred in a context and during a time the member's/program's conduct was subject to the Commission's standards, and
4. the alleged violation falls within twelve months of the date of *filing* the complaint with the Chair. In unusual circumstances, at the discretion of the Chair with the Accreditation Staff, these limits may be extended.

B. If jurisdiction is established, the Chair with Accreditation Staff determines the direction the complaint will move. More than one option may be chosen:

1. If the nature of the alleged conduct of a member or program appears to be so egregious as to put students, the public, and/or the interests of the Commission in danger of imminent harm, the Chair and the Accreditation Staff in consultation with each other, have the option of convening an Emergency Board of Review as outlined in the *Accreditation Commission Manual for Processing Allegations of ACPE Education Standards Violations*.
2. Dismiss the complaint if no jurisdiction.
3. Dismiss the complaint without prejudice if it appears the situation is one that could be reasonably addressed by the parties and insufficient attempt has been made to seek resolution. The Chair may suggest approaches to resolution.
4. Offer a mediation opportunity if appropriate.
5. Refer the complaint for investigation and review.
6. The Chair may implicate additional violations of standards not named by the complainant. The respondent will be informed of those additions at the time of the investigation in order to respond.

C. Notification: As soon as reasonably possible the Chair will send notification by certified mail to the complainant and respondent of the action to be taken. If there will be an investigation, the notification will include the specific allegations, the standards alleged violated and the name, address and phone number of the investigator(s).

IV. The Investigative Phase: When an investigation is warranted, the Chair and the Accreditation Staff will appoint an investigator. The investigator must have training in processing complaints and be a former Commission member. The investigator will conduct the investigation according to the processes set forth in the *Accreditation Commission Manual for Processing Allegations of ACPE Education Standards Violations*.

V. The Case Review

A. A sub-committee of the Accreditation Commission is the designated case review body. The Committee Chair receives the investigative report and convenes the Committee to review the report, take follow-up action as necessary and recommend any enforcement action. The Accreditation Commission receives the Committee's enforcement recommendations and takes final action.

B. The Committee Review will follow the procedures set forth in the *Accreditation Commission Manual for Processing Allegations of ACPE Education Standards Violations*.

C. After reviewing the evidence and deliberating, the Committee shall reach one of two decisions:

1) No violation of Education Standards occurred.

2) A violation of the Education Standards did occur and the Committee will take follow-up action with the program as necessary to rectify the violation and guard against future violations.

D. When Committee finds a violation did occur, it may recommend enforcement actions to the Accreditation Commission which will follow-up, enact as appropriate, and perform the notification and record-keeping functions designated in the *ACPE Accreditation Manual, 2005 edition*.

VI. Notification of Findings and Action for Case Review & Appeals Process

A. The Committee Chair will notify the member/program and complainant of the action taken. The notification to both parties of the complaint will be sent by certified mail, return receipt requested, and shall include notification that either may appeal the decision. The limited grounds for appeal will be stated. Both shall be instructed not to make the notification public until the appeals process is over.

B. No public notification shall be made until after the appeal process is completed.

C. When no appeal is filed, an appeal is denied, or after the appeal process is completed, notification shall occur according the Accreditation Notification process in the *ACPE Accreditation Manual, 2005 edition*.

VII. Appeals Process

A. Appeals of Committee decisions and actions are sent to the Chair of the Accreditation Commission.

B. The complainant may appeal the decision but not the follow-up actions or enforcement recommendations. The respondent may appeal either or both.

C. The Appeals Process shall follow the procedures set forth in the *Accreditation Commission Manual for Processing Allegations of ACPE Education Standards Violations*.

D. Grounds for appeal are limited to (a) the party was refused reasonable opportunity to obtain and present evidence within the *Accreditation Commission Manual for Processing Allegations of ACPE Education Standards Violations*, (b) gross irregularity in the proceedings as established by these guidelines, either of which would have led to a substantially different outcome.

E. If the appeal is not granted, the Committee follow-up actions and any Commission enforcement proceed.

F. Appeal decisions by the Commission are final and binding on the Commission, ACPE and its members and programs.

APPENDIX 16

**POLICY FOR COMPLAINTS AGAINST THE
ACCREDITATION COMMISSION**

The Accreditation Commission (Commission) is committed to fair and impartial administration of the Education Standards (300's) (Standards) of the Association for Clinical Pastoral Education (ACPE). The Commission follows these Standards in its established accreditation practices, on-site reviews, and administrative functions. Allegations that the Commission or its representatives have failed to follow its processes or misapplied the Standards will receive prompt, unbiased attention. No source making a good-faith complaint will be retaliated against, harassed, or jeopardized in accreditation decisions on the basis of having filed a complaint.

This complaint process does not apply to charges relating to adverse accreditation action or citations for non-compliance. Those must follow the *Appeal of Adverse Accreditation Decision(s) ACPE Standard 320* process set forth in *Appendix 17* of the *ACPE Accreditation Manual Revised 2005*.

Complaint Review Process For Allegations of Commission Violations

I. General Information

A. A **complaint** is a **grievance** presented in writing and signed, involving an alleged violation by the Commission or its representatives of the *ACPE Accreditation Standards (300's)* or Commission processes enumerated in the *ACPE Accreditation Manual Revised 2005*. The complaint must identify the specific standard(s) or process alleged violated and state specifically how it was violated. Complaints may be registered by those who consider themselves harmed by an alleged violation or by any person(s) having substantive knowledge of a violation.

B. The complaint must name the Commission, its representative(s) or staff. The person filing the complaint consents to this complaint process and gives permission for the disclosure to the Commission, its representatives, and the respondent of all information necessary to process the complaint.

II. Inquiries and Filing of Complaints

A. Complaints, or inquiries about filing them, are directed to the Chair of the Accreditation Commission [Chair] at: *ACPE*

*1549 Clairmont Road, Suite 103
Decatur, GA 30033*

If the complaint is against the Chair, it should be sent to the same address in care of the Accreditation Staff (Staff). The complainant will be supplied a copy of the *Education Complaint Response Form*, the *ACPE Accreditation Standards (300)* and the *Accreditation Commission*

Manual for Processing Allegations of ACPE Education Standards Violations or the web address for each within a week of receipt of the inquiry.

B. When the Chair or Staff receives a complaint it is sent to the respondent named in the complaint who will also be sent a copy of the *Accreditation Commission Manual for Processing Allegations of ACPE Education Standards Violations* and *Education Complaint Response Form*. The respondent has thirty (30) calendar days from the time of receiving the material to complete the response form and return it to the Chair or Staff.

III. Initial Review

A. Within a reasonable time of receiving the complaint and the respondent's response, the Chair (or Staff) will determine whether or not the Commission has jurisdiction over the person/entity named and allegations. Jurisdiction requires:

1. the complaint alleges a violation which if it occurred would violate the education standards or Commission process;
2. the alleged violations occurred in a context and during a time the person/entity was subject to the Commission's processes or Standards, and
3. the alleged violation falls within three months of the date of *filing* the complaint with the Chair (Staff). In unusual circumstances, at the discretion of the Chair with the Accreditation Staff, these limits may be extended.

B. If jurisdiction is established, the Chair or Staff determines the direction the complaint will move. More than one option may be chosen:

1. Dismiss the complaint without prejudice if it appears the situation is one that could be reasonably addressed by the parties and insufficient attempt has been made to seek resolution. The Chair (Staff) may suggest approaches to resolution.
2. Offer a mediation opportunity if appropriate.
3. Refer the complaint for investigation and review.
4. The Chair (Staff) may implicate additional violations of standards or process not named by the complainant. The respondent will be informed of those additions at the time of the investigation in order to respond.

C. Notification: As soon as reasonably possible the Chair (Staff) will send notification by certified mail to the complainant and respondent of the action to be taken. If there will be an investigation, the notification will include the specific allegations, the standards or process alleged violated and the name, address and phone number of the investigator(s).

IV. The Investigative Phase: When an investigation is warranted, the Chair (Staff) will appoint an investigator. The investigator must have training in processing complaints and be a former Commission member. The investigator will conduct the investigation according to the processes set forth in the *Accreditation Commission Manual for Processing Allegations of ACPE Education Standards Violations* as adapted therein to the Commission.

V. The Case Review

A. Three former members of the Commission who have been trained in reviewing complaints and have had no involvement in the investigation will be appointed by the Chair (Staff) as the designated case review body (Review). They receive the investigative report and take follow-up action as necessary recommending any enforcement action. The Accreditation Commission receives the Review's recommendations and takes final action. If the Accreditation Commission is itself the respondent, three former members of the Commission not involved in the case will receive the recommendations and take final action.

B. The Review will follow the procedures set forth and adapted to the Commission in the *Accreditation Commission Manual for Processing Allegations of ACPE Education Standards Violations*.

C. After reviewing the evidence and deliberating, the Review body shall reach one of two decisions:

1) No violation of Standards or process occurred.

2) A violation of Standards or process did occur and the Commission will take follow-up action as necessary to rectify the violation and guard against future violations.

D. When Review finds a violation did occur, it may recommend enforcement actions to the Commission which will follow-up, enact as appropriate. These may include further training of personnel and/or modification of practices to comply with the Commission's established accreditation procedures. The Commission will perform the notification and record-keeping functions designated in the *ACPE Accreditation Manual, 2005 edition*.

D. The complainant, respondent and any other parties will be notified in writing of the decision and outcome.

E. The decision is final and binding on the Commission and the Association for Clinical Pastoral Education, Inc.