FINAL ANALYSIS AND RECOMMENDATION FOR
ACPEI
Meeting Date: 07/2022

Type of Submission:
Renewal Petition

Current Scope of recognition:
The provisional accreditation and accreditation of both clinical pastoral education (CPE) centers and Certified Educator CPE programs within the United States, including those that offer those programs via distance education.

Criteria: 602.10(a-b) Link to Federal Programs

Narrative:
Recognition by the United States Secretary of Education, through the United States Department of Education, is a required element in enabling the Association for Clinical Pastoral Education, Inc. and its accredited centers and programs to establish eligibility to participate in various programs administered by the Department of Education and by other federal agencies. Those programs are as follows: (1) International Exchange Visitors Program. ACPE has been designated as a sponsor in the International Student Exchange Visitor Program by the United States Department of State, Educational and Cultural Affairs Bureau. The Association’s sponsoring agency number is P-3-4388. The Department of State criteria requires the sponsors in its “trainee” category to provide evidence of accreditation; the regulation defines an accredited educational institution as “a nationally recognized accrediting agency or association as recognized by the United States Secretary of Education” or requires that all post-secondary institutions (such as ACPE and its educational centers) “shall also be accredited by a nationally recognized accrediting agency or association as recognized by the United States Secretary of Education”. As a designated sponsor, ACPE sponsors student exchange visitors enrolled in ACPE accredited centers. All sponsored students are entered in the federal Student Exchange Visitor Information System (SEVIS) database. The ACPE files an annual report with the US Department of State regarding the activity level of this program. A list of the current ACPE Student Exchange Visitors is in Exhibit 1. (2) Veterans Educational Benefits (GI Bill). The Montgomery GI Bill and other veterans’ bills have educational benefits for both active duty and reserve veterans. In order for veterans to take CPE under these bills, the CPE center and its courses must be approved by representatives of the Department of Veterans Affairs. The regulations state that the Department of Veterans Affairs may approve a course if “the course has been accredited and approved by a nationally recognized accrediting agency or association.” The regulations further state that a “nationally recognized accrediting agency or association is one that appears on a list published by the Secretary of Education.” For schools such as the ACPE’s accredited centers to qualify to offer programs eligible for veterans’ education benefits, they must meet the qualification stated above. (3) VA Academic Affairs. ACPE has thirty three (33) accredited Veterans Administration medical centers as ACPE Centers. The Department of Veterans Affairs employs a number of ACPE Certified Educators. These ACPE accredited centers provide programs of CPE for veterans and non-veterans, military and non-military. Exhibit 2 documents the importance of ACPE and clinical pastoral education in the VA health system. Exhibit 3 is a List of Currently Accredited VA ACPE accredited centers.

Document(s) for this Section

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<td>Exhibit 2</td>
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## Analyst Worksheet - Narrative

### Analyst Review Status:
Does not meet the requirements of this section

### Staff Determination:
The agency must identify the relevant statute, regulation, or non-HEA-Federal program that requires accreditation by an accrediting agency recognized by the U.S. Department of Education and document that one of its accredited programs has established eligibility to participate (by participating, applying to participate, or demonstrating intent for a program to expeditiously apply) through the agency's accreditation.

### Analyst Remarks to Narrative:
The agency identifies 3 potential Federal links.

First, the agency identifies its role as a sponsor for students in the International Student Exchange Visitor Program by the Department of State. While the agency describes some of the Department of State's criteria in this area, it does not provide as an exhibit the statute or regulations, nor identify them for review. The agency provided a list of students that the agency serves as a sponsor for, but the list provided does not document which programs the students are enrolled in nor identify ACPE as the sponsor. Furthermore, the agency's description of the program does not indicate that the eligible entity for this program is a program. It appears that the eligible participants are individual students, in which case this program would not serve as a Federal link.

Second, the agency identifies the GI Bill as a Federal link. The agency did not identify a part of the statute that is applicable to its programs, nor did the agency demonstrate that at least one of its programs has established eligibility to participate in a program founded in the GI Bill. However, the GI Bill appears to allow programs to participate even if they are not accredited, meaning that accreditation is not a required element for a program to participate in this program.

Third, the agency notes that 33 of its programs are associated with Veteran's Administration medical centers and provides a list of those centers. The agency notes that its graduates are sometimes employed by the VA and that their centers serve veteran students. However, the description of this relationship did not identify a specific Federal program by statute to evaluate as a Federal link, nor did the agency document the participation of any of its accredited programs in a valid Federal program.

The agency must identify the relevant statute, regulation, or non-HEA Federal program that requires accreditation by an accrediting agency recognized by the Department of Education and document that one of its accredited programs has established eligibility to participate (by participating, applying to participate, or demonstrating intent for a program to expeditiously apply) through the agency's accreditation.

### List of Document(s) Uploaded by Analyst - Narrative
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### Response:
ACPE accredits several higher education programs that require accreditation by an accrediting agency recognized by the Secretary of Education in order for the educational program to participate in a specific non-Higher Education Act (HEA) federal program. 34 C.F.R. § 602.10(b). Although the
applicable regulation requires the identification of “at least one” such program, ACPE has identified an entity, Durham VA Medical Center, that relies upon ACPE’s accreditation to participate in a non-HEA federal program.

Specifically, ACPE accreditation is a required element in enabling the Durham VA Medical Center to establish eligibility to participate in the Post 9/11 Educational Assistance program, otherwise known as the Post 9/11 GI Bill (38 U.S.C., Pt. III, Ch. 33). The Post 9/11 GI Bill is a non-HEA federal program that provides funding for eligible veterans or their dependents to attend clinical pastoral education (“CPE”) programs approved by the Secretary of Veterans Affairs (“VA Secretary”). See 38 U.S.C. § 3680(g)(1) (vesting the Secretary with the authority to “prescribe, determine and define with respect to an eligible veteran and eligible person” enrollment in, pursuit of, and attendance at “a course or program of education or training.”).

To receive Post 9/11 GI Bill funds, a CPE program must be approved by the VA and, to receive that approval, the VA requires that these courses be accredited by a nationally recognized accrediting agency.

The first federal link is set forth in 38 C.F.R. § 21.4265, which identifies the types of practical training approved by the VA as institutional training or on-job training. 38 C.F.R. § 21.4265(e) expressly states that clinical pastoral courses, such as those that ACPE accredits, qualify as approved “professional training courses” eligible for veterans’ educational benefits only if those programs are accredited by a Department of Education-recognized accrediting agency:

(e) Professional training courses.
(1) Any non-medically related professional internship program, such as a clinical pastoral course, will be recognized as an institutional course when it is accredited as an institutional course by a nationally recognized accrediting agency, and
(2) The approved facility for such a course must be the institution or other facility where the training is given.

Id. 38 C.F.R. § 21.4253(c) states “[a] nationally recognized accrediting agency or association is one that appears on the list published by the Secretary of Education as required by 38 U.S.C. § 3675(a).”

ACPE-accredited clinical pastoral courses are “professional training courses” because they are “non-medically related professional internship program[s], such as a clinical pastoral course,” 38 C.F.R. § 21.4265(e)(1); and are accredited by ACPE, a nationally recognized accrediting agency that “appears on the list published by the Secretary of Education as required by 38 U.S.C. § 3675(a).” 38 C.F.R. § 21.4253(c). As a programmatic accreditor, ACPE accredits the clinical pastoral programs in compliance with 38 C.F.R. § 21.4265(e)(2).

Indeed, the Durham VA Medical Center CPE program is approved by the VA as a practical training course. See Exhibit 217.

In addition to 38 C.F.R. § 21.4265(e), 38 C.F.R. § 21.4275(e) expressly references “clinical pastoral course[s]” in subpart D’s directives regarding how to assess and measure courses when administering funding. See id. (“Professional training courses. Nonmedically related professional training courses, such as the clinical pastoral course, shall be measured in semester hours of attendance or clock hours of attendance per week, whichever is appropriate.”). This further emphasizes the VA Secretary’s intent, through VA regulations, that CPE programs be eligible to receive Post 9/11 GI Bill funding.

Taken together, it is clear that ACPE-accredited CPE programs qualify as approved “professional training course[s]” eligible for VA benefits only if ACPE retains its status as a nationally recognized
accrediting agency. Thus, ACPE must maintain its status as a nationally recognized accrediting agency, or the Durham VA Medical Center CPE program will not comply with 38 C.F.R. § 21.4265(e)(1)’s accreditation requirement and will not qualify as an approved professional training course where veterans may use their educational benefits under the Post 9/11 GI Bill.

ACPE has also identified a second federal link. The regulation addressing the Administration of Educational Assistance Programs—which includes the Post 9/11 GI Bill—is clear: education benefits are payable only if the eligible individual is pursuing a “course approved in accordance with the provisions 38 U.S.C. chapter 36.” See 38 C.F.R. § 21.4210(a)(1). Approval in accordance with the provisions of 38 U.S.C. chapter 36 is permissible only when “such courses have been accredited and approved by a nationally recognized accrediting agency or association. 38 U.S.C. § 3675(a)(1)(A); see also 38 C.F.R. § 21.4253(a) (“A course may be approved as an accredited course if it meets one of the following requirements: (1) The course has been accredited and approved by a nationally recognized accrediting agency or association.”). 38 C.F.R. § 21.4253(c) states “[a] nationally recognized accrediting agency or association is one that appears on the list published by the Secretary of Education as required by 38 U.S.C. § 3675(a).” Per 38 U.S.C. § 3675(a)(2)(A), “the Secretary of Education shall publish a list of nationally recognized accrediting agencies and associations which that Secretary determines to be reliable authority as to the quality of training offered by an educational institution.” The Durham VA Medical Center qualifies as an “educational institution” because it is an “institution furnishing education for adults.” 38 U.S.C.S. § 3452(c) (“The term “educational institution” means any public or private elementary school, secondary school, vocational school, correspondence school, business school, junior college, teachers’ college, college, normal school, professional school, university, or scientific or technical institution, or other institution furnishing education for adults.”). And 38 U.S.C. § 3675(a)(1)’s language expressly allows for approval of “non-degree accredited programs” like the Durham VA Medical Center’s CPE program—which is classified by the Web Enabled Approval Management System (“WEAMS”) as a non-college degree program—if the courses have been “accredited and approved by a nationally recognized accrediting agency or association.” Id.

Thus, Durham VA Medical Center’s CPE program qualifies as an “approved educational course” only if it “ha[s] been accredited and approved by a nationally recognized accrediting agency.” 38 U.S.C. § 3675(a)(1). It is because these CPE courses qualify as approved educational courses and are accredited by ACPE (which is an accrediting agency recognized by the Secretary of Education) that they are eligible for benefits under the Post 9/11 GI Bill and thus establish the federal link required by 34 C.F.R. § 602.10(b). If ACPE’s recognition is revoked, the Durham VA Medical Center CPE program will no longer be eligible for Post 9/11 Educational Assistance program funds.

In sum, these federal regulations clearly establish that accreditation by a nationally recognized accrediting agency enables the ACPE-accredited Durham VA Medical Center CPE program to establish eligibility to participate in the Post 9/11 GI Bill educational assistance program.

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**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

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**Criteria: 602.11(a-c) Geographic Area of Accrediting Activities**

**Narrative:**
The ACPE is a national accrediting body with accredited centers in a majority of states throughout the US. The ACPE is incorporated in the State of Georgia (Exhibit 4 ACPE By-laws, Article 1). The Board of Directors authorizes its Accreditation Commission to accredit programs of Clinical Pastoral Education (Exhibit 5 ACPE By-laws, Article 6).

The master list of Accredited Centers (Exhibit 6) demonstrates that ACPE accredits centers throughout the United States.

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### Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency accredits programs on a nationwide basis and therefore qualifies for recognition in accordance with 602.11(c). The agency provided a list of its accredited programs and their locations which demonstrate the agency's national geographic scope.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

### Analyst Worksheet - Response

**Analyst Review Status for Response:**

Not Reviewed

### Criteria: 602.14(a) Category of Agency

**Narrative:**

The Association for Clinical Pastoral Education is an accrediting agency as described in 602.14(a)(2) with (i) a voluntary membership, and (ii) has as its principal purpose “the accrediting of higher education programs, or higher education programs and institutions of higher education, and that accreditation is a required element in enabling those entities to participate in non-HEA Federal programs”. The purpose of ACPE “is to affect people’s lives through provision of spiritual care education (i.e. Clinical Pastoral Education). The ASSOCIATION may provide spiritual health education as a part of post-graduate education or other education delivery methods.” (Exhibit 7 ACPE By-laws Article 2). To accomplish this purpose, ACPE accredits three types or settings of programs of clinical pastoral education (CPE): institution sponsored, system sponsored and freestanding. Accreditation consists of two stages: Provisional Accreditation and
Accredited Member status. The programs of CPE (Level I/Level II) and Certified Educator CPE are accredited as are the centers that conduct the programs. ACPE currently has a total of 307 accredited centers. (Exhibit 6: ACPE Accredited Centers List)

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Analyst Worksheet- Narrative

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:
The agency identifies itself as an agency with a voluntary membership which is seeking recognition for the purpose of accrediting higher education programs where that accreditation is a required element in enabling those entities to participate in non-HEA Federal programs. The agency then describes its purpose as the provision of spiritual care education. The agency meets the description for 602.14(a)(3). It should be noted that the numbering has changed for these regulations, so that 602.14(a)(2) under the prior regulations is now found in 602.14(a)(3).

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status for Response:
Not Reviewed

Criteria: 602.15(a)(1) Staffing/Financial Resources

Narrative:
The administrative staff of the national office of the Association for Clinical Pastoral Education, Inc. responsible for accreditation activities are: [b](6) Associate Executive Director, (Exhibit 10) and [b](6) Administrative Assistant, (Exhibit 11). See also the ACPE Organizational Chart (Exhibit 16).

The Financial Statements and the Independent Auditors Reports for fiscal years 2018 (Exhibit 14) and 2019 (Exhibit 15) and the 2019 and 2020 budgets (Exhibit 12) demonstrate that the Association for Clinical Pastoral Education, Inc. has sufficient funds to operate and conduct its accrediting activities. In addition to the income and expenses related to the accrediting activities of the Commission, the ACPE also provides for the salaries of the administrative personnel who provide accreditation services in the office. The ACPE sources of income have been consistent and stable since the organization’s inception. The ACPE Budget Sheet and audited financial statements demonstrate reliable sources of income.
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**Analyst Worksheet- Narrative**

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide a budget that clearly identifies income and expenditures used for accreditation for 2019 and 2020. The agency must demonstrate how its current expenditures on accreditation are sufficient to meet the agency's needs in this area. The agency must provide position descriptions and staff responsibilities for accreditation staff and discuss how the current level of staffing is sufficient to meet the agency's needs related to accreditation. The agency must identify what percentage of time is allotted to accreditation for the Associate Executive Director position. The agency must provide information and documentation on staff member initial and recurrent training on agency policies and procedures. The agency must provide information and documentation on staff training related to distance education.

**Analyst Remarks to Narrative:**
The agency provided budgets (Exhibit 12) and audited financial statements (Exhibits 14 and 15) for 2019 and 2020 to demonstrate its fiscal capacity to carry out its operations. However, the agency does not differentiate in its budgets its accrediting activities from its other activities and expenses. The agency identifies $[b(6)] dollars received in the category "Accreditation" for 2019. However, expenditures associated with accreditation could not be parsed out from the budget provided. The salaries and benefits categories seems to encompass 11 individuals, only 2 of whom work in accreditation. There is a line item for a commission on accreditation, but it is not clear where in the expenditures the site visitor expenses or other expenses specific to accreditation are included. It is not possible to determine from this budget the agency's expenditures specific to accreditation, or to determine whether the agency has sufficient fiscal capacity to meet its needs related to accreditation. The agency must provide a budget that clearly identifies income and expenditures used for accreditation for 2019 and 2020 or provide additional information that would pinpoint income and expenses associated with the agency's accrediting functions. The agency must demonstrate how its current expenditures on accreditation are sufficient to meet the agency's needs in this area.

The agency identifies two staff members responsible for accrediting activities which include Associate Executive Director Marc Medwed and Administrative Assistant Kimberly Yates. Position descriptions were not provided for these two positions. Therefore, it is unclear to Department staff what percentage of time is dedicated to accreditation activities. The agency has not established that this level of administrative staffing is sufficient for the agency's accreditation purposes given the
number of programs overseen by the agency. The Associate Executive Director position includes supervision of three additional staff members who do not work with accreditation, indicating that the Associate Executive Director position is only assigned part time to accreditation. The administrative staff member's resume indicates that she conducts record-keeping and administrative tasks. The agency must provide position descriptions and staff responsibilities for accreditation staff and discuss how the current level of staffing is sufficient to meet the agency's needs related to accreditation. The agency must identify what percentage of time is allotted to accreditation for the Associate Executive Director position.

The agency did not identify what initial or recurrent training on agency policy and procedures that staff members must complete. No information was provided on any training related to distance education. A file review and observation are pending. Department staff will use them to further evaluate any training materials used to educate staff and agency representatives about the agency's standards, policies and procedures, as well as attendance records, if available, and any other documentation of training events.

### List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

**Response:**

ACPE is well funded for its Accreditation operations as demonstrated in the attached accreditation specific budgets (Exhibit 120). ACPE Accredited centers pay a yearly membership fee, which covers all accreditation expenditures and the six year, on-site visit. Additionally, the fees support the twice yearly, in-person (outside of the pandemic) leadership meetings when the Commission convenes to make its accreditation decisions.

ACPE has two designated staff members to support the work of the accreditation commission. A revised organizational chart has been uploaded as Exhibit 222. [b](6) provides direct support to accreditation 95% of her time, with the remaining 5% of her time overseeing the J1 Visa process which indirectly supports accreditation and our centers. An updated version of [b](6) credentials have been uploaded as Exhibit 221 and the job description for the [b](6) is uploaded as Exhibit 122. The resumes of the [b](6) and our senior finance person are included as exhibits 121 and 145.

[b](6) has 95% of his time allocated to accreditation and 5% of his time allocated to the Educator Certification process. An updated version of [b](6) credentials have been uploaded as Exhibit 220.

Together, the administrative assistant and Associate Executive Director are sufficient to support the work of the Accreditation Commission. In ACPE, the commission is tasked with overseeing and implementing the policies and procedures for the accreditation processes that take place. Under the leadership of the chair, each commissioner has responsibility for approximately 30 accredited centers and oversees accreditation needs and concerns for each one. When questions or issues arise, they seek consultation from the chair or from the Associate Executive Director. When centers need assistance with accessing portfolios or with the ACPE database, they seek consultation from the administrative assistant. There have been no identified concerns as to the level of support and oversight of the accreditation process from the ACPE office staff.

As the primary persons overseeing accreditation activities, significant time is devoted to training for the accreditation commission. Exhibits 124, 125, and 126 demonstrate continuing education time for commissioners that was allocated at their regular meetings. Additionally, Exhibits 127-130 are examples of various training materials that have been developed for Accreditation Commissioners and other persons who are involved in accreditation at various times.
Narrative:
The Accreditation Commission is responsible for the evaluation of CPE programs and institutions applying for provisional accreditation, accreditation, or continuation of accreditation status through the ACPE Program Standards and Portfolio Expectations (Exhibit 17). The Accreditation Commission establishes policies regarding accreditation and makes the final decision regarding all accreditation requests. The Commission is made up of fifteen persons: a chair, chair-elect, ten ACPE Certified Educators, two public members and a practitioner member. The practitioner member and the public members are nominated by the Commission and appointed by the ACPE Board of Directors.

Qualifications for commission membership are listed in Exhibit 9. Exhibit 18 provides a list of current Commission members; resumes indicating their qualifications and experience can be found in Exhibits 19-33.

Training and orientation required for all persons involved in accreditation activities are conducted using the ACPE Training Manual for National Site Team Chairs 2020 (Exhibit 34). The Accreditation Commission provides training for commission members, site team visitors, and portfolio reviewers during meetings of the Commission, at ACPE Annual Conferences, and virtually. Exhibit 35 is a summary of the various educational and training sessions that have taken place since summer 2017. Included in this summary are sessions on understanding the new accreditation process that were conducted virtually over the course of several months.

Furthermore, the preparation and orientation of site visitors is documented in the site visit team’s report part I (Exhibit 60). A special training document has been developed for practitioners on site teams as well (Exhibit 37).

Document(s) for this Section

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide further information and documentation as to what initial and recurrent training is required and completed by commissioners, appeal panel members, and site visit teams. The agency must provide the names of all individuals serving on all decision-making bodies, including appeals panels. The agency must explain the role that each person filled, and the policies and procedures related to their selection. The agency must provide a roster of all individuals who in the past year participated on site visit teams with an indication of the specific focus of each member on that team. The agency must provide documentation of their training. The agency must provide documentation demonstrating its evaluation of the performance and competence of site team members. The agency must provide the qualifications for the members that conducted the included 2020 site visit example. The agency must provide information and documentation on staff training related to distance education.

**Analyst Remarks to Narrative:**
The agency outlines qualification requirements of Commission members in the Qualifications and Credentials of Persons Involved in Accreditation Evaluation publication (Exhibit 9).

**Commission**

The commission is comprised of 15 members. The list of Accreditation Commission members identifies the specific role (educator, practitioner, or public member) that each member fulfills. Exhibits 19 to 33 are commission member resumes and demonstrate the qualifications required to fulfill their roles at the agency. Agency policy requires commissioners have sufficient knowledge and expertise to permit competent assessment of programs of clinical pastoral education. The policy requires inclusion of educators, practitioners and public members (Exhibit 9). The policy requires commissioners to 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 providing spiritual care 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 (Exhibit 9).

The agency provided summary documentation of education and training activities that took place...
over a three year period (Exhibit 35). However, the agency policy is not clear on what training is required of commissioners. The policy included in Exhibit 9 states that commissioners will complete an orientation on learning their roles and responsibilities and that the orientation will be accomplished through e-mail correspondence, conference calls, or in person orientation at Commission meetings. However, the agency does not provide any information as to whether or not it has a formalized recurrent training policy. No information was provided on any training related to distance education. A file review and observation are pending. Department staff will use them to further evaluate any training materials used to educate agency representatives about the agency’s standards, policies and procedures, as well as attendance records, if available, and any other documentation of training events.

Appeals Panels

The agency provided its policy on appeals panels in another section (see Exhibit 40 at 602.15(a)(5)). Panel members are required to be agency Certified Educators, cognate group members, and representatives of other disciplines. They must have expertise in accreditation and knowledge of ACPE standards. They must have training in judicatory or complaint and appeal processes within ACPE. The agency did not address if it provides this training. It did not provide a roster of any individuals who have served as appeal panel members. No information was provided on any training related to distance education. A file review and observation are pending. Department staff will use them to further evaluate any training materials used to educate agency representatives about the agency’s standards, policies and procedures, as well as attendance records, if available, and any other documentation of training events.

Site Visitors

The agency provided its Site Team Chair manual (Exhibit 34). Site teams are typically composed of a three person team: a Chair, an agency Certified Educator, and a practitioner. The Chair must be an agency Certified Educator, have documented experience as a prior site team member, demonstrate collegial and collaborative leadership, and be a skilled writer and communicator (Exhibit 34, p. 12). Practitioners must have successfully completed at least four units of agency accredited clinical pastoral education and be actively serving in a spiritual care position (Exhibit 34, p. 8).

The agency’s Commission Chair receives recommendations for site team members from the commission members and then chooses the team. The commission approves the selection. The Commission Chair is responsible for orienting and providing continued education to the site team members. The Commission Chair also evaluates the performance of the site team by reviewing the team’s work and utilizing feedback forms from co-members of the team as well as members of the site that was visited. The information is used to determine if further training is needed or if removal from future site visits is warranted (Exhibit 34, p. 12). However, no documentation was provided demonstrating the use of this policy. A member of the commission is assigned to the site visit team to assist in training new site team members. The training is to prepare members for the entirety of the site review process. However, no documentation of this training was provided. The members are provided with the agency’s accreditation manual as well as the site team manual. Members are sometimes permitted to be included as observers at other site visits being conducted by the agency. (Exhibit 34, p. 25).

The site team manual provides information and instruction on delegation of duties, scheduling the visit, document review, required interviews, confidentiality, evaluating physical resources of the site, and identifying and addressing issues (Exhibit 34, pp. 27-37).

No records of the qualifications were provided for any of the persons that participated in the agency’s enclosed sample 2020 site team visit (see Exhibits 60 and 61 in 602.16(a)(1)(ii)).
No information was provided on any training related to distance education. A file review and observation are pending. Department staff will use them to further evaluate any training materials used to educate agency representatives about the agency's standards, policies and procedures, as well as attendance records, if available, and any other documentation of training events.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:
Commission

Newly elected commissioners participate in a substantive orientation to their role as outlined in Exhibit 131. The orientation includes a thorough overview of the accreditation process, required reading and learning of the standards for accreditation, and an understanding of the various persons involved in the process. This is a requirement for all new commissioners. Additionally, commissioners must have demonstrated experience with accreditation, either through participation in a site visit team, a reviewer of a portfolio, or a member of a cohort accreditation committee. The commission participates in regular continuing education related to the standards and processes and procedures. These required sessions take place at a monthly meeting conducted online and at the twice-yearly, in person leadership meetings. Topics for continuing education are determined by the demonstrated needs and issues that arise. Exhibits 127-130 are sample training presentations that are used for the commission members.

Appeals Panels
ACPE maintains a pool of qualified persons to serve on an appeal panel. As appeals happen infrequently, orientation and training to the appeals process occurs on demand if an appeal is filed by a center. Exhibit 223 is a copy of an email sent to our only appeal panel. The email identifies the three members of the appeal panel, an ACPE Certified Educator, a member of the public, and a spiritual care practitioner. The email further outlines the requirements for an appeal, their role in the appeal process and the expectations and timeline for the process. This example follows the current ACPE appeal process, but as noted in this petition under 602.25f, ACPE's current appeal process is not in compliance and is therefore being revised to adhere to current requirements.

Site Visitors
The Accreditation Commission utilizes a survey mechanism to assess the effectiveness of the site visit and the site team members. Exhibit 132 is a copy of the survey sent to centers upon completion of their site visit process. Exhibit 133 is an Evaluation of the National Site Team Chair by the Site Team Members and exhibit 134 is an Evaluation of Site Team Members by the National Site Team Chair and the other site team members. Results of these survey forms are collected by the Associate Executive Director and shared with the Chair of the Accreditation Commission for review and action if needed. The feedback provided has not indicated any areas of concern with specific persons, but have informed continuing education of the commission and National Site Team Chairs.

Training of the site team members is done by the the National Site Team Chair in preparation for the site visit as indicated on page 17 in the National Site Team Chair Manual (Exhibit 34). This is also documented in Exhibit 135, the Part I Report of the UCSD Site Visit.

The Part I Report from the HSL site visit (Exhibit 224) indicates that the members of the site team include the National Site Team Chair, who is an ACPE Certified Educator, who is an ACPE Certified Educator, and who is the practitioner member of the team. Additionally, the Part I report of the USCD Site Visit (Exhibit 135) identifies as the National Site Team Chair and is an ACPE Certified Educator,
who is an ACPE Certified Educator, and \((b)(6)\) who is a Board Certified Chaplain and is the practitioner member of the team.

Analyst Worksheet - Response

Analyst Review Status for Response:
Not Reviewed

Criteria: 602.15(a)(4) Educator/Practitioner Representatives

Narrative:
The Accreditation Commission is comprised of twelve ACPE Certified Educators (one is chair, one is chair-elect, and the rest are members), two public members, and one clinical practitioner. See exhibit 18 for the Commission Roster and exhibit 9 for the qualifications for Commission membership.

The clinical practitioner and the public members are selected by the Commission and are approved by the Board of Directors. The role of the practitioner for the site team is defined in the Practitioner Training Document (Exhibit 37). The role of the practitioner for the Commission is defined in the Commission Qualifications (Exhibit 9).

Site Teams are comprised of 3 persons: 2 ACPE Certified Educators and one practitioner (Exhibit 38).

Document(s) for this Section

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Analyst Worksheet - Narrative

Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:
The agency must provide documentation demonstrating that membership of all decision-making bodies includes educators and practitioners.

Analyst Remarks to Narrative:
The agency is a programmatic accreditor. It outlines the qualifications requirements of Commission members in its Qualifications and Credentials of Persons Involved in Accreditation Evaluation publication (Exhibit 9). The commission is comprised of 15 members.

Resumes of commission members were included in a prior section (see Exhibits 19 to 33 in 602.15(a)(2)). The list of commissioners clearly identified Commission members that are educators, practitioners, or public members.
Resumes of appeal panel members were not provided. However, the agency policy provided in a separate section states that the three member appeal panel will be comprised of at least one agency certified educator, a member of the public, and a practitioner (see Exhibit 40, p. 2, in 602.15(a)(5)).

Resumes of site time review members were not provided. However, the agency policy provided in a separate section states that the three member site team will be comprised of two agency certified educators and one practitioner from the field of spiritual care (see Exhibit 34, p. 8, in 602.15(a)(2)).

The agency policies satisfy the requirement to include educators and practitioners on its evaluation, policy, and decision-making bodies. However, documentation is needed to demonstrate this.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**

Documentation to demonstrate that we meet the requirement to include educators and practitioners on evaluation, policy, and decision-making bodies is included here:

The Part I Report from the HSL site visit (Exhibit 224) indicates that the members of the site team include the National Site Team Chair, who is an ACPE Certified Educator, who is an ACPE Certified Educator, and who is the practitioner member of the team. Additionally, the Part I report of the USCD Site Visit (Exhibit 135) identifies as the National Site Team Chair and is an ACPE Certified Educator, who is an ACPE Certified Educator, and who is a Board Certified Chaplain and is the practitioner member of the team.

The Commission Roster (Exhibit 18) identifies the composition of the Accreditation Commission. Those persons identified as members are ACPE Certified Educators. There are two public members identified as well as one practitioner.

Exhibit 223 identifies the three members of an appeal panel for the only appeal that was filed. served as the ACPE Certified Educator, Professor of Church History and Associate Dean of Faculty and Academic Affairs at the Candler School of Theology served as the public member, and a Board Certified Chaplain, served as the practitioner member.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

**Criteria: 602.15(a)(5) Public Representatives**

**Narrative:**
The Accreditation Commission is comprised of ACPE Certified Educators, two public members, and one clinical practitioner. See exhibit 18 for the Commission Roster and exhibit 9 for the qualifications for Commission membership.

The two public members are chosen by the Commission and are approved by the Board of Directors. See exhibits 22 and 27 for the resumes of the two public members of the Commission and exhibit 39 for a sample Public Member Declaration.

ACPE requires a public representative on all panels. See the Appeal of Adverse Decisions of the Commission (Exhibit 40)

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### Analyst Worksheet- Narrative

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide documentation demonstrating the inclusion of representatives of the public.

**Analyst Remarks to Narrative:**
The agency outlines the qualifications requirements of Commission members in its Qualifications and Credentials of Persons Involved in Accreditation Evaluation publication (Exhibit 9). The policy on states that commission members will be comprised of a chair, chair-elect, 10 agency certified educators, 2 public members, and 1 practitioner (Exhibit 9, p. 1). Resumes of commission members were included with the petition and identify members that are educators, practitioners, or public members. Two were identified as public members (Exhibits 22 and 27).

Resumes of appeal panel members were not provided. However, the agency policy states that the three member appeal panel will be comprised of at least one agency certified educator, a member of the public, and a practitioner (Exhibit 40, p. 2).

Public member representatives are required to attest that they are not: employed by or associated with agencies or institutions affiliated with the agency, in service as an officer or staff member of a cognate ministry or chaplaincy group, an agency officer or employee, or the spouse, domestic partner, parent, child, or sibling of anyone described above or in active practice in an agency accredited program (Exhibit 39). This attestation language complies with the Department’s definition of a representative of the public.

The agency policies satisfy the requirement to include representatives of the public on decision-
Exhibit 250 is the signed public member declaration for former public member (b)(6).

Exhibit 146 is the first signed public member declaration for (b)(6). Exhibit 147 is the second signed public member declaration for (b)(6). Exhibit 148 is the signed public member declaration for (b)(6).

Exhibit 117 identifies the three members of an appeal panel for the only appeal that was filed. (b)(6) served as the ACPE Certified Educator,(b)(6) served as the Professor of Church History and Associate Dean of Faculty and Academic Affairs at the Candler School of Theology served as the public member, and (b)(6) a Board Certified Chaplain, served as the practitioner member.

Exhibit 117 identified the three members of an appeal panel for the only appeal that was filed. (b)(6) served as the ACPE Certified Educator, (b)(6) served as the Professor of Church History and Associate Dean of Faculty and Academic Affairs at the Candler School of Theology served as the public member, and (b)(6) a Board Certified Chaplain, served as the practitioner member.

Exhibit 117 identifies the three members of an appeal panel for the only appeal that was filed. (b)(6) served as the ACPE Certified Educator, (b)(6) served as the Professor of Church History and Associate Dean of Faculty and Academic Affairs at the Candler School of Theology served as the public member, and (b)(6) a Board Certified Chaplain, served as the practitioner member.

Exhibit 117 identifies the three members of an appeal panel for the only appeal that was filed. (b)(6) served as the ACPE Certified Educator, (b)(6) served as the Professor of Church History and Associate Dean of Faculty and Academic Affairs at the Candler School of Theology served as the public member, and (b)(6) a Board Certified Chaplain, served as the practitioner member.
Analyst Worksheet- Narrative

Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:
The agency must demonstrate how it trains site team members, commissioners, and staff on its conflict of interest policies. The agency must discuss how its conflict of interest policies and requirements for Commissioners, staff, and site team members adequately address conflict of interest issues relevant to the programs being accredited by the agency. The agency must provide its signed conflict of interest forms from Commissioners and staff from two recent years, and sample signed conflict of interest forms from site visitors. The agency must provide documentation of Commissioners abstaining from voting in areas where they have a conflict of interest if such recusals have occurred. The agency may provide signed conflict of interest forms and meeting minutes or other documentation of adherence to conflict of interest policies in commission meetings in a file review conducted by Department staff or in their response to the draft staff analysis.

Analyst Remarks to Narrative:
The agency stated that it requires signed conflict of interest forms from staff, Commissioners, and "those serving in leadership." In a separate section, the agency provided Exhibit 9 (see 602.14(b)) which documents the requirement that "all persons involved in policy making or accreditation decisions (Board of Representatives, Accreditation Commissioners, consultants, and administrative staff) will receive initial training and annually sign the Conflict of interest statement."

The agency documented its requirements for conflict of interest for site team members in its Site Team Chair Manual (Exhibit 34) and provided a template conflict of interest statement that is required to be signed annually (Exhibit 41). The agency also stated that Commissioners routinely abstain from voting when it would create a conflict of interest.

However, the agency did not provide documentation that its conflict of interest policies are available to site team members. It is not clear if there is a separate manual for site team members or if all members of a site team use the Site Team Chair Manual. The agency has not demonstrated how it implements its conflict of interest policy for site team members, either through use of conflict of interest declarations from site team members or some other means.

Additionally, the template conflict of interest statement provided (Exhibit 41) only addresses conflicts of interest between an individual and the agency. It does not address what would constitute a conflict of interest with one of the programs about which an accreditation decision will be made. The form appears to be used by the agency for individuals involved in its many non-accreditation functions and does not appear to address the types of conflicts that may occur in relation to the programs being accredited. For instance, while the agency's conflict of interest forms require relevant parties to declare whether they have familial relationships with representatives of the agency, the form does not ask those parties to declare when they have a conflict of interest due to a familial relationship with representatives of the programs it accredits and preacredits.

Additionally, the agency did not provide documentation of its completed conflict of interest forms nor did the agency provide documentation of the abstaining of Commissioners from voting in areas where they have a conflict of interest.

A file review and observation are pending. Department staff will use them to further evaluate the agency's compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded
The Accreditation Commission addresses Conflicts of Interest for all involved parties in its Accreditation Manual (Exhibit 9) and specifically for its site team members in the National Site Team Chair Manual (Exhibit 34). As part of the process of forming site teams, the commissioner and the chair of the commission speak with potential site team members about the site to ensure that there is no connection to the site or its staff that might appear as a conflict of interest. If there is any perception of a conflict of interest, that person will not be a part of that site team.

The Accreditation Manual, in exhibit 9, under Bias and Conflict of Interest, highlights the potential issues for consideration in determining if a person needs to recuse themselves from a site visit or a deliberation/decision making process.

Exhibit 136 is a spreadsheet that includes completed conflict of interest forms. Exhibits 149-155 are pdfs of the signed forms.

Exhibit 189 is a non-consent agenda from a recent leadership meeting which indicates that commissioners routinely abstain from voting on actions for centers for which they (may) have a conflict of interest. ACPE’s current practice is that the commissioner who oversees the commission abstains from any vote related to that center. Since they work with the center, they may be the one to make a motion for an action about the center, but they do not then vote on the action. We have not had any instances where a commissioner had to recuse themselves due to a conflict of interest stemming from having any ties to a center other than this.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

**Criteria: 602.15(b) Recordkeeping**

**Narrative:**
ACPE recently transitioned to a paperless office and as such, scanned all accredited center files, storing them in a secure SharePoint filing system. Beginning in January 2020, we adopted a new Accreditation Process which relies on electronic portfolio documents stored on the ACPE secure SharePoint system. These documents, in addition to site visit reports, Commission action reports, etc. are all kept for a complete 6 year cycle (See Exhibit 42 Records of Accreditation Decisions).

Additionally, ACPE collects and maintains all substantive changes to our centers as defined in the Accreditation Manual (Exhibit 44) through an electronic form (Exhibit 43). The form is disseminated to the appropriate commissioner upon submission for any required follow up.

**Document(s) for this Section**

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Analyst Worksheet- Narrative

Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:
The agency must provide clarification as to what records are “accreditation records” and whether the
requirement to maintain the accreditation records for the 6 year review cycle is carried out by the
agency or the program. If the program bears this responsibility, the agency must amend its policy so
that the burden is instead upon the agency.

Analyst Remarks to Narrative:
The agency provided its written record-keeping policy (Exhibit 42). The agency recently transitioned
to an all-digital recordkeeping system. The policy states that the Commission shall maintain a
permanent record of all provisional accreditation decisions and all accreditation decisions, including
all adverse actions (Exhibit 42). The policy states that other “accreditation records” are maintained
for one full review cycle which is a 6 year period. It does not define accreditation records. However,
the policy also cites particular records that will be maintained in the programs’ portfolios. The policy
in Exhibit 42 states that, “materials maintained in a member center’s online portfolio include:

a. Self study or feasibility study
b. Site Visit Reports and center responses for all accreditation reviews
c. Record of any commission action with the center, including:
   i. Reports of consultations and/or site visits, and
   ii. Correspondence related to the center’s accreditation.
d. Reports of Commission actions.
e. Center responses to issues of non-compliance and/or any adverse action imposed by
   Commission.
f. Substantive change decisions and associated significant correspondence.”

Although these are the records prescribed in this criterion, it is not clear in the policy if the
maintenance of the cited records is a requirement of the program or of the agency itself. It is unclear
who had control over the program’s portfolio or if it is shared. Nonetheless, the regulation requires
such records to be maintained by the agency.

A file review and observation are pending. Department staff will use them to further evaluate the
agency’s compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:
As ACPE recently transitioned to an all-digital record keeping system, it has implemented a two-tier
permissions policy for program portfolios. Every accredited program is required to maintain an
accreditation portfolio that contains the materials required to demonstrate compliance with the ACPE
Program Standards. The ACPE Certified Educators at the center have permission to add, delete,
and edit their center’s materials.

During the accreditation review process, which begins 60 days prior to a site visit, documents are
housed in the current process folder in the portfolio. Upon the conclusion of the review process, all
the documents pertaining to the site visit are moved to the Archived Accreditation folder, which is
designated in the portfolio as a "read-only" folder that is available for viewing by the educator from
the accredited center, but is maintained and secured by ACPE, with editing permissions given only
to ACPE staff.
ACPE uses the term accreditation records to describe the list of items that is included above in a-f.

Exhibit 156 is a master list of all accredited centers that contains their last full review date.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

**Criteria: 602.16(a)(1)(i) Student Achievement**

**Narrative:**
ACPE has seven (7) programmatic standards for which centers must demonstrate compliance for accreditation. Centers seeking provisional accreditation (preaccreditation) are required to meet the same standards (Exhibit 53), but on a modified basis, then completing them as they move through the two years of provisional accreditation and prior to the full site visit for full accreditation (Exhibit 54). Exhibits 45-51, taken from the Accreditation Manual, outline the 7 standards along with the indicators for assessment and review, as well as the items that a center must include in its portfolio to demonstrate compliance. Exhibit 55 is the Accreditation Portfolio Review Document. Part I of this document is used yearly; Part II is used for a site visit or an in-depth review in an off year. Exhibit 56 is a completed document from a recent Six Year Site Visit.

Standard 1 (Exhibit 45) requires centers to demonstrate their use of the process model of education and the clinical method of learning, as well as to develop an evaluation process that serves to measure student learning. Examples of this implementation are included in Exhibit 57 (Midunit evaluation Template) and Exhibit 58 (Final evaluation template).

From a Commission perspective, a center is required to demonstrate that they have met a completion rate of 75% for all units of CPE offered (Exhibit 49), as defined in the Definition of Terms (Exhibit 52).

This completion rate was implemented approximately 13 years ago and was assessed within our regular cycle of manual and standards assessment that takes place every 5 years. This rate was originally chosen based on the notion that while a CPE unit must have a minimum of 3 students to remain viable, most CPE units strive for 6-8 students. As there are times when a student chooses not to continue in a unit or cannot continue in a unit, maintaining enrollment above 75% ensures that there are always viable groups for the CPE learning experience.

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Analyst Worksheet- Narrative

Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:
The agency must provide additional information and documentation to demonstrate the application of its completion rate and Standard 1. The agency must also demonstrate the application of Standard 5 for programs to develop a student enrollment chart with focus on completion rates for each student. The documentation must include a site visit report, self-study, and commission decision letter which demonstrates the full cycle of review. The documentation must be for the same program. The agency must provide additional information regarding the evaluation of student achievement for programs seeking provisional accreditation. The agency must provide additional information regarding the assessment of its completion benchmark and assessing if it continues to be sufficiently rigorous. The agency must provide additional information regarding the number of CPE units required to complete a program. The agency must provide the “Objectives and Outcomes” section of its manual.

Analyst Remarks to Narrative:
The agency states that it has seven programmatic accreditation standards. In addition, the agency states that Clinical Pastoral Education (CPE) programs applying for provisional accreditation are required to meet the same accreditation standards, but on a modified basis. It should be noted that Exhibits 53 and 54, which address provisional accreditation, were not linked to this criterion, but were found in other parts of the application (see 602.16(a)(2)). Exhibit 53 describes the feasibility study required from applicants for provisional accreditation, which includes requirements that the applicant develop a curriculum based on ACPE’s objectives, outcomes, and competencies. However, there is no documentation or discussion of how or whether requirements related to student achievement are different for programs with provisional accreditation from those with full...
accreditation. The agency must provide additional information regarding the evaluation of student achievement for programs seeking provisional accreditation.

The agency has one quantitative benchmark (completion rate) for student achievement which is defined in the ACPE terms and definitions section of the Accreditation Manual as follows: “A significant factor in the assessment of a program’s review process is to ensure that over the six-year cycle of accreditation that a minimum of 75% of its students who complete orientation go on to receive credit for the unit. This percentage is to be calculated on a yearly basis” (Exhibit 52).

The Accreditation Manual defines orientation as follows: “Orientation is a defined time frame at the beginning of each unit during which enrollment in the CPE unit takes place. Orientation introduces the student to his/her responsibilities, the values and culture of the organization, curriculum and learning outcomes and overall expectations. Students who complete orientation are counted in the center’s annual reporting of completion rates”. The agency defines unit as follows: “A unit of CPE Level I/Level II is 400 hours, and a half-unit is defined as 240 hours” (Exhibit 52).

The ACPE accredits CPE Level I/Level II programs and Certified Educator CPE programs. It is unclear to Department staff if the agency’s completion rate standard is applicable to Certified Educator CPE programs. The agency must clarify whether its completion rate standard is applicable to the Certified Educator CPE program. If the completion rate is not applicable to the program, the agency must provide additional information regarding student achievement requirements for this type of program. The agency provided sample portfolio dashboard data for one accredited program which reflected 100% completion rate in the prior two years (see Exhibit 90 in 602.19(c)). However, the agency did not describe nor document when or how the agency reviews a program against this completion rate standard nor document that it collected and reviewed this data for this program prior to 2019.

The agency states that its 75% completion rate has been in place for 13 years and the metric is assessed every five years during the regular cycle of manual and standards assessment. However, the agency did not provide any documentation regarding the review and evaluation of its 75% completion benchmark that ensures the benchmark continues to be appropriate and sufficiently rigorous. The agency must provide additional information regarding the assessment of its 75% completion rate benchmark.

Both Standard 1 - Educational Environment and Standard 5 - Infrastructure and Financial Resources, provide guidance to programs and evaluators (Exhibits 45 and 49). Both standards include the agency’s rationale, assessment indicators, and list items that must be included in the program’s portfolio.

Standard 5 - Infrastructure and Financial Resources includes a requirement for programs to develop a student enrollment chart with focus on completion rates for each student (Exhibit 40). However, a completed enrollment chart focusing on completion rates was not provided to demonstrate the application of this requirement to CPE Level I/II and to Certified Educator CPE programs (if applicable). It is also unclear to Department staff how many CPE units a student must complete in order to successfully complete a program. The agency must provide additional information regarding the number of CPE units required to complete a program.

The agency must provide additional information and documentation to demonstrate the application of its completion rate and Standard 1. The agency must also demonstrate the application of Standard 5 for programs to develop a student enrollment chart with focus on completion rates for each student. The documentation must include a site visit report, self-study, and commission decision letter which demonstrates the full cycle of review. The documentation must be for the same program.
The agency must provide additional information regarding the evaluation of student achievement for programs seeking provisional accreditation.

The agency must provide additional information regarding the assessment of its completion benchmark and assessing if it continues to be sufficiently rigorous.

The agency must provide additional information regarding the number of CPE units required to complete a program.

The agency must provide the "Objectives and Outcomes" section of its manual.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

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**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**

Provisional accreditation is the initial accreditation status granted to a newly established program. It provides a program with a two year window to enroll students and to demonstrate its ability to successfully offer a CPE program. Exhibits 227 and 228 provide information about applying for provisional accreditation and moving from provisional to full accreditation. The student achievement criterion that a minimum of 75% percent of students who complete orientation must successfully complete the unit is also a criterion for provisional accreditation, as a program that cannot maintain minimum enrollment will not be eligible for full accreditation. This number is reviewed when the center has its site visit to move from provisional accreditation to full accreditation.

The rationale for the completion rate benchmark of a minimum of 75% has not changed since our last review. Credit for a unit of CPE requires a total of 400 hours of "seat" time, comprised of a minimum of 100 hours of education and a minimum of 250 hours of clinical rotation. All CPE units are required to take place within a peer group of at least 3 students (as defined in the Definition of Terms: Peer Group: A peer group shall usually be 4-5 students, but not less than 3, Level I/Level II students). Many CPE groups begin with 4 or 5 students, so the threshold was created to ensure that if a student drops out of the unit that the rest of the students in the group would be able to continue on with their learning. If a unit of CPE drops below 3 students, they are not able to continue the unit and must either enroll another student or combine with another group in order to continue the learning process.

The completion rate criteria is not applicable to Certified Educator CPE programs, as there are no units of CPE for this program. The Certified Educator CPE program is a competency-based program which allows those who have been accepted to a local center and to the ACPE Certification process, the time and space to earn the credential of ACPE Certified Educator. Certified Educator CPE is also an apprenticeship model of education used to train, and ultimately certify, future ACPE Certified Educators. Achievement in Certified Educator CPE programs is determined by the Certified Educator Candidate providing evidence that demonstrates individual attainment of identified competencies (Exhibit 137).

Further demonstration of the completion rate standard may be found in exhibit 138. This document reviews Hebrew Senior Life's completion rate from 2015-2021 (reviewed at the 6 year review/site visit). The chart indicates the number of students enrolled and the number of students who completed orientation. As part of Standard 5 (Exhibit 226), this information is reviewed as part of the center’s six year review/site visit to ensure that the center is meeting the minimum threshold.
To demonstrate compliance with Standard 1, exhibit 140 is a redacted student self evaluation that demonstrates a student’s reflection on their CPE experience in the center as well as referencing the Objectives and Outcomes for Level I/Level II CPE (exhibit 139) achieved, exhibit 141 is a redacted educator evaluation of the same student assessing their achievement of the Objectives and Outcomes. Also included are the Self-Study for Hebrew Senior Life (exhibit 142), the Part I and Part II reports (exhibits 224 & 225) from the site visit, and the Commission Action Report (exhibit 142). Other assessment items for Standard 1 include a Learning Contract Template (exhibit 143) and a description of the use of and actual clinical sites (exhibit 144).

As to the question about the number of units required to complete a program, the answer is that there is no set number. ACPE offers units of CPE, which as indicated above, consist of 400 hours (or a half unit, which consists of 240 hours). Students who enroll in CPE programs may take an infinite number of CPE units, as CPE is a developmental learning process that is documented through attainment of the Objectives and Outcomes for Level I and Level II CPE (Exhibit 139). Our students may take a single unit of CPE that is required by their seminary or denomination for ordination, may take multiple units of CPE, may enroll in a residency, which is often utilized as a paid position within a center that is a year-long commitment to employment and learning. As CPE is a developmental process that has no official conclusion (i.e. programs offer certificates for the completion of a unit, but there is no overall certificate in CPE or a degree of any kind), there is not a number of units required to complete a program.

Analyst Worksheet - Response

Analyst Review Status for Response:
Not Reviewed

Criteria: 602.16(a)(i)(ii) Curricula

Narrative:
The program standards for programs of clinical pastoral education are outlined in ACPE Standards 2020 (Exhibits 45-51). Program standards include: a specified time period for training, clinical practice requirements, supervision, the learning contract, the learning environment, the instructional plan, literature, evaluations, and threshold completion levels for CPE Level I/Level II and Certified Educator CPE.

Within the program standards and utilizing the Accreditation Portfolio Review document, accredited centers are clear as to the ways by which their compliance will be measured. Standard 2 (Exhibit 46) requires all centers to have a written curriculum and additional expository items. Exhibit 59, is an example of a curriculum, with articulation of how the curriculum meets the outcomes and objectives defined by ACPE.

The center’s student handbook (Exhibit 65) and the Accreditation Portfolio Review Document (Exhibit 55) and the Site Team Reports, Parts I and II (Exhibits 60 and 61) show the assessment of this standard in the center’s history.

Document(s) for this Section
Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:
The agency must provide documentation it used to evaluate whether the Hebrew SeniorLife program fulfilled Standards 1 to 7 cited in Exhibits 45 to 51 as they relate to curriculum. The documentation must include a site visit report, self-study, and commission decision letter which demonstrates the full cycle of review. The documentation must be for the same program.

Analyst Remarks to Narrative:
The agency must provide documentation it used to evaluate whether the Hebrew SeniorLife program fulfilled Standards 1 to 7 cited in Exhibits 45 to 51 as they relate to curriculum. The documentation must include a site visit report, self-study, and commission decision letter which demonstrates the full cycle of review. The documentation must be for the same program.

Analyst Remarks to Narrative:
The agency has curriculum standards for clinical pastoral education that require programs to have an education plan that engages its students in a process model of education/clinical method of learning (Exhibit 45) and a curriculum that demonstrates a continuous process of improvement (Exhibit 46). Additionally, the agency requires centers to provide the framework and resources necessary to facilitate student learning (Exhibit 47); demonstrate consistent and fair program management; demonstrate sound relationships with stakeholders (Exhibit 48); demonstrate how the center addresses continuous operations and programs management improvement (Exhibit 49); and uphold agency values (Exhibit 50).

Although the agency provided documentation of its Accreditation Portfolio Review document (Exhibit 55) and Site Team Reports (Exhibits 60 and 61) it is unclear how the agency is evaluating and enforcing whether or not programs comply with this criterion. A sample portfolio review checklist for Hebrew SeniorLife does contain a checklist and ratings for five areas the agency related to its standard on curriculum (see Exhibit 55, p. 5 in 602.16(a)(1)(i)). Two were rated as “Exemplary” and three were rated as “Accomplished.” However, there are no notes of how these ratings were achieved or what was inspected by the review team.

The agency must provide documentation it used to evaluate whether the Hebrew SeniorLife program
fulfilled accreditation Standards 1 to 7 as they relate to curriculum. The documentation must include a site visit report, self-study, and commission decision letter which demonstrates the full cycle of review. The documentation must be for the same program.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:
The portfolio review process for an accreditation site visit is a comprehensive reading and analysis of all the required materials. The review is completed by the National Site Team Chair, the ACPE Certified Educator, and the Practitioner. As the process currently exists, the site team is asked to determine, based on their professional opinions as educators and practitioners, the quality of the materials and the extent to which they meet the standards. When, in their professional opinion the center's materials are in compliance, no written notes are required. When the team, in their professional assessment determines that the materials are not in compliance, they document the issues within the portfolio review forms (exhibit 230). The site team, in their professional opinion, determined that the materials were in compliance, so no notes were provided. The minimum standard for each item is “accomplished.” When the site team feels that a program has not only met the minimum required standard, but has gone above and beyond, they give a rating of exemplary for the center. This is not a distinct category for review once a center has met the minimum, so additional documentation is not required.

When a center is not in compliance, there will be notes provided. Exhibits 157-160 are from a more recent site visit where there were issues identified by the site team in its review of the portfolio and from the site visit. Exhibit 185 is the LLUH Self Study. Exhibit 157 is the portfolio review form indicating the areas that did not demonstrate compliance. Exhibit 158 is the Site Visit Report, Part I, indicating the challenges that the center is facing; Exhibit 159 is the center's response to the Part I Report and Exhibit 160 is the Site Visit Report Part II which documents corrections/improvements made to the center's materials and highlights the remaining areas of concern. As this review took place recently, the commission has not yet taken action on this center. It is on the agenda for the Spring 2022 meeting.

Analyst Worksheet - Response

Analyst Review Status for Response:
Not Reviewed

Criteria: 602.16(a)(1)(iii) Faculty

Narrative:
ACPE Standard 4 (Exhibit 48) identifies the requirements for faculty for an accredited program of clinical pastoral education and Standard 3 (Exhibit 47) specifies educator workload; Standard 1 (Exhibit 45) requires interdisciplinary teaching and consultation by adjunct faculty or guest lecturers, and Standard 3 (Exhibit 47) requires a faculty development plan.
The center’s student handbook (Exhibit 65) and the Accreditation Portfolio Review Document (Exhibit 55) and the Site Team Reports, Parts I and II (Exhibits 60 and 61) show the assessment of this standard.

Additionally, see HSL CPE Guest Faculty (Exhibit 62), and educator biographies (Exhibits 63 and 64) for an example of how a center meets this standard.

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**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide the completed Accreditation Portfolio Review for the Hebrew SeniorLife program and the documentation it used to evaluate whether the program complied with faculty requirements it identified as falling under its Standards 1, 3, and 4. The documentation must include a site visit report, self-study, and commission decision letter which demonstrates the full cycle of review. The documentation must be for the same program. The agency must provide further information and documentation regarding guest educators as well as what prior education and training is required of faculty. The agency’s standards link to definitions that were not provided as part of the petition, such as "Educator Workload." The agency must submit its entire manual in a permanent form. Since the content at external websites can be changed at any time, all parts of the agency’s manual must be submitted. No information accessed through a hyperlink can be assessed as part of the petition.

**Analyst Remarks to Narrative:**
The agency states that its Standard 4 – Management of CPE Programs sets forth the requirements for faculty (Exhibit 48). The standard states that the programs must be overseen by an ACPE Certified Educator or Associate ACPE Certified Educator. The agency states that its Standard 3 – Educational Resources addresses faculty workload and requires programs have a professional
development plan for faculty (Exhibit 47). Its Standard 1 – Educational Environment requires the center to have an educational plan that engages students in a process model of education and clinical method of learning (Exhibit 45).

Noted alongside each standard are a list of documents the agency reviews to assess adherence to the standard. For example, under Standard 1, reviewers look at the program's: utilization of the process model of education and the clinical method of learning; utilization of clinical placements; engagement of students in the learning process and the use of individualized learning plans; process of evaluation for measuring student learning in relation to ACPE Objectives and Outcomes or Competencies for Certified Educator CPE; and utilization of video conferencing as a modality and how it serves to fulfill educational goals. Although the agency provided two parts of a Site Team Report (Exhibits 60 and 61), there is no indication that the documents required to assess each standard were received or reviewed. The materials submitted for the Hebrew SeniorLife (HSL) program are not specific to the standards the agency cited for this criterion. Therefore, it is unclear how and if the agency evaluated HSL faculty requirements under this standard. A sample portfolio review checklist for Hebrew SeniorLife does contain a checklist and ratings for areas that mention faculty; but under Standards 3, 5, and 6 (see Exhibit 56, pp. 6, 8, and 9 in 602.16(a)(1)(i)). However, there are no notes of how these ratings were achieved or what was inspected by the review team and no explanation as to why the standards mentioning faculty on the checklist are not matched to the standards cited by the agency for this criterion. The agency must address these inconsistencies.

The agency also provided documentation of an HSL Guest Faculty list and educator biographies (Exhibits 62 - 64). However, without further information in this regard it is unclear whether the agency requires guest speakers (at all or to what extent) at its centers or what prior education/training is required of faculty.

The agency must provide the completed Accreditation Portfolio Review for the Hebrew SeniorLife program or the documentation it used to evaluate whether the program complied with faculty requirements it identified as falling under its Standards 1, 3, and 4. The documentation must include a site visit report, self-study, and commission decision letter which demonstrates the full cycle of review. The documentation must be for the same program.

The agency must provide further information and documentation regarding guest educators as well as what prior education and training is required of faculty. The agency's standards link to definitions that were not provided as part of the petition, such as "Educator Workload." The agency must submit its entire manual in a permanent form. Since the content at external websites can be changed at any time, all parts of the agency's manual must be submitted. No information accessed through a hyperlink can be assessed as part of the petition.

A file review and observation are pending. Department staff will use them to further evaluate the agency's compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:
The portfolio review process for an accreditation site visit is a comprehensive reading and analysis of all the required materials. The review is completed by the National Site Team Chair, the ACPE Certified Educator, and the Practitioner. As the process currently exists, the site team is asked to determine, based on their professional opinions as educators and practitioners, the quality of the materials and the extent to which they meet the standards. When, in their professional opinion the center's materials are in compliance, no written notes are required. When the team, in their professional assessment determines that the materials are not in compliance, they document the
issues within the portfolio review forms (exhibit 230). The site team, in their professional opinion, determined that the materials were in compliance, so no notes were provided. The minimum standard for each item is "accomplished." When the site team feels that a program has not only met the minimum required standard, but has gone above and beyond, they give a rating of exemplary for the center. This is not a distinct category for review once a center has met the minimum, so additional documentation is not required. When a center is not in compliance, there will be notes provided.

In its review of the center's materials, the site team looks at all of the documents contained in the center's online portfolio. Specifically for Standard 1 related to faculty, exhibit 161 is a sample learning contract template/individualized learning contract that is used by HSL. HSL's curriculum (exhibit 229) demonstrates the programs use of the clinical method of learning. Exhibit 162 is the center's response to the use of video conferencing.

The review of the ACPE Certified Educator biographies (exhibits 231 and 232) affirm the requirement that an ACPE Certified Educator is running the program, but also serves to highlight the uniqueness of the qualifications that educators bring to their programs, which informs the way in which they design their programs within the framework of the standards. ACPE does not require a program to have guest faculty for educational programming, but if a center chooses to engage guest faculty lecturers, they are required to provide a listing of guest faculty (exhibit 233). If a program chooses to engage guest faculty, the ACPE Certified Educator, in their capacity as the leader of the program, makes the determination as to the required credentials needed for the particular presentation for which they are engaging them. A guest faculty member is a limited role, as the ACPE Certified Educator must always oversee and provide the education and supervision of the program.

If a program utilizes a preceptor, a required presence when a program utilizes a clinical placement site outside of the accredited center, the ACPE Certified Educator must have clinical placement agreement in place (exhibit 189). One of the requirements of a clinical placement agreement is the selection and engagement of an onsite preceptor. ACPE defines the onsite preceptor as: A contextually relevant professional(s) practicing in and recognized by the clinical placement site and the ACPE Certified Educator. The preceptor/mentor must review the ACPE preceptor orientation presentation (exhibit 129) prior to the start of a unit. This is found in the definition of terms (exhibit 190). It should be noted that not all programs utilize clinical placement sites.

In relation to Standard 3, the site team reviewed the centers in the portfolio for this, including exhibit 164, which is the center's explanation of the educator's workload and peer group size (see also exhibit 163, Educator Workload guidance in the accreditation manual). Additionally, the site team reviewed the center's faculty engagement in professional development (exhibit 165).

For additional reference, the entire Accreditation Manual is included in PDF form as exhibit 191. As the manual is an online manual, the links do not work in the PDF format, but all of the pages are there.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed
Criteria: 602.16(a)(1)(iv) Facilities, equipment, and supplies

**Narrative:**
ACPE Standard 3 (Exhibit 47) requires adequate library and educational facilities to meet the ACPE Standards.

The center’s student handbook (Exhibit 65) and the Accreditation Portfolio Review Document (Exhibit 55) and the Site Team Reports, Parts I and II (Exhibits 60 and 61) show the assessment of this standard in the center's history.

**Document(s) for this Section**

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide documentation it used to evaluate whether the Hebrew SeniorLife program fulfilled Standard 3 – Educational Resources and demonstrated that adequate facilities, equipment, and supplies were utilized by the program. The documentation must include a site visit report, self-study, and commission decision letter which demonstrates the full cycle of review. The documentation must be for the same program.

**Analyst Remarks to Narrative:**
The agency states that its Standard 3 – Educational Resources outlines requirements for libraries and other educational facilities (see Exhibit 47 in 602.16(a)(1)(ii)).

This standard requires programs to utilize: technological support, private office space for educators, classroom spaces, learning sites, library, and internet.

The agency provided an example site team report (Exhibits 60 and 61). However, the site report does not address how the program meets the agency's standards for facilities, equipment, and supplies. It is unclear whether and to what extent the agency is enforcing this standard in accordance with this criterion. A sample portfolio review checklist for Hebrew SeniorLife does contain a checklist and ratings for areas under Standards 3 (see Exhibit 56, p. 6 in 602.16(a)(1)(i)). However, there are no metrics in that section that appear to address facilities, equipment, or supplies. The closes metric that a reviewer appears to have available in that area to assess adequate facilities, equipment, and supplies is “Academic Resources and how they are utilized by students.” There does not appear to be any suggested minimum or a mention of a library. It is unclear what reviewers would be rating. The agency must address these inconsistencies.

The agency must provide documentation it used to evaluate whether the Hebrew SeniorLife program fulfilled Standard 3 – Educational Resources and demonstrated that adequate facilities, equipment, and supplies were utilized by the program. The documentation must include a site visit report, self-study, and commission decision letter which demonstrates the full cycle of review. The documentation must be for the same program.
A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**

Standard 3 (Exhibit 234) requires a center to provide the framework and resources necessary to support and facilitate students’ learning. ACPE programs occur in a variety of contexts, so it is up to each program to determine and demonstrate that they are providing the framework and resources to support the educational programs. The rationale for this standard (exhibit 234) describes a variety of considerations for centers, but does not require a particular metric for any of them, as the needs of each program are unique. For example, a library may be a physical library, internet resources, or a bibliography provided to students as part of their curricular syllabus for a unit of CPE. There is not a minimum or specific requirement for what is included in a library. The same applies to the space in which student learning takes place—some programs may have a dedicated classroom, others may use a conference room, and others may meet in the center’s chapel. The locations of meetings are up to the discretion of the program and are dependent on the context in which the program functions. Items in this area are specifically mentioned in the site visit reports when there is an identified issue or concern with this, e.g. if an educator does not show that they have a private space then the site team will note this as an issue of non-compliance. Otherwise, the site team uses its professional judgement and experience to discern that the program provides the framework and resources necessary to support and facilitate student learning within its context.

In exhibit 167, HSL describes the Consultation and Student Support Services offered in their center. Along with exhibit 168, the unique components of the CPE center as a learning environment, the site team gains an understanding of the context of the site and can assess its consultation and support services relative to this. When the center demonstrates, both in their documents and through the site visit, the congruence of these items, they are determined to be in compliance with this standard. In cases where there is not congruence or there are concerns related to the learning context, the site team will raise these issues.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**

Not Reviewed

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**Criteria: 602.16(a)(1)(v) Fiscal and administrative capacity**

**Narrative:**

ACPE Standard 5 (Exhibit 49) requires centers to have financial, human and physical resources sufficient to support the units of CPE offered by the center.

Exhibit 66 demonstrates financial affirmation from HSL CEO for their program and Exhibit 67 is the 2020 budget for the center ensuring their capacity to function.

The center’s student handbook (Exhibit 65) and the Accreditation Portfolio Review Document
(Exhibit 55) and the Site Team Reports, Parts I and II (Exhibits 60 and 61) show the assessment of this standard.

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### Analyst Worksheet- Narrative

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide the self-study, documentation of the site visit team’s review of the self-study in accordance with the agency’s standards, a decision letter for the Hebrew SeniorLife program, and the Hebrew SeniorLife portfolio in its entirety.

**Analyst Remarks to Narrative:**
The agency has a standard that establishes clear expectations regarding a program’s fiscal and administrative capacity. Standard 5 - Infrastructure and Financial Resources requires a program to demonstrate it has financial resources, effective leadership, collaborative relationships with stakeholders, and the structures and processes necessary to meet program goals during the period of its accreditation for the benefit of students (Exhibit 49). A program is encouraged to be intentional in developing its financial and strategic plans to ensure its sustainability. The agency requires reviewers to assess a program’s utilization of its financial/budget planning process, as outlined under the standard’s indicators (Exhibit 49). Under Standard 3 - Educational Resources, reviewers are required to assess an educator’s workload and peer size of programs and the professional development plan for its faculty (Exhibit 47).

To demonstrate the agency ensures programs comply with standards, the agency provided a blank copy of its Accreditation Portfolio Review Guidelines that consists of two parts, Part I - Accreditation Portfolio Checklist/Overview and Part II - Accreditation Portfolio Summary Sheets (Exhibit 55). Part I presents a program’s assessment of quality in accordance with accreditation standards. The agency also provided a portfolio review checklist (see Exhibit 56 in 602.16(a)(i)) and site visit report for Hebrew SeniorLife (HSL) in Exhibits 60 and 61. However, it did not provide the entire portfolio. The site team reviewers credited HSL with successfully addressing Standard 3 on page 6 of the checklist and Standard 5 on page 8 (see Exhibit 56 in 602.16(a)(i)). It was noted in Part I (Preliminary Recommendation, Exhibit 60) of HSL’s site visit report that the program’s budget was reviewed, and it was found to be adequate for the size of the program. Part I also noted reviewers met with the CEO, directors, educators, and chaplains at the program. Part II (Final Recommendation, Exhibit 61) of the site visit report indicated there were no areas of non-compliance. The agency provided a letter that verifies the HSL program received financial, philanthropic and in-kind support (Exhibit 66), and the agency provided the 2020 budget for HSL program (Exhibit 67).

The agency requires programs to submit a self-study upon the following events: moving from
provisional accreditation to fully accredited, during a six-year accreditation review and site visit; and
upon a program moving from an accredited member to a system center program (see Exhibit 82 in 602.17(b)). However, the agency did not provide HSL’s self-study or documentation demonstrating the self-study was reviewed by a site visit team in accordance with agency standards, as outlined in
agency policy (see Exhibit 83 in 602.17(d)). The agency also did not provide a decision letter for
the HSL program.

The agency must provide the self-study, documentation of the site visit team’s review of the self-
study in accordance with the agency’s standards, a decision letter for the Hebrew SeniorLife
program, and the Hebrew SeniorLife portfolio in its entirety.

A file review and observation are pending. Department staff will use them to further evaluate the
agency’s compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:
Exhibit 169 is the self study that HSL submitted for its 6 year review. The Site Visit Report, Part I
(exhibit 224) summarizes that the site team reviewed the self-study as part of the preparation for the
site visit.

The Commission Action Report (decision letter) is exhibit 170.

The file review process gave access to the analyst to review the Hebrew SeniorLife portfolio in its
entirety.

Analyst Worksheet - Response

Analyst Review Status for Response:
Not Reviewed

Criteria: 602.16(a)(vi) Student Support Services

Narrative:
ACPE Standard 3 (Exhibit 47), requires centers to provide the framework and resources necessary
to support student learning.

The center’s student handbook (Exhibit 65) and the Accreditation Portfolio Review Document
(Exhibit 55) and the Site Team Reports, Parts I and II (Exhibits 60 and 61) show the assessment of
this standard.

Additional examples are the center’s Consultation and Student Support Services document (Exhibit
68), the center’s analysis of their services (Exhibit 69), Unique Components of the CPE Center as a
Learning Environment (Exhibit 70).

Document(s) for this Section
**Analyst Worksheet- Narrative**

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide the self-study, documentation of the site visit team’s review of the self-study in accordance with the agency’s standards, and a decision letter for the Hebrew SeniorLife program.

**Analyst Remarks to Narrative:**
The agency has a standard that establishes clear expectations regarding a program’s student support services. The agency requires programs to have the framework and resources necessary to support and facilitate student learning, as outlined in Standard 3 - Educational Resources (Exhibit 47). Reviewers are required to assess a program’s student support services and how students are made aware of them, including private office space for educators to provide supervision and support for students. Standard 3 - Educational Resources (Exhibit 47) also requires programs to provide a complete description of student support services in their portfolios.

The agency defines student support services as, “Including, but not limited to, orientation (see above), a process for educational guidance and recommendations for counseling resources, resume preparation and employment search, research support, assistance with technology as needed, and academic assistance, e.g., writing skills (see Exhibit 52 in 602.16(a)(1)(i)).

To demonstrate the agency ensures programs comply with standards, the agency provided a completed portfolio review checklist (see Exhibit 56 in 602.16(a)(1)(i)) and Parts I and II of the site visit report (Exhibits 60 and 61) for Hebrew SeniorLife (HSL). The reviewers credited HSL with successfully addressing Standard 3 - Educational Resources on page 6 of the portfolio review checklist and annotated that student support services had been “Accomplished” (see Exhibit 56 in 602.16(a)(1)(i)). The review scale options are: Needs Additional Information, Accomplished, or Exemplary. Reviewer commentary is not required unless a review metric is marked as Needs Additional Information.

Part I of the site visit report is the preliminary recommendation and Part II is the final recommendation. Reviewers noted in Part I of HSL’s site visit report that they met with students and some of the students indicated the program provided a good balance of education and services. Part I also provides a statement regarding the program’s self-study/feasibility study process (Exhibit 60). However, the agency did not provide HSL’s full self-study or documentation demonstrating the self-study was reviewed by a site visit team in accordance with agency standards, as outlined in agency policy (see Exhibit 83 in 602.17(d)).
The agency also provided the HSL program policy and procedures for consultation and student support services (Exhibit 68), the program's analysis of their services (Exhibit 69), and an outline of unique components of the program as a learning environment (Exhibit 70). The self-analysis of the program's services in Exhibit 69 appears to be an excerpt of a self-study and the program stated that analyzing its student services was "a new requirement, so we do not have complete detailed analysis from the years since our last review" (Exhibit 69). The program stated that it receives a fair number of communications from alumni indicating their gratitude over some support services and resources including the program's library. It also stated it would be adding a specific question regarding student support services to its end of unit evaluation questionnaire (Exhibit 69).

The agency did not provide a decision letter for the Hebrew SeniorLife program.

The agency must provide the full self-study, documentation of the site visit team’s review of the self-study in accordance with the agency’s standards, and a decision letter for the Hebrew SeniorLife program.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:
Exhibit 169 is the self study that HSL submitted for its 6 year review. The Site Visit Report, Part I (exhibit 224) summarizes that the site team reviewed the self-study as part of the preparation for the site visit.

The Commission Action Report (decision letter) is exhibit 170.

Analyst Worksheet - Response

Analyst Review Status for Response:
Not Reviewed

Criteria: 602.16(a)(1)(vii) Recruiting & Other Practices

Narrative:
ACPE Standard 4 requires that a center demonstrates consistent and fair management of its programs for all students (Exhibit 48).

The center’s student handbook (Exhibit 65) and the Accreditation Portfolio Review Document (Exhibit 55) and the Site Team Reports, Parts I and II (Exhibits 60 and 61) show the assessment of this standard.

An additional example of a center’s compliance with this standard may be found in Exhibit 71, HSL Management of CPE Programs.

Document(s) for this Section
Analyst Worksheet- Narrative

Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:
The agency must establish a standard that adequately assesses the quality of its programs regarding all components of 602.16(a)(1)(vii). It must specifically address recruiting, academic calendars, catalogs, grading, and advertising. The agency must also provide the self-study, documentation demonstrating the self-study was reviewed by a site visit team in accordance with agency standards, and a decision letter for the Hebrew SeniorLife program.

Analyst Remarks to Narrative:
The agency has a standard that requires reviewers to assess a program’s process and mechanisms for communicating policies, curriculum, and program expectations to students and to the general public, as outlined in Standard 4 - Management of CPE Programs (see Exhibit 48 in 602.16(a)(1)(i)). Standard 4 also requires programs to provide the student handbook in its portfolio that contains all current program specific policies and procedures, including the admission policy. Programs are also required to include in its portfolio copies of and/or links to publications and access to websites providing information about the program(s) and how the information is made available to students and the general public (see Exhibit 48 in 602.16(a)(1)(i)). However, the agency does not appear to have any standards, policies, or procedures relative to recruiting, academic calendars, catalogs, grading, and advertising.

The agency provided some documentation from its review of the Hebrew SeniorLife (HSL) program, including the Student Handbook (Exhibit 65), which outlines the program’s admission policy. The agency provided a portfolio review checklist (see Exhibit 56 at 602.16(a)(i)) and site visit report (Exhibits 60 and 61) for Hebrew SeniorLife (HSL) program. The assessment of Standard 4 appears on page 7 of the portfolio review checklist (see Exhibit 56 at 602.16(a)(i)). HSL’s policy review for Standard 4 addresses admissions (Exhibit 71). However, the agency did not provide HSL’s self-study or documentation demonstrating the self-study was reviewed by a site visit team in accordance with agency standards, as outlined in the agency’s policy (see Exhibit 83 in 602.17(d)). The agency also did not provide a decision letter for the HSL program.

The agency must establish a standard that adequately assesses the quality of its programs regarding all components of 602.16(a)(1)(vii). It must specifically address recruiting, academic calendars, catalogs, grading, and advertising. The agency must also provide the self-study, documentation demonstrating the self-study was reviewed by a site visit team in accordance with agency standards, and a decision letter for the Hebrew SeniorLife program.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative
**Response:**
Exhibit 169 is the self-study that HSL submitted for its 6 year review. The Site Visit Report, Part I (exhibit 224) summarizes that the site team reviewed the self-study as part of the preparation for the site visit.

The Commission Action Report (decision letter) is exhibit 170.

The Commission has added the following language to Standard 4 (exhibit 235) to address this criterion: All statements in advertising, catalogs, publications, recruiting, and academic calendars shall be accurate at the time of publication. Publications that advertise a center’s programs shall include the type(s) and level(s) of education offered and the ACPE telephone number and website address.

This language was approved in our previous review and is now part of our current materials.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

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**Criteria: 602.16(a)(i)(ix) Student Complaints**

**Narrative:**
ACPE encourages persons to work out concerns or grievances informally, face-to-face, and in a spirit of collegiality and mutual respect. If differences are not resolved, a complaint involving an alleged violation of the ACPE ethical or educational standards may be filed in accordance with the procedures set forth in Processing Complaints of Ethics Code Violations (Exhibit 73), Policy for Complaints Alleging Violations of Educational Standards in Educational Programs (Exhibit 74), or Policy for Complaints Against the Accreditation Commission (Exhibit 75).

Standard 4 (Exhibit 48) requires accredited centers and programs to have a written, local complaint policy for students. ACPE requires that centers make these materials available to students and site teams assess centers’ compliance with the standards. Centers are obligated to list in detail any local complaints and their resolution in their portfolios.

The center’s student handbook (Exhibit 65) and the Accreditation Portfolio Review Document (Exhibit 55) and the Site Team Reports, Parts I and II (Exhibits 60 and 61) show the assessment of this standard in the center’s history.

**Document(s) for this Section**

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### Analyst Worksheet - Narrative

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide documentation that demonstrates that complaint policies are reviewed and that student complaints directed to programs are made available to the agency.

**Analyst Remarks to Narrative:**
The agency requires a multi-faceted approach to the receipt of student complaints. In particular, Standard 4 - Management of CPE Programs requires that each "center" publishes a current student handbook that provides: a) specific policies and procedures related to the program's grievance or complaint process, and b) direct hyperlinks to the agency's website regarding 1) complaint policies related to violations of educational standards, 2) policies related to professional ethics violations, and 3) whistleblower policies (Exhibit 48). However, no information was provided by the agency regarding complaint policies for programs given that the agency's scope of recognition is for the provisional accreditation and accreditation of both clinical pastoral education (CPE) centers and Certified Educator CPE programs within the United States, including those that offer those programs via distance education. The agency documentation largely refers to "centers" and it is unclear if the term automatically incorporate both programs it accredits; CPE Level I/Level II and, when applicable, Certified Educator CPE (Exhibit 48).

The agency also provided information regarding its accreditation portfolio review guidelines that contain an accreditation portfolio checklist and accreditation portfolio summary sheets that confirm that the submission of a handbook is a necessary requirement of the review process (Exhibit 55). The agency’s practitioner training document offers sample questions for use during a site team visit specifically related to the review of the student handbook (see Exhibit 37 in 602.15(a)(2)). However, the training document does not include inquiries related to the accredited programs' student complaints and there is no documentation that shows that the site team visitors reviewed any available student complaints on-site.

The agency submitted a program’s sample handbook (Exhibit 65), the corresponding site team reports (Exhibits 60 and 61), and a completed accreditation portfolio review checklist (see Exhibit 56 at 602.16(a)(i)) as an example demonstrating application of the agency’s policies. The sample handbook referenced the noted requirements in the agency's standards (Exhibit 65, pp. 225 and 284). The accreditation portfolio review document shows that the visitors reviewed a handbook but no specific information regarding the review of any student complaint policies and/or student complaints was found in the site team report.

The agency must provide documentation that demonstrates that complaint policies are reviewed and that student complaints directed to programs are made available to the agency.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded
Response:
The Policy for Complaints Alleging Violations of Educational Standards in Educational Programs (exhibit 236) is ACPE's complaint policy for all of its programs, including those that have provisional and full accreditation and for all programs, Level I/Level II and Certified Educator CPE programs. All types of accreditation and both programs of CPE are subject to all ACPE complaint policies and are seen without distinction. ACPE accredits programs of CPE, but uses programs and centers interchangeably, as some of our programs are housed within institutions and others are freestanding in design.

Since the submission of this petition in 9/2020, Standard 4 (exhibit 235) has been revised to include an additional item as required in the portfolio:

A detailed listing of any complaints filed locally within the center and how each was resolved. Include any educational complaints filed with ACPE. Do not include any ethical complaints filed against a center educator directly with ACPE.

As this is now a part of Standard 4, it is an explicit part of the review of a center's portfolio for a site visit.

In the items that must be included in the portfolio in Standard 4 is the Student Handbook. While the student handbook may include additional items, it must, at a minimum, include a Grievance/Complaint process as stated:

c. Grievance/Complaint process for the local center that includes links to ACPE processes as indicated below. While ACPE recommends that complaints and grievances be addressed at the local level, center policies must indicate that a student may file a complaint directly with ACPE.

The Student handbook is reviewed as part of the portfolio review and feedback is noted in cases where there is a policy/item that is not included, or in the professional opinion of the site team, does not adequately address the purpose identified.

Analyst Worksheet - Response

Analyst Review Status for Response:
Not Reviewed

Criteria: 602.16(a)(2) Preaccreditation Standards

Narrative:
ACPE requires all new centers to apply for Provisional Accreditation (Preaccreditation) as its first step towards becoming an Accredited Center.

Exhibit 53 outlines the process and the requirements for Provisional Accreditation. Provisional Accreditation is a two (2) year status.

Exhibit 54 outlines the process and the requirements for moving from Provisional Accreditation to Full Accreditation, which includes a comprehensive portfolio review and a site visit.
### Analyst Worksheet- Narrative

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide information and documentation that demonstrates that the agency follows its policies and procedures for granting preaccreditation and accreditation, or attest that it has not had a program apply for preaccreditation during the review period.

**Analyst Remarks to Narrative:**
The agency requires all new “centers”, as well as “centers” that are satellites or component sites of current programs, to begin the accreditation process by applying for Provisional Accreditation (preaccreditation) (Exhibit 53). However, no information was provided by the agency regarding preaccreditation for programs given that the agency’s scope of recognition is for the provisional accreditation and accreditation of both clinical pastoral education (CPE) centers and Certified Educator CPE programs within the United States, including those that offer those programs via distance education. The policy largely refers to “centers” (Exhibit 53) and it is unclear if it applies equally to programs.

To achieve preaccreditation, the agency requires that new programs complete a portfolio and self-analysis related to the agency’s accreditation standards and hold a preliminary site visit. Following this site visit, the materials are reviewed by a designated Commission member and the program receives pre-provisional accreditation status. This preliminary status, establishing the program’s eligibility to seek accreditation with the agency, enables the program to seek formal commission review. Following formal commission review, the program may be granted preaccreditation. Preaccreditation, once granted, is valid for up to two years. Following the receipt of preaccreditation, the program must request an accreditation review, update all materials, host an additional site visit and await notification of Commission Action (Exhibit 54). The agency’s policies note that programs must achieve accredited status within two years from the granting of preaccreditation.

The agency did not provide documentation demonstrating how it implements its preaccreditation policy and procedures nor indicate that it has not had the opportunity to implement this policy during the current recognition period. The agency must provide information and documentation that demonstrates that the agency follows its policies and procedures for granting preaccreditation and accreditation, or attest that it has not had a program apply for preaccreditation during the review period.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

### List of Document(s) Uploaded by Analyst - Narrative

No files uploaded
Response:
As stated in an earlier section, ACPE uses the language of centers and programs interchangeably, as some of our programs are offered in free standing centers and some utilize the name of a center even though they are housed within a larger institution and function as distinct programs.

To begin the provisional accreditation process as outlined in exhibit 53, a center submits an accreditation review request form (exhibit 171). Following this submission, the prospective center uploads all of the required materials to their portfolio for review. These materials include a feasibility study (exhibit 237 is the requirements for the feasibility study). See exhibit 172 for a sample feasibility study from [b][4]. The materials are reviewed and feedback is provided to the center (exhibit 173) and a site visit takes place (exhibit 173). The site visit report indicates pre-provisional approval and that the center has the approval to begin its CPE program.

Once a program has been granted pre-provisional approval, it is then placed on the agenda for the next regularly scheduled meeting of the Commission to be granted provisional approval. See exhibit 174 for the Fall 2021 Consent Agenda, where the [b][4]CPE Center was granted provisional approval. Exhibit 175 is the Commission Action Report provided to the center to document the commission's approval of provisional accreditation. This CPE center, [b][4], will need to have its full accreditation review by the end of 2023 or it will lose its provisional accreditation status.

Analyst Worksheet - Response

Analyst Review Status for Response:
Not Reviewed

Criteria: 602.16(d) Distance/Correspondence Education

Narrative:
In ACPE, the use of video conferencing is a modality of instruction within a unit of CPE. Exhibit 76 outlines the basic requirements for this. The same ACPE Standards (Exhibits 45-51) apply in the same way to programs that utilize video conferencing.

Of note, all education and supervision must be done synchronously and a preceptor, located at the clinical placement site, who functions as adjunct faculty for the CPE unit, must be engaged by the ACPE Certified Educator, for direct supervision.

Document(s) for this Section

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<td>Exhibit 50</td>
<td>Standard 6 Continuous Improvement - ACPE Manuals - 2020.pdf</td>
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Exhibit 51 | Standard 7 Ethical Integrity and Cultural Responsiveness - ACPE Manuals - 2020.pdf | | |
Exhibit 76 | Using Video Conferencing in a unit of CPE - A CPE Manuals - 2020.pdf | | |

**Analyst Worksheet- Narrative**

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must address and demonstrate how the agency’s standards effectively address the quality of a program’s distance education courses in the areas identified in sections 602.16(a)(1), as applicable. The agency may request an expansion of scope to include accreditation of a program offering education via correspondence courses or direct assessment education if it wishes.

**Analyst Remarks to Narrative:**
The agency notified the Department on January 15, 2019, under 34 CFR 602.27 that it expanded its scope of recognition to include distance education. This expansion was noted in the November 2019 Senior Department Official (SDO) letter that approved the agency’s expansion of scope to include preaccreditation. The agency was informed at that time that its standards for distance education would be reviewed at its next full review and that it must demonstrate the application of its standards at that time. Accordingly, this petition is the subject of that review and the Department is reviewing the agency’s standards, policies, and procedures for distance education for the first time.

The agency states that videoconferencing is a modality of instruction allowed within a unit of clinical pastoral education (CPE) and notes that its standards for accreditation provided in Exhibits 45-51 apply regardless of the modality of instruction. The agency also states that all education and supervision is done synchronously. The agency further states that it requires a preceptor who serves as adjunct faculty for the CPE unit be located at the clinical site. The preceptor must be engaged by the ACPE Certified Educator for direct supervision of the student(s).

In addition, the agency provided its policy on using video conferencing (Exhibit 76). The policy contains 5 requirements for programs that use videoconferencing as a modality of instruction within a unit of CPE. The requirements specify there must be a written agreement with the clinical site that allows the ACPE Certified Educator to conduct site visits to verify the clinical site complies with ACPE requirements. The policy also requires that there be an onsite preceptor to communicate with the student’s supervisor about the student’s work. The policy further specifies that there be a plan to ensure access to the technology used for video conferencing and an orientation to the technology and that any technology issues that interrupt seminars are not counted toward the number of required educational hours. Lastly, the policy states there must be a process for evaluating the effectiveness of videoconferencing as a modality of instruction including student outcomes and learning goals and that all individual and group instruction be completed synchronously via videoconference and asynchronous formats are to be used for didactic or reading seminars (Exhibit 76).

The agency did not provide documentation demonstrating effective application of its accreditation standards related to the enforcement of its standards for units delivered via distance education. The agency states that its standards of accreditation apply regardless of the method of delivery. However, Department staff could not find this guidance stated in the agency’s standards. The agency also did not provide any documentation demonstrating how it trains site evaluators on distance education or what guidance it provides site teams regarding the agency’s expectations for the review of distance education. Lastly, the agency did not provide the full cycle of review of a program that offers instruction via distance education. Therefore, Department staff could not confirm
that the agency’s standards effectively address the quality of a program’s distance education courses in the areas identified in Section 602.16(a)(1), as applicable.

Due to a recent change in regulation, the agency is reminded that it must seek an expansion of its scope of recognition if it wishes to accredit programs offering education via correspondence courses or direct assessment education.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative
No files uploaded

Response:
Due to the current flexibilities that are in place for distance learning due to the COVID-19 pandemic, ACPE is seeking to remove distance learning from its scope of recognition.

Analyst Worksheet - Response

Analyst Review Status for Response:
Not Reviewed

Criteria: 602.16(e-g) Separate Standards for Curriculum or Faculty

Narrative:

Document(s) for this Section
No files uploaded

Analyst Worksheet- Narrative

analyst review status:
Does not meet the requirements of this section

Staff Determination:
The agency must identify any additional accreditation standards for approving curriculum or for instructors teaching courses within a dual or concurrent enrollment program or attest that it does not have additional standards in this area.

Analyst Remarks to Narrative:
No response provided.

While 602.16(e) does not require a response from this agency, subsections (f) and (g) may. If the agency uses additional accreditation standards for approving curriculum or for instructors teaching courses within a dual or concurrent enrollment program, the agency should document those standards. If not, the agency should attest that they do not have additional standards in this area. This will allow Department staff to assess compliance with the applicable criterion.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.
Criteria: 602.17(a) Mission & Objectives

Narrative:
The ACPE Standards (Exhibits 45-51) establish the standards for accreditation. The accreditation review process, which includes a site visit every six (6) years, determines if a program or center is in compliance with these standards. The procedure for accreditation reviews are outlined in the 2020 Accreditation Manual (Exhibit 77).

All accredited centers are required to maintain an accreditation portfolio (Exhibit 78). As noted, the portfolio is required to be current at all times and there is a check of the portfolio each year (Exhibit 79).

The Accreditation Manual (Exhibit 80) also outlines the criteria and procedure for requesting a postponement of a review.

Standard 4 (Exhibit 48) requires centers to use their Student Handbook to inform students of and to document their mission, educational objectives, and completion requirements for each program they offer (ACPE programs do not award degrees or certificates). The center's student handbook (Exhibit 65) and the Accreditation Portfolio Review Document (Exhibit 55) and the Site Team Reports, Parts I and II (Exhibits 60 and 61) show the assessment of this standard.

The materials for the accreditation of Hebrew SeniorLife provide an example of the accreditation review (evaluation) process used in reaching an accrediting decision. Specifically, see the Site Visit Reports -- Part I (Exhibit 60) and Part II (Exhibit 61), the Accreditation Review Document (Exhibit 56) and the center response to Site Visit Report Part I (Exhibit 81).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:
ACPE does not have any additional standards in this area.

Analyst Worksheet - Response

Analyst Review Status for Response:
Not Reviewed

Document(s) for this Section

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### Analyst Worksheet - Narrative

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide PII-redacted completed student self-evaluation templates. The agency must provide their ACPE Objectives and Outcomes document to demonstrate their requirements in this area. The agency must provide a full-cycle of pre- and accreditation review documentation such as a self-study, site evaluation, and decision letter to demonstrate implementation of its standards. The agency must address when and how agency staff and site visitors assess a program's mission, objectives, and outcomes.

**Analyst Remarks to Narrative:**
The agency cites Standard 4 (Exhibit 48) as relevant to this criterion since this outlines the agency's requirements that programs maintain a Student Handbook. However, while the agency's narrative describes the handbook as the means through which the program informs and documents their mission, educational objectives, and completion requirements for each program they offer, the agency's manual does not mention mission or educational objectives in this section. The agency provided a sample student handbook (see Exhibit 65 in 602.16(a)(1)(ii)) and the Accreditation Portfolio Review checklist (Exhibit 55) and the Site Team Reports, Parts I and II (Exhibits 60 and 61) to demonstrate their assessment in this area.

Standards 1 (Exhibit 45) and 2 (Exhibit 46) are each relevant to this criterion. Standard 1 - Educational Environment requires a process model of education and clinical method of learning.

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<td>Exhibit 264</td>
<td>Standard 1 Crosswalk.docx</td>
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Standard 2 - Curriculum contains requirements related to the objectives and outcomes of the CPE program. Standard 2: Curriculum requires that programs articulate the knowledge, skills, attitudes, and values that students are expected to gain in the program, and that the program provide evidence of their alignment with ACPE’s Objectives and Outcomes for the Level I and II program, and Certified Educator Competencies for applicable programs. The agency requires that programs include in their portfolio a template that is used in writing evaluations or sample student formal written evaluations. The agency provided blank template student self-evaluations from the Hebrew SeniorLife program (see Exhibits 57 and 58 in 602.16(a)(1)(i)).

The agency has not provided their ACPE Objectives and Outcomes document to demonstrate their requirements in this area. The sample portfolio review documents and site visit reports only address or assess the program’s mission, objectives, or outcomes in limited ways. The site visit report does not reflect review in each of the areas specified in this section. The agency has provided documentation of its requirements for programs to provide a self-study and assessment of its compliance with agency standards. However, the agency has not provided a full-cycle of pre- and accreditation review documentation such as a feasibility study, self-study, site evaluation, and decision letter to demonstrate implementation of its standards.

The agency must provide PII-redacted completed student self-evaluation templates in its response to the draft. The agency must provide their ACPE Objectives and Outcomes document to demonstrate their requirements in this area. The agency must provide a full-cycle of pre- and accreditation review documentation such as a feasibility study, self-study, site evaluation, and decision letter to demonstrate implementation of its standards. The agency must address when and how agency staff and site visitors assess a program’s mission, objectives, and outcomes.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

A program’s mission, objectives, and outcomes are assessed as part of the six year site visit process. As shared in 602.18(a-b)(1) in the Introduction to the Accreditation Process (exhibit 186), the ACPE accreditation process greatly values the mission and objectives of each CPE center.

All ACPE programs are required to build their curriculum and program (see exhibit 229) for Level I/Level II CPE on the Outcomes and Objectives for Level I/II CPE (exhibit 139) and to build their curriculum for Certified Educator CPE from the Certified Educator Competencies (exhibit 137). A center is required to develop a crosswalk (or similar document/notation) that identifies where the ACPE Outcomes and Objectives are addressed in their curriculum (exhibit 264). This requirement allows the mission and objectives of the program to serve as the larger framework within which the Level I/Level II Outcomes and Objectives or Certified Educator Competencies exist.

A center also identifies the unique components of the CPE center as a learning environment (exhibit 168), which directly reflect upon the center’s mission. These items are all assessed during the portfolio review process in preparation for a site visit and where there are concerns of missing or insufficient elements, notes are made in the portfolio review document or the site visit report as appropriate. As CPE programs/centers exist in a variety of contexts, not all of them have unique missions or objectives—it is context dependent as to how they will live into this. Many of our centers/programs are located within general hospitals and therefore are more similar and generic in their provision of spiritual care education than a faith-based setting or similar.
A center's mission and objectives also are evident and are further assessed by reviewing the student evaluations that are provided throughout the CPE process. See exhibits 238 and 239 for templates of these evaluations and see exhibit 177 for a redacted final self-evaluation from a student and see exhibit 178 for a redacted final evaluation from the educator for the same student. These evaluations take the context and the individual student learning goals into account and are reflective of the ACPE outcomes.

Additional documents included here are the self-study for HSL (exhibit 169), the site visit reports parts I & II (exhibits 224 and 225), and the Commission Action Report (decision letter) in exhibit 170.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

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**Criteria: 602.17(b) Self-study**

**Narrative:**
ACPE requires a feasibility study for all new centers and a self-study for all existing centers prior to their 6 year review and site visit. Exhibit 82 provides the requirements for both processes.

**Document(s) for this Section**

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**Analyst Worksheet - Narrative**

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide a full-cycle of pre- and accreditation review documentation such as a feasibility study, self-study, site evaluation, and decision letter to demonstrate implementation of its standards. The agency must address how its self-study requirements are rigorous enough to meet the requirements of this section.

**Analyst Remarks to Narrative:**
The agency has written guidance for how its provisional (preaccredited) and accredited programs are to conduct the self-study prior to the site visit (Exhibit 82). Provisional/preaccredited feasibility studies must provide information about the program’s objectives, key personnel, a draft of the student handbook, and curriculum which must be based on agency objectives and outcomes and an
assessment of how the program will meet the requirements for compliance with agency standards and Level I/Level II outcomes and competencies. The Feasibility Study must also include a survey and assessment of resources and a review of the strengths and limitations.

The accredited program’s Self-Study guidance (Exhibit 82) also includes requirements for the narrative describing the program’s rationale and objectives, an assessment of the administrative support structure, and the program’s strengths and limitations, and programs initiatives and goals with intended outcomes and actual impact. In addition, the guidance requires the program to provide data on admissions, enrollment, and graduation rates as well as an overview of the six-year accreditation period. The agency does not require programs to address how the program is meeting the agency's standards in the self-study.

The agency has provided documentation of its requirements for programs to provide a self-study and assessment of its compliance with agency standards. However, the agency has not demonstrated that its requirements for a self-study are rigorous enough to meet the requirements of this section. Additionally, the agency has not provided a full-cycle of pre- and accreditation review documentation such as a feasibility study, self-study, site evaluation, and decision letter to demonstrate implementation of its standards.

The agency must provide a full-cycle of pre- and accreditation review documentation such as a feasibility study, self-study, site evaluation, and decision letter to demonstrate implementation of its standards. The agency must address how its self-study requirements are rigorous enough to meet the requirements of this section.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:
This criterion requires:
the institution or program to engage in a self-study process that assesses the institution’s or program’s education quality and success in meeting its mission and objectives, highlights opportunities for improvement, and includes a plan for making those improvements;

For its self study process (exhibit 237), the following items are required to be part of the self-study:

1. Reflect on the rationale and objectives for CPE at the center (This item requires centers to address how their program fits into the center's mission and objectives - why do they have CPE programs and what is the purpose they serve within the institution. This reflection includes assessment of their success in meeting/maintaining its intended mission.

2. Assess your center’s administrative structure and support for the CPE program. Reflect on the strengths and weaknesses of your center. (This item requires the center to assess where they are strong in their program, their educational quality, and the level of support their center has up to this time. The center also has the opportunity to assess what they are doing well (success) and areas that they have noted for improvement.)

3. Provide an analysis of data trends with regard to admissions, enrollment, and program completion rates. (This item requires the centers to look at the key benchmark of the completion rate, as well as the numbers of students who are applying to/enrolling in the program. These numbers all speak to the educational quality as well as the sustainability of the program, as any trends (up or down) in
applications/enrollment will be noted.

4. What major changes have been implemented and what was the impact? (This item requires centers to reflect on what they have done and what, through their continuous improvement processes, they identified as opportunities for improvement and how they addressed them. This looks over the past 6 years and the section below looks forward.

The self-study criteria also requires centers to address the following:

1. Center goals for the next accreditation cycle. (This item requires centers to utilize their continuous improvement processes to highlight opportunities for improvement and develop goals (plan) for these opportunities within the next accreditation cycle.

2. Significant changes or initiatives that are being planned. (This item requires more detail and specifics about the goals and opportunities noted in item 1.

3. Specific areas of consultation that the center is seeking as part of the site visit and review. (This item allows centers the opportunity to ask for help or clarification in specific aspects of its program in which it is finding challenge or seeking feedback. This is being done within the spirit of appreciative inquiry and the relational model of expertise that our accreditation process strives to provide for our centers/programs.

Two examples of the self-study are included: The self-study for Hebrew SeniorLife is exhibit 169; the site visit report, part I, for Hebrew SeniorLife is exhibit 224, and the Commission Action Report (decision letter) for Hebrew SeniorLife is exhibit 170. Additionally, the self-study for [b](4) is exhibit 185; the site visit report, part I, for [b](4) is exhibit 158. As the [b](4) site visit recently took place, they are on the Commission agenda for the spring meeting, so there is not yet a Commission Action Report (decision letter).

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

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**Criteria: 602.17(c) On-Site Review**

**Narrative:**
ACPE requires a site visit every six (6) years. The Site Visit is described in Exhibit 77.

Prior to the site visit, the site team, which is comprised of a National Site Team Chair, who is an ACPE Certified Educator, another ACPE Certified Educator, and a practitioner conduct a comprehensive review of the accreditation portfolio (Exhibit 55 is a sample and Exhibit 56 is a completed document). Through this process, any additions, corrections, edits, etc. to the center’s written materials are addressed prior to the site visit.

On site, the team will conduct meetings, review records, and observe the program in action. The National Site Team Chair Manual (Exhibit 34) further outlines the site visit process.
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**Analyst Worksheet- Narrative**

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide documentation of training for chair and site team members. Furthermore, the agency must provide a full-cycle of pre- and accreditation review documentation such as a feasibility study, self-study, site evaluation, and decision letter to demonstrate implementation of its standards and to meet the requirements of this section. The documentation must include notes or report summary/excerpts as defined in “Part II Review” of the Accreditation Portfolio Guidelines. The agency must address how its current site visit process allows site visitors to obtain sufficient information to determine if a program complies with agency standards.

**Analyst Remarks to Narrative:**
As noted in the previous section, the agency requires preaccredited programs to submit a Feasibility Study and accredited programs to submit a Self-Study report prior to the site visit. As discussed in the narrative, the site team is composed of the Chair, two educators, and a practitioner. The Site Team Chair receives a manual (Exhibit 34) with guidance on the site evaluation process. In addition, the agency has provided documentation of its guidance for accredited programs in preparation of the site visit (Exhibit 77), which includes the duration of the site visit as 1 ½ days and the site team’s process for verifying information submitted in the self-study such as physical resources; summary of consultations and meetings with staff, administrators and students; a review of student records.

The agency has provided documentation of its National Site Team Chair Manual, an evaluation rubric of portfolio review guidelines and ACPE Standards and Portfolio Expectations (Exhibit 55). However, the agency has not provided documentation of training for the chair or evaluation members. It isn't clear whether site team members use the chair’s manual or have additional documentation of their role. In addition, the sample site visit report provided by the agency does not reflect review of the agency’s complete set of standards. The agency has provided a completed review checklist (Exhibit 56) but there are no notes or report summary/excerpts as defined in “Part II Review” of the Accreditation Portfolio Guidelines. The agency has not provided a full-cycle of pre-and accreditation review documentation such as a feasibility study, self-study, site evaluation, and decision letter to demonstrate implementation of its standards and to meet the requirements of this section.
As noted in 602.15(a)(2), the agency must provide documentation of training for chair and site team members. Furthermore, the agency must provide a full-cycle of pre- and accreditation review documentation such as a feasibility study, self-study, site evaluation, and decision letter to demonstrate implementation of its standards and to meet the requirements of this section. The documentation must include notes or report summary/excerpts as defined in “Part II Review” of the Accreditation Portfolio Guidelines. The agency must address how its current site visit process allows site visitors to obtain sufficient information to determine if a program complies with agency standards.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

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Response:
The portfolio review process for an accreditation site visit is a comprehensive reading and analysis of all the required materials. The review is completed by the National Site Team Chair, the ACPE Certified Educator, and the Practitioner. As the process currently exists, the site team is asked to determine, based on their professional opinions as educators and practitioners, the quality of the materials and the extent to which they meet the standards. When, in their professional opinion the center's materials are in compliance, no written notes are required. When the team, in their professional assessment determines that the materials are not in compliance, they document the issues within the portfolio review forms (exhibit 230). The site team, in their professional opinion, determined that the materials were in compliance, so no notes were provided. The minimum standard for each item is “accomplished.” When the site team feels that a program has not only met the minimum required standard, but has gone above and beyond, they give a rating of exemplary for the center. This is not a distinct category for review once a center has met the minimum, so additional documentation is not required. When a center is not in compliance, there will be notes provided.

Once on site, as noted in exhibit 240 (Six Year Site Visit Plan-revised since the original submission of this petition), the site team follows a pre-determined schedule and through interviews, file reviews, and other meetings, ensures that the center's materials appropriately represent what the center is doing and that the functioning of the program is in compliance with all ACPE standards. It is through this qualitative, relational interaction with various constituents that the site team members, the two ACPE Certified Educators and the one practitioner member, are able to assess and obtain sufficient information as to the functioning of the program and to ensure that the center's materials are congruent with the actual practice of what they are doing and that the center is in compliance with the ACPE standards.

Each National Site Team Chair receives the National Site Team Chair Manual (Exhibit 241) which contains all of the required information for a site visit. Additionally, upon beginning their service as a site team chair, they participate in a special orientation session led by an experienced, accomplished site team chair. There are then monthly meetings for National Site Team Chairs as indicated in exhibit 242, summary of educational and training sessions. The monthly meetings provide education on topics that have arisen from previous site visits and are based on feedback received from centers (see exhibit 132) as well as opportunities for National Site Team Chairs to raise questions that they have from their work.

Training of the site team members is done by the the National Site Team Chair in preparation for the site visit as indicated on page 17 in the National Site Team Chair Manual (Exhibit 241). This is also documented in Exhibit 135, the Part I Report of the UCSD Site Visit. The site team members are
provided the National Site Team Chair Manual so that they too understand the expectations for their role.

The following documents the full cycle of the accreditation process:
Exhibit 179 is the UCSD Self Study. The portfolio review document is exhibit 180, followed by the Site visit report, part I (exhibit 181). The center’s response to the part I report is exhibit 182, with the Site Visit Report, Part II as exhibit 183. The Commission Action Report (decision letter) is exhibit 184.

Analyst Worksheet - Response

Analyst Review Status for Response:
Not Reviewed

Criteria: 602.17(d) Response to Site Review

Narrative:
Prior to the site visit, the site team, which is comprised of a National Site Team Chair, who is an ACPE Certified Educator, another ACPE Certified Educator, and a practitioner conduct a comprehensive review of the accreditation portfolio (Exhibit 55 is a sample and Exhibit 56 is a completed document). Through this process, any additions, corrections, edits, etc. to the center’s written materials are addressed prior to the site visit.

Following the on-site visit, there are a series of reports (Exhibit 83). The National Site Team Chair will provide Report Part I (Exhibit 60) to the center within 14 days. The center then has 30 days to respond to the report in writing, after which the National Site Team Chair will provide Report Part II (Exhibit 61) to the center and to the Accreditation Commission.

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Analyst Worksheet- Narrative

Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:
The agency must provide a full-cycle of pre- and accreditation review documentation such as a completed self-study, site evaluation report with response and Team Chair Report Part II, and decision letter to demonstrate implementation of its standards to meet the requirements of this section.

**Analyst Remarks to Narrative:**
As noted in the narrative, the agency allows an accredited program 30 days to provide a written response to the report submitted by the National Site Team Chair (Exhibit 83). Upon receipt of a program’s response, the National Site Team Chair completed the Report Part II (Exhibit 61) with a final recommendation to the Accreditation Commission.

Although the agency has provided documentation of its standards allowing the program to respond to the site visit report, the agency must provide a full-cycle of pre- and accreditation review documentation such as a completed self-study, site evaluation report with response and Team Chair Report Part II, and decision letter to demonstrate implementation of its standards and to meet the requirements of this section.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**
No files uploaded

**Response:**
ACPE implements this standard on a regular basis as part of its operations. The following documents demonstrate the implementation:

Exhibit 179 is the UCSD Self Study. The portfolio review document is exhibit 180, followed by the Site visit report, part I (exhibit 181). The center’s response to the part I report is exhibit 182, with the Site Visit Report, Part II as exhibit 183. The Commission Action Report (decision letter) is exhibit 184.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

**Criteria: 602.17(e) Agency Analysis of Information**

**Narrative:**
At the conclusion of the Site Visit and the sending of the Part II report, a member of the Accreditation Commission is assigned to review all of the materials (Exhibit 83). The Commission Reviewer will bring a recommendation to the next meeting of the Accreditation Commission.

**Document(s) for this Section**

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Exhibit 182 | ACPESiteVisitReviewResponses3.2.21.docx | | |
Exhibit 183 | Site Team Visit Report Part II_UCSD.pdf | | |
Exhibit 184 | 165624 Prov to Accred Center_UC San Diego | | |
Exhibit 181 | USCD Site Visit Report Part I.docx | | |
Exhibit 192 | Spring 2021 Consent Agenda.pdf | | |

#### Analyst Comments

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide a full-cycle of an accreditation review such as a completed self-study, site evaluation report with response, site team’s final assessment in Part II, and decision letter to demonstrate implementation of its standards and to meet the requirements of this section.

**Analyst Remarks to Narrative:**
The agency states that the site team’s report is reviewed by an assigned Accreditation Commissioner in conjunction with the National Site Team Chair. The review of the summary consists of a review of Part I of the site team’s initial findings, the program’s response to any issues or areas of non-compliance, and Part II of the site team’s final assessment and a recommendation to the Accreditation Commission.

Although the agency has provided documentation of its standards, policies, and processes for how it conducts own analysis to determine compliance, the agency must provide a full-cycle of an accreditation review such as a completed self-study, site evaluation report with response, site team’s final assessment in Part II, and decision letter to demonstrate implementation of its standards and to meet the requirements of this section.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

#### List of Document(s) Uploaded by Analyst - Narrative
No files uploaded

**Response:**
The following documents demonstrate the implementation:

Exhibit 179 is the UCSD Self Study. The portfolio review document is exhibit 180, followed by the Site visit report, part I (exhibit 181). The center’s response to the part I report is exhibit 182, with the Site Visit Report, Part II as exhibit 183.

Following the Site Visit Report, Part II, the materials are reviewed by a Commission Reviewer. The assigned Commission Reviewer, in their review of the materials, determines if the center will go on to the consent or the non-consent agenda for the Commission meeting. The reviewer will look closely at the process to ensure that processes were followed as they were supposed to occur and that the site team’s conclusions are congruent with the review of the materials and the events of the site visit. Exhibit 192 is the Spring 2021 Consent Agenda where UCSD was placed by the Commission Reviewer. The center appears on page 5 of the consent agenda. The Commission Action Report (decision letter) is exhibit 184.

#### Analyst Worksheet - Response

**Analyst Review Status for Response:**
Not Reviewed

Criteria: 602.17(f) Report on Compliance & Student Achievement

Narrative:
The 6 Year site visit plan (Exhibit 77) contains multiple elements by which centers are given written notice assessing their compliance with ACPE Standards.

Prior to the site visit, the site team completes the accreditation portfolio review documents (Exhibits 55 and 56) assessing that a center has all of the required materials in their portfolio and that the materials provided are “accomplished.” Through ongoing dialogue, concerns and issues with the center materials are addressed prior to the site visit.

Following the site visit, a detailed report is given to the center (Exhibit 60), outlining the center’s compliance with the standards and outlining any areas still in need of improvement.

Document(s) for this Section

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<td>Exhibit 138</td>
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Analyst Worksheet- Narrative

Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:
The agency must provide additional information and documentation that demonstrates a review of all accreditation standards (including Standard 1 and its 75% completion rate benchmark), and that it provides a detailed written assessment to programs as required by this criterion. The agency must also provide documentation of its review of the chart focusing on completion rates as noted in Standard 5. The agency must also provide the decision letter for Hebrew SeniorLife program for review.

Analyst Remarks to Narrative:
The agency references the program portfolio and the site visit report as the documents used for providing CPE programs with a detailed written report that assesses the program compliance with standards, including areas needing improvement, and the program’s performance with respect to student achievement.

The portfolio is divided into two parts. Part 1 appears to be a checklist designed to ensure that all required items are included in the program’s portfolio (Exhibit 56). Part 1 of the Accreditation Portfolio Guidelines stipulates, “this part of the review process is not an assessment of the program’s materials.” This indicates no evaluation or assessment of compliance with standards is conducted in this section. Part 2 of the Accreditation Portfolio does provide assessment of agency standards. However, Part 2 of the Accreditation Portfolio is in the form of a checklist and has very little narrative analysis of the program’s compliance with agency standards. Therefore, the portfolio alone would not satisfy the requirements of this criterion.

The agency also references the site visit report as another document that it utilizes to demonstrate compliance with this criterion. A review of the site visit report for Hebrew SeniorLife program finds that it does inform the program regarding strengths and limitations. However, the site visit report does not specifically identify a review and evaluation of each agency accreditation standard. The site visit report does not identify a review of the agency’s standards related to student achievement. There is only one mention of student achievement on page six of the site visit report Part 1 (Exhibit 60). Specifically, the following statement was recorded in the site visit report: “the self-study, alumni reports, and anecdotal evidence revealed areas of student achievement. Some graduates returned to educational settings, completed educational programs, were ordained, and/or board-certified. Many serve as health care chaplains or in congregational settings.” This does not demonstrate a detailed written assessment.

As noted in section 602.16(a)(1) Student Achievement, Department staff noted that the agency has one quantitative benchmark (completion rate) which is defined in the ACPE terms and definitions section of the Accreditation Manual. As noted in section 602.16(a)(1), the agency defines its completion rate as follows: “A significant factor in the assessment of a center’s review process is to ensure that over the six-year cycle of accreditation that a minimum of 75% of its students who complete orientation go on to receive credit for the unit. This percentage is to be calculated on a yearly basis.” The site visit report for Hebrew SeniorLife program does not provide any discussion regarding the program’s completion rate, nor does it list any strengths or weaknesses related to its completion rate standard. Department staff also noted in 602.16(a)(1) that Standard 1 - Educational Environment also appears to measure the qualitative aspects of the student experience. However, there is no specific reference to Standard 1 in the site visit report. Also noted in section 602.16(a)(1), Standard 5 includes a requirement for programs to develop a student enrollment chart with a focus on completion rates for each student. However, there is no specific reference to a chart focusing on completion rates in the site visit report for Hebrew SeniorLife program.

Department staff review of the site visit report finds that it does not provide programs with a detailed written assessment of compliance with agency standards, including student achievement. The design of the site visit report has changed from what was submitted in the agency’s 2012 and 2017 petitions for recognition. Those site visit reports (from 2012 and 2017) clearly showed a review of accreditation standards and include a narrative explanation of the site team’s conclusions. However, the current version of a site visit report does not display such specificity. Consequently, it is difficult to ascertain whether a review by the site team of all agency standards was conducted. The agency must provide additional information and documentation that demonstrates a review of all accreditation standards (including Standard 1 and its 75% completion rate benchmark), and that it provides a detailed written assessment to programs as required by this criterion. The agency must also provide documentation of its review of the chart focusing on completion rates as noted in Standard 5.
Finally, the agency also did not provide a decision letter to demonstrate the full cycle of review for the Hebrew SeniorLife program. The commission decision letter could also be a tool used to provide programs with a detailed written assessment of compliance with standards.

The agency must provide additional information and documentation that demonstrates a review of all accreditation standards (including Standard 1 and its 75% completion rate benchmark), and that it provides a detailed written assessment to programs as required by this criterion. The agency must also provide documentation of its review of the chart focusing on completion rates as noted in Standard 5. The agency must also provide the decision letter for Hebrew SeniorLife program for review.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**

The portfolio review process for an accreditation site visit is a comprehensive reading and analysis of all the required materials. The review is completed by the National Site Team Chair, the ACPE Certified Educator, and the Practitioner. As the process currently exists, the site team is asked to determine, based on their professional opinions as educators and practitioners, the quality of the materials and the extent to which they meet the standards. When, in their professional opinion the center's materials are in compliance, no written notes are required. When the team, in their professional assessment determines that the materials are not in compliance, they document the issues within the portfolio review forms (exhibit 230). The site team, in their professional opinion, determined that the materials were in compliance, so no notes were provided. The minimum standard for each item is "accomplished." When the site team feels that a program has not only met the minimum required standard, but has gone above and beyond, they give a rating of exemplary for the center. This is not a distinct category for review once a center has met the minimum, but rather an internal acknowledgement of a center's work, so additional documentation is not required. When a center is not in compliance, there will be notes provided.

Similar to the recognition process for the Department, ACPE's process allows for a dialogical process related to a center's compliance with the standards. Centers are given opportunities to refine or revise materials beginning 60 days prior to the site visit, as indicated in the Six Year site visit plan (exhibit 240) up until the on-site part of the visit begins. Communication about revisions needed may take place via phone or email, so centers will revise materials based on these exchanges, often resulting in better outcomes related to compliance and demonstrations of the requirements in meeting the standards.

The Standard 5 requirement to develop a student enrollment chart with a focus on the completion rate benchmark is illustrated in exhibit 138 for Hebrew SeniorLife and is what the site team reviewed for the six year visit. The Commission Action Report (decision letter) for Hebrew SeniorLife is in exhibit 170.

To further demonstrate the full site visit review process when a center is not in compliance and requires a detailed written assessment of its materials, see the review documents outline below. The review has been completed, but has not yet been voted on by the Accreditation Commission, as it is scheduled for our next regular meeting:

For this center, the self study is exhibit 185, the Portfolio Review Document (exhibit 157) is a
significant part of the Site Visit Report, Part I (exhibit 158). The Site Visit Report Part I provides
detailed feedback about those items that are not in compliance, giving the center clear guidelines as
to what they need to do to demonstrate compliance. The center’s response to the Part I report is
exhibit 159 and the Site Visit Report, Part II (exhibit 160) acknowledges the improvements that the
center made in their materials and identifies those areas that continue to be out of compliance from
site visit. All of the materials will be reviewed by a commission reviewer to ensure that all processes
and procedures were followed and that the conclusions of the site team are congruent with the
center’s materials and the site visit data. Because this center has outstanding issues with
compliance, the issues of non-compliance will addressed by the Accreditation Commission at its
next meeting, as the center will be placed on the non-consent agenda for discussion.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

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**Criteria: 602.18(a)-(b)(1) Standards Respect Mission, Ensure Quality, and Are Clearly Written**

**Narrative:**
ACPE Standards (Exhibits 45-51) articulate what is required of centers for accreditation, including
educational content and procedural content. The Standards articulate frameworks that allow centers
to develop their own curriculum specific features, vision, and plan for the future.

The center’s student handbook (Exhibit 65) and the Accreditation Portfolio Review Document
(Exhibit 55) and the Site Team Reports, Parts I and II (Exhibits 60 and 61) show the assessment.

**Document(s) for this Section**

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**Exhibit Worksheet - Narrative**

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide further information and documentation that demonstrates how its standards respect the stated mission of the institution, including religious mission. The agency must also provide information and documentation that demonstrates how it ensures the education or training offered by a program through the use of distance education is of sufficient quality to achieve its stated objective during the accreditation and preaccreditation period. The agency must address whether or not it has a policy that allows it to accredit, preaccredit, or renew accreditation for a program while simultaneously also taking an adverse action against that same program.

**Analyst Remarks to Narrative:**
The agency states that its standards “articulate a framework that allow programs to develop their own curriculum specific features, vision, and plan for the future.”

The agency provided its standards for accreditation in Exhibits 45-51. These standards cover the areas of Educational Environment, Curriculum, Educational Resources, Management of CPE Programs, Infrastructure and Financial Resources, Continuous Improvement, Ethical Integrity and Cultural Responsiveness. The standards are clearly written and contain sections on rationale, indicators, and items that must be included in a program’s self-study. The agency did not provide information or supporting documentation that demonstrates how its standards respect the mission of the programs it accredits, including any with religious missions. In addition, as previously discussed in section 602.16(d), it is not clear based on the information provided in this petition that the agency’s standards address how education or training offered through distance education is reviewed to ensure it is of sufficient quality to achieve its stated objectives.

Additionally, in another section, the agency narrative indicates that it simultaneously reaccredited a program while also suspending that same program. In 602.26(b), the agency states, “At the May meeting of the Accreditation Commission held May 6-9, 2018, the accredited center at the [0](4) was granted re-accreditation and suspended for continued issues of non-compliance.” The agency must address this inconsistency.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**
As noted in the Introduction to the Accreditation Process (exhibit 186), "the accreditation process is designed to be one of appreciative inquiry —giving special attention to understanding the uniqueness of each center and how it has chosen to meet the standards. Centers will develop portfolios that will contain examples of the work they are doing and that demonstrate a center’s compliance with Standards.” This is the foundation for how we approach accreditation so that it requires compliance with ACPE’s standards, and at the same time, not only allows, but encourages programs to develop their curricula and programs to support both the mission of ACPE and the mission of their local contexts.
All ACPE programs are required to build their curriculum and program (see exhibit 229) for Level I/Level II CPE on the Outcomes and Objectives for Level I/II CPE (exhibit 139) and to build their curriculum for Certified Educator CPE from the Certified Educator Competencies (exhibit 137). A center is required to develop a crosswalk (or similar document/notation) that identifies where the ACPE Outcomes and Objectives are addressed in their curriculum (exhibit 264). This requirement allows the mission and objectives of the program to serve as the larger framework within which the Level I/Level II Outcomes and Objectives or Certified Educator Competencies exist.

A center also identifies the unique components of the CPE center as a learning environment (exhibit 168), which directly reflect upon the center's mission. These items are all assessed during the portfolio review process in preparation for a site visit and where there are concerns of missing or insufficient elements, notes are made in the portfolio review document or the site visit report as appropriate. As CPE programs/centers exist in a variety of contexts, not all of them have unique missions or objectives—it is context dependent as to how they will live into this. Many of our centers/programs are located within general hospitals and therefore are more similar and generic in their provision of spiritual care education than a faith-based setting or similar.

As indicated in an earlier section, due to the flexibilities afforded due to the COVID-19 pandemic, ACPE is requesting the removal of distance learning from its scope of recognition.

To address the inconsistency noted above, the center in question had a 10 year site visit (our old process) and significant concerns and issues of non-compliance were raised from the site visit. The Site Team Report, Part II raised significant issues and the Commission Reviewer agreed and thus raised significant concerns with the commission during the meeting at which the center was on the agenda. Pursuant to the Periodic Reviews page in the Accreditation Manual (exhibit 187), when a center is up for re-accreditation, there are only two possibilities given to the commission for its vote:

1. To grant continued accreditation for 6 years
2. To grant continued accreditation for 6 years with notations (term used at that time) to be addressed AND either a or b:
   a. Require appropriate action to comply with standard(s) within six months or one year as determined by the Commission. 
   Commission specifies:
   ACPE standard, criteria involved. 
   Required corrective action and documentation to demonstrate full compliance. 
   Time period for coming into compliance.
   b. Initiate an adverse action

Given the situation with this particular center, the commission voted to utilize option 2b in accordance with the options set forth in the Accreditation Manual.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed
Narrative:
ACPE has several means to ensure that there is a consistent application of standards.

The standards (Exhibits 45-51) are clearly articulated and are specific as to what materials must be included in the center’s portfolio. There is a two part review process (Exhibit 55) of the portfolios, with guidance for the reviewers.

For site visits, National Site Team Chairs utilize the National Site Team Chair Manual (Exhibit 34) as well as the explicitly stated 6 Year Site Visit Plan (Exhibit 77).

Training opportunities happen regularly (Exhibit 35) for reviewers (initial and then ongoing intermittently), National Site Team Chairs (monthly), commission members (weekly), to ensure that everyone is on the same page.
The agency must provide a full-cycle of pre- and accreditation review documentation such as a self-study, site evaluation, and decision letter to demonstrate implementation of its standards. The agency must address how its review process ensures a consistent application of standards. The agency must provide information and documentation that it has effective controls against the inconsistent application of the agency’s standards to the Certified Educator CPE programs, which are included separately in the agency’s scope of recognition.

**Analyst Remarks to Narrative:**
The agency has demonstrated that it has controls against the inconsistent application of its standards for its clinical pastoral education (CPE) programs, to include: written standards, policies, and procedures that are publicly-available on the agency's website (as confirmed by Department staff); training and direction provided to programs at annual meetings and workshops; standardized guidance for the preparation or review of portfolios and self-study materials; and initial and ongoing training for site visitors, team chairs, and commission members (Exhibits 34, 35, 45-51, and 77). However, the standards, policies, procedures, and guidance appear to be applicable to the review of the CPE Level I/Level II programs, without specific information or documentation related to the review of the Certified Educator CPE programs, which are included separately in the agency’s scope of recognition. Additionally, the agency has not provided documentation for a full-cycle review that includes the application of agency standards during each part of the review process.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**
Although Certified Educator CPE programs are specifically named in our scope, there are only two areas for which there are differences in the standards, policies, procedures, and guidance. They are the areas of admissions (exhibit 243) which has additional requirements for applicants to Certified Educator CPE and curriculum, which requires that the curriculum for Certified Educator CPE be based on the Certified Educator Competencies (exhibit 137). All other policies and procedures are either ACPE-wide or center-based and apply to all CPE programs offered.

To demonstrate this with a center that received provisional accreditation, see the documents for PE Center: The feasibility study is exhibit 172; the site visits reports are a combined document in exhibit 173, and the Commission Action Report (decision letter) is exhibit 175.

Exhibit 179 is the UCSD Self Study. The portfolio review document is exhibit 180, followed by the Site visit report, part I (exhibit 181). The center's response to the part I report is exhibit 182, with the Site Visit Report, Part II as exhibit 183. The center’s materials were then reviewed by Commission Reviewer for consistency in process and congruence in the documents as shown in the Spring 2021 Consent Agenda (exhibit 192).

Following the Site Visit Report, Part II, the materials are reviewed by a Commission Reviewer. The assigned Commission Reviewer, in their review of the materials, determines if the center will go on to the consent or the non-consent agenda for the Commission meeting. The reviewer will look...
closely at the process to ensure that processes were followed as they were supposed to occur and that the site team’s conclusions are congruent with the review of the materials and the events of the site visit. Exhibit 174 is the Fall 2021 Consent Agenda where provisional accreditation was placed by the Commission Reviewer and approved by the Commission (page 2) and Exhibit 192 is the Spring 2021 Consent Agenda where UCSD was placed by the Commission Reviewer and approved by the Commission on page 5. The Commission Action Reports (decision letter) are exhibits 175 and 184.

All 6 year site visits consistent by design in that they are led by a specially trained National Site Team Chair who utilizes the National Site Team Chair Manual (exhibit 241). All site visits utilize the Accreditation Portfolio Review Document (exhibit 230) as part of the 6 year site visit plan (exhibit 240) so that the overall process for each site visit is the same. Then, as indicated above, at the conclusion of the review, the materials are assigned to another commissioner who reviews the materials to ensure that the site team followed the appropriate processes and that any issues or concerns that were raised were responded to appropriately. The commissioner also checks for congruence between the written materials and the site visit reports. Following their review, the Commission Reviewer determines if the center goes on to the consent or non-consent agenda and offers the motion for voting by the Commission.

The same overall process applies to centers seeking provisional accreditation, as these are a special subset of site visits, these visits are led by the chair-elect of the Accreditation Commission and then reviewed by the Chair of the Commission or their designee.

Analyst Worksheet - Response

Analyst Review Status for Response:
Not Reviewed

Criteria: 602.18(b)(3) Decisions Based on Published Standards

Narrative:
The ACPE Accreditation Manual outlines several factors to ensure that decisions related to accreditation are based on the published standards. The Commission takes action on Periodic Reviews (Exhibit 85) for which there is a 3 member site team and a reviewer from the Commission before the Commission determines its course of action. Processes and specifics about how to address areas of non-compliance may be found in exhibit 86. Further, the Commission is public about notifications of Commission Actions (Exhibit 87) and publishes a list of commission actions within 30 days of the conclusion of the meeting (Exhibits 88 and 89).

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Analyst Worksheet - Narrative

Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:
The agency needs to demonstrate that it bases accreditation and preaccreditation decisions on the agency’s published standards to the Certified Educator CPE programs, which are included separately in the agency’s scope of recognition. The agency also must provide the accreditation and preaccreditation processes to demonstrate that those decisions are based on the agency’s published standards. The agency must demonstrate that its on-site reviews provide a comprehensive review of a program’s compliance with the agency’s standards.

Analyst Remarks to Narrative:
The agency has not demonstrated via its application of written policies and processes that it bases decisions regarding preaccreditation and accreditation on published standards. The agency’s accreditation manual provides the agency’s standards, policies, and procedures to programs, site visitors, and the commission (Exhibits 4, 5, 7, 8, 13, 40, 42, 44-54, 73, 76-80, 82-86, 91-97, 100, and 119).

These Exhibits are located in the following sections of the petition: Exhibits 4 and 5 in 602.11(a-c), Exhibit 7 in 602.14(a), Exhibits 8 and 13 in 602.14(b), Exhibit 40 in 602.15(a)(5), Exhibit 42 in 602.15(b), Exhibits 44-52 in 602.16(a)(1)(i), Exhibits 53 and 54 in 602.16(a)(2), Exhibit 73 in 602.16(a)(1)(viii), Exhibit 76 in 602.16(d), Exhibits 77 and 78 in 602.17(b), Exhibits 79 and 80 in 602.17(a), Exhibit 82 in 602.17(b), Exhibit 83 in 602.17(d), Exhibit 84 in 602.17(g), Exhibits 85 and 86 in 602.18(b)(3), Exhibit 91 in 602.20(a), Exhibits 92 and 93 in 602.20(b-d), Exhibit 94 in 602.21(a-b), Exhibits 95-97 in 602.22(a)(1)(ii)(I), Exhibit 100 in 602.23(a), and Exhibit 119 in 602.26(a).

The agency requires that programs seeking a grant of accreditation must provide a self-study and portfolio (Exhibits 77, 78, and 82; see above for location), but it is not clear based on the documentation provided that all standards must be addressed. The agency states that the site teams assess a program but neither the portfolio review checklist (see Exhibits 55 and 56 in 602.16(a)(1)(i)) nor the site team report (see Exhibits 60 and 61 in 602.16(a)(1)(iii)) provide a comprehensive review of a program’s compliance with the agency’s standards.

As noted in other sections, the standards, policies, procedures, and guidance appear to be applicable to the review of the CPE Level I/Level II programs, without specific information or documentation related to the review of the Certified Educator CPE programs, which are included separately in the agency’s scope of recognition.

The agency must demonstrate that it bases accreditation and preaccreditation decisions on the agency’s published standards to the Certified Educator CPE programs, which are included separately in the agency’s scope of recognition. The agency also must provide the accreditation and
preaccreditation processes to demonstrate that those decisions are based on the agency’s published standards. The agency must demonstrate that its on-site reviews provide a comprehensive review of a program’s compliance with the agency’s standards.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**

The portfolio review process for an accreditation site visit is a comprehensive reading and analysis of all the required materials. The philosophy behind the use of the portfolio is shared in exhibit 193. Within the portfolio, the evidence of how a center is in compliance with the standards is the primary focus. For each of the programmatic standards, there is a page in the Accreditation Manual (exhibits 226, 235, 244-248). Each page has a similar layout, with the Standard itself at the top of the page, followed by the rationale, which gives a bit more language and explanation to the text of the standard. The next section is a set of indicators, the criteria that reviewers use to determine that a center is meeting the requirements of the standard based on the last section, the items that must be included in the portfolio. A center is required to include a response to each of the numbered items in the items to be included in the portfolio section. Their response may be written, a video, graphic presentations, or any combination of materials that best expresses how they, as a unique educational context, sometimes with a specific mission, meet the required indicators that determine if they are in compliance with the standard.

The Accreditation Portfolio Review Document (exhibit 230) contains two parts--Part I is a checklist that the reviewers utilize to ensure that the center/program has indeed provided something that is reasonably developed for each of the required items. The Part I checklist mirrors the pages in the Accreditation Manual, listing the items that must be included in the portfolio for each standard. The second section is the Part II assessment, which looks at each identified indicator to assess how/if the center is addressing them to show their compliance with the standard. The Part II assessment contains a 3 tier rating scale--Needs More Information (this is used when the reviewer is not able to ascertain if the center is meeting the criterion either due to not enough material/information or poorly articulated material/information; Accomplished (this is used when the center has met an acceptable standard for compliance, as the materials/information is developed and address the criterion; and Exemplary (this is used when, in the opinion of the review team, a center has demonstrated above the acceptable standard and in the spirit of appreciative inquiry, wants to highlight this criterion. If a center/program receives an assessment of Needs More Information, the review team will add notes/descriptive information on the page to provide the center with detailed feedback so it is clear as to what the center needs to do/show that they are in compliance with the criterion. When a center receives an assessment of Accomplished or Exemplary, this assessment is based on the professional opinions of the educators and practitioners and because they have demonstrated compliance, no written notes are required. Because CPE is a unique educational endeavor, our site teams are only comprised of ACPE Certified Educator and a spiritual care practitioner, as prior and thorough knowledge of the CPE educational endeavor is essential in determining that a center is in compliance with the criteria. The review process of the portfolio requires a response for each and every item in the part I checklist and an assessment of each and every item in the part II section.

All 6 year site visits are consistent by design in that they are led by a specially trained National Site Team Chair who utilizes the National Site Team Chair Manual (exhibit 241). All site visits utilize the Accreditation Portfolio Review Document (exhibit 230) as part of the 6 year site visit plan (exhibit 240) so that the overall process for each site visit is the same. The site team utilizes the portfolio review document as the foundation for the on-site visit, where the focus is to ensure the congruence
of the written materials with what is happening at the center and to ensure that the center is following its articulated policies, processes, and procedures. The site visit further affirms compliance with the required indicators for each of the standards, as demonstrated in the sample questions from the National Site Team Chair Manual as well as the sample site visit schedule, which is designed to give the reviewers a full sense of the center through the lens of the standards.

Following the review, a new commissioner is assigned to review the portfolio and the site visit materials to ensure that the site team followed the appropriate processes, reviewed and assessed all of the centers portfolio materials to ensure that they met the criterion, and that any issues or concerns that were raised were responded to appropriately. The commissioner also checks for congruence between the written materials and the site visit reports. Following their review, the Commission Reviewer determines if the center goes on to the consent or non-consent agenda and offers the motion for voting by the Commission. To achieve full accreditation, a center must have a complete, comprehensively developed portfolio that demonstrates how they are in compliance with each of the program standards, specifically addressing the indicators contained on each page of the standards within the manual. The same applies to centers seeking provisional accreditation, with the primary difference being that for those indicators that require having students who have completed units of CPE. In this case, these center materials information are included in a theoretical framework indicating how they intend to demonstrate the criterion and then update these sections of the portfolio to reflect their two years of provisional accreditation with students for their site visit to move from accreditation to full accreditation.

Although Certified Educator CPE programs are specifically named in our scope, there are only two areas for which there are differences in the standards, policies, procedures, and guidance. They are the areas of admissions (exhibit 243) which has additional requirements for applicants to Certified Educator CPE and curriculum, which requires that the curriculum for Certified Educator CPE be based on the Certified Educator Competencies (exhibit 137). All other policies and procedures are either ACPE-wide or center-based and apply to all CPE programs offered.

To demonstrate this process with a center that received provisional accreditation, see the documents for [b](4) CPE Center: The feasibility study is exhibit 172; the site visits reports are a combined document in exhibit 173, and the Commission Action Report (decision letter) is exhibit 175.

Exhibit 179 is the UCSD Self Study. The portfolio review document is exhibit 180, followed by the Site visit report, part I (exhibit 181). The center’s response to the part I report is exhibit 182, with the Site Visit Report, Part II as exhibit 183. The center’s materials were then reviewed by Commission Reviewer for consistency in process and congruence in the documents as shown in the Spring 2021 Consent Agenda (exhibit 192).

Following the Site Visit Report, Part II, the materials are reviewed by a Commission Reviewer. The assigned Commission Reviewer, in their review of the materials, determines if the center will go on to the consent or the non-consent agenda for the Commission meeting. The reviewer will look closely at the process to ensure that processes were followed as they were supposed to occur and that the site team’s conclusions are congruent with the review of the materials and the events of the site visit. Exhibit 174 is the Fall 2021 Consent Agenda where provisional accreditation was placed by the Commission Reviewer and approved by the Commission (page 2) and Exhibit 192 is the Spring 2021 Consent Agenda where UCSD was placed by the Commission Reviewer and approved by the Commission on page 5. The Commission Action Reports (decision letter) are exhibits 175 and 184.

The same overall process applies to centers seeking provisional accreditation, as these are a special subset of site visits, these visits are led by the chair-elect of the Accreditation Commission
and then reviewed by the Chair of the Commission or their designee, as documented above with the CPE Center.

The required items in the portfolio serve as the foundation and the backbone of the accreditation review process and these are supplemented by the on site visit which serves to ensure congruence between the center's written materials and the actual functioning of the center.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

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**Criteria: 602.18(b)(4) Reasonable Assurance of Accurate Information**

**Narrative:**
A center's accreditation portfolio is a representation of what the center is doing to ensure that they are compliant with the standards of ACPE (Exhibit 78). The portfolio is always accessible to the members of the Commission for review. Additionally, there is a site team on site every six years to verify that what is happening in person is congruent with the centers written materials (Exhibit 77). The final review of a center's materials is conducted by a member of the accreditation commission who has received additional training.

**Document(s) for this Section**

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<td>Exhibit 78</td>
<td>Accreditation Portfolio - ACPE Manuals - 2020.pdf</td>
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**Analyst Worksheet- Narrative**

**Analyst Review Status:**
Substantially Compliant

**Staff Determination:**
The agency needs to provide information and documentation about any attestation to the accuracy of the information and documentation submitted by programs, if applicable.

**Analyst Remarks to Narrative:**
The agency's accreditation process requires the submission of a portfolio and self-study that is reviewed by the site team (See Exhibit 56 in 602.16(a)(1)(i) and Exhibits 60 and 61 in 602.16(a)(1)(ii)). The agency's site visit report states that a program has the opportunity to review, respond, and make factual corrections to the report and the agency provided an example (see Exhibit 81 in 602.17(a)).

The agency did not provide any information or documentation as to whether it requires programs to attest to the accuracy of the information and documentation submitted, which would provide additional support to the reliance of the agency on the materials provided.
A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**
The Accreditation Portfolio of a center is housed on the ACPE SharePoint site and access to the portfolio is controlled by ACPE. The only persons given access by ACPE to the portfolio are the ACPE Certified Educators who are officially responsible for the individual center/program. With these access controls in place, ACPE has established a procedure to ensure that the information provided by the local program is from the authorized ACPE Certified Educator, which implies accuracy of the information they provide. ACPE does not require additional attestation from the pre-authorized ACPE Certified Educator.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

**Criteria: 602.18(b)(5) Report Clearly Identifies Deficiencies**

**Narrative:**
The 6 Year site visit plan (Exhibit 77) contains multiple elements by which centers are given written notice assessing their compliance with ACPE Standards.

Prior to the site visit, the site team completes the accreditation portfolio review documents (Exhibits 55 and 56) assessing that a center has all of the required materials in their portfolio and that the materials provided are "accomplished." Through ongoing dialogue, concerns and issues with the center materials are addressed prior to the site visit.

Following the site visit, a detailed report is given to the center (Exhibit 60), outlining the center’s compliance with the standards and outlining any areas still in need of improvement.

**Document(s) for this Section**

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<td>Site Team Visit Report Part II_UCSD.pdf</td>
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### Analyst Worksheet- Narrative

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide information and documentation to demonstrate that it provides a detailed written report that clearly identifies any deficiencies in a program’s compliance with the agency’s standards. The agency must provide a full-cycle of pre- and accreditation review documentation such as a self-study, site evaluation, and decision letter to demonstrate implementation of its standards.

**Analyst Remarks to Narrative:**
The agency provides a program with a written report that has a section to note any deficiencies in the program’s compliance with the agency's standards based on the review of the portfolio and self-study during the on-site review. However, neither the portfolio review checklists (Exhibits 55 and 56), nor the site team report (Exhibit 60 and see Exhibit 61 in 602.16(a)(1)(ii)) provide a detailed written report that clearly identifies any deficiencies in a program’s compliance with all of the agency’s standards as required by this section. The agency describes its review process in the six-year site visit plan (Exhibit 77). The agency must provide a full-cycle of pre- and accreditation review documentation such as a self-study, site evaluation, and decision letter to demonstrate implementation of its standards.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

### List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

**Response:**
The portfolio review process for an accreditation site visit is a comprehensive reading and analysis of all the required materials. The review is completed by the National Site Team Chair, the ACPE Certified Educator, and the Practitioner. As the process currently exists, the site team is asked to determine, based on their professional opinions as educators and practitioners, the quality of the materials and the extent to which they meet the standards. When, in their professional opinion the center's materials are in compliance, no written notes are required. When the team, in their professional assessment determines that the materials are not in compliance, they document the issues within the portfolio review forms (exhibit 230). The site team, in their professional opinion, determined that the materials were in compliance, so no notes were provided. The minimum standard for each item is “accomplished.” When the site team feels that a program has not only met the minimum required standard, but has gone above and beyond, they give a rating of exemplary for the center. This is not a distinct category for review once a center has met the minimum, but rather an internal acknowledgement of a center's work, so additional documentation is not required. When a center is not in compliance, there will be notes provided.

Two additional examples provide evidence of ACPE’s compliance with this criterion.

Included as an examples is the UCSD Self-Study (exhibit 179), the UCSD Portfolio Review (exhibit 180) which identifies areas that the review team found to be incomplete or out of compliance and in
need of correction, the Site Visit Report, Part I (exhibit 181) which summarizes the findings of the portfolio review, the center's response to the Part I report (exhibit 182) in which the center addresses the concerns raised in the review, the Site Visit Report, Part II (exhibit 183), and the Commission Action Report (decision letter) exhibit 184, demonstrating the granting of full accreditation.

An additional example is the\textup{b}(4)\textup{(4)} review process. The site visit and visit reports have been completed, but the Accreditation Commission has not yet taken action on the center and will do so at its next meeting. Included are the\textup{b}(4)\textup{(4)} Self-Study (exhibit 185), the portfolio review (exhibit 157), which outlines significant deficiencies in the portfolio and materials submitted for the review, the site visit report, part I (exhibit 158) which further highlights the areas in which the center is deficient, the center's response to the report (exhibit 159), in which the center responded to much of the part I report, and the site visit report, part II (exhibit 160), which outlines remaining deficiencies.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

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<td><strong>Analyst Review Status:</strong></td>
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<tr>
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**Staff Determination:**
The agency must attest that they have no policies for retroactive accreditation or provide policies and documentation of their implementation in this area.

**Analyst Remarks to Narrative:**
The agency did not provide a narrative or supporting documentation in this area. The agency must attest that they have no policies for retroactive accreditation and does not award accreditation retroactively or provide policies and documentation of their implementation in this area.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

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<tr>
<td>ACPE does not have any policies for retroactive accreditation and does not award accreditation retroactively.</td>
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**Criteria: 602.18(c) Alternative Standards**

**Narrative:**
No files uploaded

**Document(s) for this Section**

**Analyst Worksheet- Narrative**

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must attest that they have no policies for alternative standards or provide policies and documentation of their implementation in this area.

**Analyst Remarks to Narrative:**
The agency did not provide a narrative or supporting documentation in this area. The agency must attest that they have no policies for alternative standards or provide policies and documentation of their implementation in this area.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

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**Response:**
ACPE does not have any policies for alternative standards.

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**Criteria: 602.18(d) Circumstances Beyond the Institution's or Program’s Control**

**Narrative:**
Staff Determination:
The agency must attest that they have no policies for circumstances out of a program's control or provide policies and documentation of their implementation in this area.

Analyst Remarks to Narrative:
The agency did not provide a narrative or supporting documentation in this area. The agency must attest that they have no policies for circumstances out of a program's control or provide policies and documentation of their implementation in this area.

A file review and observation are pending. Department staff will use them to further evaluate the agency's compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative
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Response:
ACPE does not have any policies for circumstances out of a program's control.

Criteria: 602.19(a) Reevaluation

Narrative:
ACPE follows a six year accreditation cycle (Exhibit 79).

In years 1, 2, 4 and 5, there is a review of the center's dashboard and there is a focused portfolio review, doing a deep dive into one more areas of the portfolio.

In year 3, there is a fuller review of the portfolio and a one person, collegial site visit.

In year 6, there is a self-study, a comprehensive portfolio review, and an on-site visit.
Analyst Worksheet- Narrative

Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:
The agency must provide a complete list of their accredited programs to include the dates of the most recent full accreditation review to demonstrate the regular reevaluation of accredited programs.

Analyst Remarks to Narrative:
The agency's policies and procedures require a 6 year review cycle, with programs undergoing different stages of review in each year of the cycle. The cycle culminates with a full accreditation review, including a self-study, an on-site visit, and a portfolio review in the 6th year of each cycle. The agency has provided their policy and procedures manuals, as well as sample reviews to demonstrate their regular reevaluation of accredited programs. However, the agency has not provided a list of their accredited programs to include the dates of the most recent full accreditation review for the Department to review. The agency must provide a complete list of their accredited programs to include the dates of the most recent full accreditation review to demonstrate their regular reevaluation of accredited programs.

A file review and observation are pending. Department staff will use them to further evaluate the agency's compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

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Response:
Exhibit 156 is a master list of all ACPE accredited programs. The list of accredited programs includes the name of the center, the level of accreditation (Level I/Level II CPE and Certified Educator CPE), the last full accreditation review date and the next accreditation review date. In 2020, ACPE began transitioning to a 6 year accreditation cycle from its previous 10 year accreditation cycle. Thus, as a result of this transition from 10 to 6, the gap between the last review date and the next review date will vary between centers.

Analyst Worksheet - Response

Analyst Review Status for Response:
Not Reviewed

Criteria: 602.10(b) Monitoring

Narrative:
Each center is required to keep a current "dashboard" that encapsulates the major demographic data from a center (Exhibit 90). A center's accreditation portfolio is a representation of what the center is doing to ensure that they are compliant with the standards of ACPE (Exhibit 78). Both the dashboard and the portfolio are always accessible to the members of the Commission for review. Key enrollment data is extracted yearly from the center dashboards.

Following the 6 Year Cycle, in years 1, 2, 4 and 5, there is a review of the center's dashboard and
there is a focused portfolio review, doing a deep dive into one more areas of the portfolio.

In year 3, there is a fuller review of the portfolio and a one person, collegial site visit.

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<td>Exhibit 253</td>
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### Analyst Worksheet- Narrative

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide further information and documentation on how a review of the data represented in the dashboard allows it to identify problems with a program’s continued compliance. The agency must provide further information and documentation on how it periodically collects and analyzes a program’s fiscal information. The agency must provide further information and documentation on what procedures are involved in a focused review and in a fuller review. The agency must provide further information and documentation on how its monitoring efforts take into account program strengths and stability. The agency must provide further information and documentation on how the monitoring effort it employs during the six-year review schedule is tied to compliance with its standards.

**Analyst Remarks to Narrative:**
The agency provided a document describing the Accreditation Portfolio that must be maintained for all accredited programs (Exhibit 78). The portfolios are to consist of five sections. One of the sections is the “Dashboard” and an example completed dashboard was identified but provided in another section (see Exhibit 90 in 602.19(c)). The agency states that the dashboard displays “major demographic” data.

The agency states that on its six-year review schedule, it reviews a program’s dashboard in years 1, 2, 4, and 5 with a “focused” review of the portfolio. However, the agency does not define “focused review.” Additionally, the agency conducts a one-person collegial site visit in year 3 and conducts a “fuller” review of the portfolio. However, it does not define “fuller review.”

The agency states that it extracts “key enrollment” data from program dashboards annually. However, it does not identify what data is considered to be key enrollment data and how it is tied to ensuring compliance with its standards.

The agency does not identify how its monitoring efforts take into account program strengths and stability. The agency does not appear to collect and monitor fiscal information in the dashboards. The agency does not identify what specific information or data allows it to identify potential problems with compliance.

The agency must provide further information and documentation on how a review of the data
represented in the dashboard allows it to identify problems with a program’s continued compliance. The agency must provide further information and documentation on how it periodically collects and analyzes a program’s fiscal information. The agency must provide further information and documentation on what procedures are involved in a focused review and in a fuller review. The agency must provide further information and documentation on how its monitoring efforts take into account program strengths and stability. The agency must provide further information and documentation on how the monitoring effort it employs during the six-year review schedule is tied to compliance with its standards.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

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<td>ACPE has multiple mechanisms to assess a program's continued compliance with standards.</td>
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As stated in Maintenance and Renewal of Accreditation (exhibit 249), which has been revised since the original submission of the petition in 9/2020, we identify three mechanisms for review in years 1, 2, 3, 4, and 5 of the 6 year review cycle. First is the center’s dashboard (exhibit 251) is an example of a dashboard) that captures overall student enrollment numbers, which is a key indicator of a program’s continued success and stability. These numbers are reviewed each year as part of the portfolio process and similar to the rest of the review process, concerns related to enrollment or completion are raised to the center and to the commissioner overseeing that center. To date, there have been no concerns related to this monitoring. The dashboard also contains key enrollment data that reviewers utilize to ensure that the center is in compliance with requirements related to clinical placements. On the dashboard, centers list any clinical placement sites that are being used so that the reviewer knows to look for the clinical placement agreements in the portfolio.

The second mechanism is the Part I portfolio review checklist which has been revised and included as exhibit 192. The revised form requires centers to indicate that they have reviewed each of the items in their portfolio and if they have made updates to an item, they are to indicate that by checking the "reviewed" box as well. This self-assessment is done each year by the center and then is reviewed by a portfolio reviewer who is an ACPE Certified Educator to ensure continued compliance with the standards. In year 6, this checklist is completed as part of the 6 year site visit.

Third mechanism is what we refer to as a deep dive into the specifics of a standard. The Accreditation Commission determines each year which standard the entire association will focus on in the coming year. The first year of the revised process, the commission focused on Standard 2 and this year, the focus is on Standard 6. The Commission provides educational presentations for centers/educations (exhibit 130 is an example of a training presentation) and then conducts a deep dive into the center’s materials for this standard with feedback provided to the center (exhibit 193) is an example of the deep dive feedback provided last year to a center related to standard 2. This engagement is to both help centers further their understanding of the accreditation requirements as well as to assess the level to which they are meeting the requirements of the standard.

The Commissioner for each center reviews the yearly portfolio review documents (the checklist and the deeper dive) and if there are issue of compliance, they will bring the center to the next scheduled meeting of the accreditation commission for discussion and commission action as needed.

When a center is in year 3 of the accreditation cycle, there is a one-person collegial site visit that is scheduled. This visit is intended to support the center and to enable them to seek consultation from
a colleague about various aspects of their center. As we have been in the pandemic since we adopted this new cycle, these visits have not yet happened.

The full accreditation site visit, previously called the "fuller" site visit, takes place in year 6 for all centers and includes the Portfolio Review—the checklist and the assessment of materials for each standard, the on-site visit, the site visit reports and responses and then action by the commission. It is during the 6 year site visit fiscal information and enrollment data is reviewed. Fiscal information includes the program’s budget (exhibit 253) as well as a financial affirmation from the host institution (exhibit 252). Student enrollment data, including the center’s completion rate, is also reviewed as shown in exhibit 138.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

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**Criteria: 602.19(c) Annual Headcount**

**Narrative:**
Through the use of the center dashboards (Exhibit 90), enrollment figures are monitored annually.

**Document(s) for this Section**

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must document any policies or practices it has in place for monitoring growth in enrollment from year to year.

**Analyst Remarks to Narrative:**
The agency provided a screenshot of sample enrollment data collected in its annual dashboards (Exhibit 90). This includes enrollment data for each unit provided by the program by year, demonstrating that the agency collects headcount data. However, the agency did not address any policies or procedures it uses to determine who monitors this information and when the monitoring takes place. The agency did not provide documentation of monitoring in this area. The agency must document any policies or practices it has in place for monitoring growth in enrollment from year to year.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**
No files uploaded

**Response:**
The dashboard, exhibit 254, is used to monitor enrollment at a center each year. Within the portfolio, there is a dashboard for each year that indicates the number of students that are enroll in a unit and the number that complete the unit. These numbers are reviewed each year as part of the portfolio process and similar to the rest of the review process, concerns related to enrollment or completion are raised to the center and to the commissioner overseeing that center. To date, there have been no concerns related to this monitoring.

Additionally, as all student units are registered in the ACPE database, the staff uses a report to review the headcount of students who registered units. Exhibit 194 is a page from the report indicating the total number of units for a select group of centers from 2020 and 2021. Any significant variance in the numbers is brought to the attention of the Accreditation Commission. To date, there have been no concerns or issues related to a significant increase or decrease in any center's headcount.

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**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

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**Criteria: 602.20(a) Enforcement Timelines**

**Narrative:**
The accreditation manual explicitly addresses a center's requirement for compliance with standards and the various types of non-compliance (Exhibit 91).

Areas of non-compliance may be self-identified (Exhibit 86) by the center or as part of a periodic review (Exhibit 85).

In all cases, centers are generally given no more than 6 months or a year to return to compliance, with extensions given if the center meets certain criteria outlines in Exhibit 86.

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**Document(s) for this Section**

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Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:
The agency does not meet the requirements of this section. The agency must provide further information and documentation showing that it meets the criteria and include documentation of its actions upon finding a program in noncompliance, or attest that no program was identified as noncompliant during the review period.

Analyst Remarks to Narrative:
The agency has a written policy describing the actions it takes when a review reveals a standard is not met (Exhibit 91). A letter of noncompliance will be issued which identifies the issues and how to address them. It will provide a timeline to return to compliance within six months to one year. The agency did not provide documentation demonstrating the application of the policy.

The agency did not explain how the timeframe to return to compliance is established in a manner ensuring it does not exceed 150% of the program length for the programs it accredits. However, Department staff learned through discussion with the agency that there is no fixed program length. The model is similar to a proficiency-based model. The average time a student could complete a program is reportedly twenty weeks. This would allow a maximum return to compliance timeframe of up to thirty weeks in such instances. Therefore, the stated one-year timeframe to return to compliance allowed by the agency would exceed 150% of the reported average program length. A six month timeframe would meet the criteria in this instance. Examples were not identified demonstrating application of the policy. No explanation was made as to how the agency will address a program returning to compliance within 150% of a program’s length especially given that the program length could be different with each cohort.

The agency has a written policy for granting limited good cause extensions (Exhibit 86). An example was not identified demonstrating application of the policy.

The agency did not identify which policy, if any, provides for the ongoing evaluation of a program’s progress in resolving noncompliance. Although the agency did not identify it here, in another section the agency provided a policy referred to as a “Called Review” (see Exhibit 92 in 602.20(b-d)). The review is an unscheduled site visit triggered by the agency perceiving a compliance issue with a program. However, it does not appear to be linked to a stated ongoing monitoring effort after a compliance issue is already identified.

The agency also conducts annual portfolio reviews; described in various other sections (see Exhibit 55 in 602.16(a)(1)(i)). The depth of the review depends upon which year in the program’s six-year review cycle it is in. However, this appears to be preventative as opposed to an ongoing monitoring effort following an identified noncompliance issue. An example was not identified demonstrating an ongoing monitoring effort stemming from a compliance issue.

The agency does not meet the requirements of this section. The agency must provide further information and documentation showing that it meets the criteria and include documentation of its actions upon finding a program in noncompliance, or attest that no program was identified as noncompliant during the review period.
A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**
The accreditation manual addresses a center’s requirement for compliance with standards and the various types of non-compliance (Exhibit 255).

Areas of non-compliance may be self-identified (Exhibit 256) by the center or as part of a periodic review (Exhibit 187).

As a programmatic accrediting agency, ACPE accredits programs/centers that offer Level I/Level II CPE and Certified Educator CPE. For Level I/Level II CPE, there is no set program length. A unit of CPE is 400 hours and a student who enrolls in CPE may take one unit or they may take an infinite number of units—there is no concept of a set "program". While ACPE has identified Objectives and Outcomes (exhibit 139) for Level I/Level II, there is no established timeframe for a program for a student to successfully address them, as it is an educational journey that builds upon life experiences and individual personal and spiritual growth in addition to the successful demonstration of achievement of the objectives and outcomes. The same applies to programs of Certified Educator CPE, which are based on the Certified Educator Competencies (exhibit 137) which is a competency based program that culminates in ACPE Certified Educator Certification. Since it is competency-based program that includes employment, the program can last anywhere from 3 to 6 years, depending on the individual student.

The time frames of 6 months or a year have been in place since at least 2012 and were established based on the idea that the time frame needed to demonstrate two subsequent successful units as part of its return to compliance could take a center a year to complete. Also, the commission meets twice yearly to formally address issues of non-compliance, meeting approximately every 6 months, depending on the calendar that year.

The Accreditation Commission specifies three possible reasons that it may issue a good cause extension in the Identified Areas of Non-Compliance document (exhibit 256):

1. When the center is without an ACPE Certified Educator during the assigned period. The center may not admit students, continue programs in progress, or offer programs of ACPE CPE in the absence of an ACPE Certified Educator.

2. When the center hires a new Certified Educator during the specified period of the non-compliance.

3. When the center does not offer enough units to demonstrate compliance within the specified time.

The spring 2020 non-consent agenda (exhibit 189) shows multiple instances of issuing a good cause extension for a compliance related matter due to a center not having an educator employed at the time the response was due and also for a center that did not offer enough units to demonstrate compliance.

To address issues of non-compliance, ACPE requires in the document Compliance with Standards (exhibit 255) that the center document the issue of non-compliance, develop a plan for return to compliance, and demonstrate the success of that plan within their portfolio. The center's assigned commissioner will review the documentation and monitor the center's progress in returning to compliance. Two examples of this implementation are on the Spring 2020 non-consent agenda.
(exhibit 189)

1. Center 54881 [b](4) Notation (previous language for non-compliance) was assigned in November 2019 (exhibit 208) and after the plan and two subsequent unit were uploaded to the portfolio and reviewed by the commissioner, it was placed on the Spring 2020 agenda for removal of the notation.

2. Center 16388 [b](4) Notation (previous language for non-compliance was assigned in November 2019 (exhibit 207) and after the plan and two subsequent unit were uploaded to the portfolio and reviewed by the commissioner, it was placed on the Spring 2020 agenda for removal of the notation.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

**Criteria: 602.20(b-d) Enforcement Actions**

**Narrative:**
The Accreditation Commission requires a Called Review (Exhibit 92) if it believes that a center is substantially out of compliance, fails to update their portfolio, fails to inform the Commission of substantive changes or conducts CPE programs in a manner contrary to the best interest of its students. The Called review is not an adverse action, but an investigative process.

Upon its findings, the commission may initiate an adverse action (Exhibit 93). Adverse actions may also be initiated if a center fails to respond to a letter of non-compliance (Exhibit 86).

**Document(s) for this Section**

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**Analyst Worksheet - Narrative**

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide further information and documentation to demonstrate it has a policy for taking an immediate adverse action. The agency must demonstrate that it has a policy to take adverse action against a program that does not bring itself into compliance within the timeline specified by the agency. The agency must also address if it may maintain the program's accreditation or preaccreditation until the program has had reasonable time to complete the activities in its teach-out plan or to fulfill the obligations of any teach-out agreement to assist students in transferring or completing their programs. The agency must provide further information and documentation to demonstrate that it fully meets the criteria. The agency must provide an example demonstrating application of these policies.

Analyst Remarks to Narrative:
The agency's "Adverse Actions" section of its accreditation manual describes the various actions it takes when a program is not in compliance (Exhibit 93). The agency also has a policy within the "Identified Areas of Non-Compliance" section of its manual that states an adverse action is taken when a program does not timely reply to an agency issued letter of noncompliance (Exhibit 86). The "Compliance with Standards" policy in the manual, provided in another section but not identified here, states that a program not returning to full compliance within the specified timeframe will result in "additional action" which "may" include an adverse action (see Exhibit 91 in 602.20(a)). The term "additional action" is not defined and it is unclear if this refers to the possibility of an extension or something else. The agency has policies that describe definitive adverse actions that are taken upon the occurrence of defined events. However, it also has policies that do not define an "additional action" it takes when a program has not timely returned to full compliance. One policy also states that an adverse action "may" be taken as opposed to "will" be taken. The agency's use of the term "may" indicates that an adverse action may not be taken which would not meet the requirements of this criterion.

The agency did not provide an example demonstrating application of these policies nor explain if it has not taken any such actions during the review period.

The agency must provide further information and documentation to demonstrate it has a policy for taking an immediate adverse action.

The agency must demonstrate that it has a policy to take adverse action against a program that does not bring itself into compliance within the timeline specified by the agency. The agency must also address with this policy if it may maintain the program's accreditation or preaccreditation until the program has had reasonable time to complete the activities in its teach-out plan or to fulfill the obligations of any teach-out agreement to assist students in transferring or completing their programs.

The agency must provide further information and documentation to demonstrate that it fully meets the criteria. The agency must provide an example demonstrating application of these policies or attest that no program has been subject to an adverse action during the review period.

A file review and observation are pending. Department staff will use them to further evaluate the agency's compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:
Per analyst feedback, the section in the manual entitled Compliance with Standards (exhibit 255) has been revised to clarify the language in the policy for good cause extensions and to clarify when an adverse action will be initiated by the Commission, having removed the language of "additional action. Additionally, the language of "may be taken" has been changed to "will take" so that there is
not any ambiguity or confusion.

An example of the implementation of this policy:

1. In May 2017[b(4)] was placed on the Spring 2017 Non-Consent agenda (exhibit 199) to assign a notation (old language) for Standard 308.8.1. A Commission Action Report (exhibit 200) was sent to the center.

2. After not receiving a response from the center, the commissioner for[b(4)] placed it on the non-consent for Commission vote as part of the Fall 2017 Non-consent agenda (exhibit 265) with a motion to take an adverse action (exhibit 257) which was to suspend the pre-accreditation status of[b(4)] for failure to respond to identified deficiencies (Compliance with Standards, exhibit 255).

3. December 4, 2017—letter of suspension sent outlining what the center needed to do to appeal the decision (per ACPE policy) (exhibit 196)

4. January 11, 2018—after the expiration of the appeal period, final letter (exhibit 197) is sent to the center indicating the enactment of the suspension and what the center must do to have the suspension lifted.

5. Notice of suspension posted on the website on 1/10/2018.(exhibit 195)

6. Commission withdraws center's pre-accredited status due to no response from the center related to the submission as noted on the agenda excerpt from Spring 2018 non-consent agenda (exhibit 198) and Commission Action Report is sent to the center indicating the withdrawal of the center's pre-accreditation (exhibit 201)

As written in the Adverse Actions (exhibit 257) when a center is placed on suspension, item #4 reads: Ordinarily permits completion of program units in progress at the time; no new students may be enrolled. In this way, students may finish the current unit of CPE, but the center may not recruit for or start a new unit of CPE until the conditions for suspension have been lifted.

### Analyst Worksheet - Response

**Analyst Review Status for Response:**
Not Reviewed

### Criteria: 602.21(a-b) Systematic Review of Standards

**Narrative:**
ACPE has a systematic program of review of its standards and its policy and procedures (Exhibit 94). This review takes place every 5 years, or sooner if legal, regulatory, or other circumstances require.

Changes to standards require a published study document where feedback is sought from the membership and the public.
Changes of a legal or regulatory nature are enacted by the commission, with Board approval, and noted in the accreditation manual and published on the ACPE website and in the ACPE newsletter.

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### Analyst Worksheet- Narrative

#### Analyst Review Status:
Does not meet the requirements of this section

#### Staff Determination:
The agency must provide further information and documentation to demonstrate that its policy results in a comprehensive systematic review that addresses all standards and provides a meaningful opportunity for the involvement of relevant constituencies. The agency must clarify if its “Review of Procedures and Accreditation Criteria” policy allows for changes to its standards without prior notice to or involvement by relevant constituencies. If so, the agency must revise its policy. The agency must provide documentation of its most recent review of standards.

#### Analyst Remarks to Narrative:
The agency’s “Review of Procedures and Accreditation Criteria” policy contains its procedures for the systematic review of standards (Exhibit 94). The policy states that the Commission will review and evaluate its procedures and accreditation criteria at least every 5 years. The policy further notes that proposed changes are posted to the agency’s website with a request for comment prior to final approval by the Board of Directors. The policy also states that if legal, regulatory, or other circumstances require it, the Commission, with Board of Directors approval may enact changes without prior notice. Department staff notes that if the agency were to update its standards without prior notice it would be in violation of 602.21(b)(4) of this section, which requires that the agency involve all its relevant constituencies and give them a meaningful opportunity to provide input.

Furthermore, while the agency provided documentation of its policy in this area, it did not provide documentation of its most recent review of standards, which should demonstrate how the agency met the requirements of this section.

The criterion requires the agency to have a comprehensive systematic program of review. Neither the policy nor the narrative explains how this is accomplished. It also does not state that each standard is examined. It is not clear if the relevant constituencies are involved at the beginning of the process or simply permitted to provide later comment.

The agency must provide further information and documentation to demonstrate that its policy results in a comprehensive systematic review that addresses all standards and provides a meaningful opportunity for the involvement of relevant constituencies. The agency must clarify if its “Review of Procedures and Accreditation Criteria” policy allows for changes to its standards without prior notice to or involvement by relevant constituencies. If so, the agency must revise its policy. The agency must provide documentation of its most recent review of standards.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.
Response:
The Review of Procedures and Accreditation Criteria (exhibit 258) has been revised to clarify the language related to changes of its policies and procedures. While procedures and each of the standards are reviewed every five years, or sooner if necessary, changes to program standards must go through a review process that provides public notice and solicits feedback with adequate opportunity to comment on proposed changes. Changes to standards are subject to the final approval by the Board of Directors. The Accreditation Commission has the ability to alter policies and procedures related to accreditation, but not including standards, without prior notice if necessary.

ACPE revised its Standards after a multi-year process that culminated with implementation in 2020. This proactive review process was designed to be a thorough review of the entire accreditation process and was a voluntary change in format and articulation of the standards.

The ACPE Board of Directors formed a task force to review and evaluate the entire accreditation process. In its work, the task force developed new standards, policies, processes, and procedures, and sought and provided opportunities for feedback from its leadership and membership. All of the elements of the old standards were incorporated into the new process.

The membership was asked to provide input/feedback on the standards in February 2018 through an online tool (exhibit 203).

The document, Standards feedback, (exhibit 204) captures much of the feedback on the standards revision from the membership at large, which is inclusive of board and leadership. This feedback was solicited through the ACPE website where persons were invited to fill out a form with questions, comments, and critiques of language, content, and structure. The feedback was reviewed by the task force and where appropriate, incorporated into the final drafts.

Prior to final implementation, the task group also sought input and feedback from the membership at large about the layout and content of the new accreditation manual. The feedback document (exhibit 205) further solicited feedback from all constituencies about the explication of each standard. The feedback was reviewed by the task force and where appropriate, incorporated into the final drafts.

Per written policy, the Board of Directors of ACPE approved the changes in the Accreditation Process and Standards (exhibit 202).

Analyst Worksheet - Response

Analyst Review Status for Response: Not Reviewed

Criteria: 602.21(e-d) Revision of Standards

Narrative:
Beginning in January 2018, ACPE embarked on a review, which led to a redesign of its program standards and accreditation processes. Per ACPE policy, the revised standards were published on the ACPE website seeking comment from the membership and the public. This feedback was incorporated into the new standards which were subsequently approved by the Board of Directors.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide a policy demonstrating that if the agency determines, at any point during its systematic program of review, that it needs to make changes to its standards, the agency must initiate action within 12 months to make the changes and must complete that action within a reasonable period of time. The agency’s policy must demonstrate that before finalizing any changes to its standards, that it will follow all the requirements of the criteria. The agency must provide further information and documentation demonstrating: its most recent systematic review of program standards; any needed changes to its standards were initiated within 12 months of being identified and were completed within a reasonable period of time; it gave adequate opportunity to comment on any proposed changes and that the agency was responsive to any comments on the proposed changes submitted timely by the relevant constituencies and other interested parties.

**Analyst Remarks to Narrative:**
The agency states that its most recent revision of program standards and accreditation processes began in January 2018. The agency notes its revised standards were published on its website seeking comment from relevant constituencies. The agency further states the feedback it received was incorporated into the new standards, which were approved by the Board of Directors. The agency did not provide information or supporting documentation to demonstrate it took action to make changes to its standards within 12 months of the need for changes being identified or a timeline of when all changes were completed as is required by this criterion.

In addition, although the agency states that it notified and involved all relevant constituencies as required by this criterion, it did not provide any supporting documentation to substantiate this claim. The agency did not provide evidence of changes made to standards or policies that identify the standards that were updated since the last review. The agency also did not provide public notices or other documentation to relevant constituencies notifying them of the review of standards nor did the agency provide information or documentation demonstrating how it incorporated any feedback it received into the updated standards.

The agency did not provide a policy that addresses this criterion. The agency must provide a policy demonstrating that if the agency determines, at any point during its systematic program of review, that it needs to make changes to its standards, the agency must initiate action within 12 months to make the changes and must complete that action within a reasonable period of time. The agency’s policy must demonstrate that before finalizing any changes to its standards, that it will: (1) Provide notice to all of the agency's relevant constituencies, and other parties who have made their interest known to the agency, of the changes the agency proposes to make; (2) Give the constituencies and other interested parties adequate opportunity to comment on
the proposed changes; and (3) Take into account and be responsive to any comments on the proposed changes submitted timely by the relevant constituencies and other interested parties. The agency must provide further information and documentation demonstrating its most recent systematic review of program standards. The agency must provide information and supporting documentation that demonstrates the needed changes to its standards were initiated within 12 months of being identified and completed within a reasonable period of time. The agency must provide further information and documentation that demonstrates it gave adequate opportunity to comment on any proposed changes and that the agency was responsive to any comments on the proposed changes submitted timely by the relevant constituencies and other interested parties.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**

ACPE made the determination, prior to the review of the Standards, that it wished to not only review the standards but do a comprehensive review of the accreditation process which it was using. The review of the accreditation process was designed to include the review of the standards as part of it. The ACPE Board of Directors formed a task force to review and evaluate the entire accreditation process. In its work, the task force developed new standards, policies, processes, and procedures, and sought and provided opportunities for feedback from its leadership and membership. All of the elements of the old standards were incorporated into the new process. These reformatted standards sought to better reflect the educational model being employed rather than the many procedural items that crept into the previous set of standards.

The Review of Procedures and Accreditation Criteria (exhibit 258) has been revised to clarify the language related to changes of its policies and procedures and to address this criterion. While procedures and each of the standards are reviewed every five years, or sooner if necessary, changes to program standards must go through a review process that provides public notice and solicits feedback with adequate opportunity to comment on proposed changes. Changes to standards are subject to the final approval by the Board of Directors. The Accreditation Commission has the ability to alter policies and procedures related to accreditation, but not including standards, without prior notice if necessary.

ACPE revised its Standards after a multi-year process that culminated with implementation in 2020. This proactive review process was designed to be a thorough review of the entire accreditation process and was a voluntary change in format and articulation of the standards. The task force was formed in 2017 with the goal of implementing the newly formatted standards and procedures in 2020. This process began earlier than the five year window that is written in the policy, as it was known from the outset that the process would take a significant amount of time.

The membership was asked to provide input/feedback on the standards in February 2018 through an online tool (exhibit 203).

The document, Standards feedback, (exhibit 204) captures much of the feedback on the standards revision from the membership at large, which is inclusive of board and leadership. This feedback was solicited through the ACPE website where persons were invited to fill out a form with questions, comments, and critiques of language, content, and structure. The feedback was reviewed by the task force and where appropriate, incorporated into the final drafts.
Prior to final implementation, the task group also sought input and feedback from the membership at large about the layout and content of the new accreditation manual. The feedback document (exhibit 205) further solicited feedback from all constituencies about the explication of each standard. The feedback was reviewed by the task force and where appropriate, incorporated into the final drafts.

Per written policy, the Board of Directors of ACPE approved the changes in the Accreditation Process and Standards (exhibit 202).

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**

Not Reviewed

**Criteria: 602.23(a) Public Information**

**Narrative:**

The 2020 Accreditation Manual is available via the ACPE website. The manual contains the following items:

- each type of accreditation (Exhibit 100), process and procedures for applying for Provisional Accreditation (Exhibit 53) and for applying from Provisional Accreditation to Full Accreditation (Exhibit 54).

Commission actions are highlighted in exhibit 85.

All accredited institutions are listed in our online database (https://profile.acpe.edu/accreditedcpedirectory) and HSL’s main page directory entry and a detailed entry page may be found in exhibits 98 and 99.

The list of names of the members of the Commission are found on the ACPE website (Exhibit 18) and biographies are included in exhibits 19-33).

ACPE's principal administrative staff are also listed on the ACPE website and biographies are included in exhibits 10 and 11.

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**Analyst Worksheet - Narrative**

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide further information and documentation regarding the names, academic and professional qualifications, and relevant employment and organizational affiliations of its principal administrative staff and include the executive director and chief financial officer. The agency must provide its policy to maintain and make available to the public written materials describing each of the items in this criterion.

**Analyst Remarks to Narrative:**
The agency maintains and makes available to the public the majority of the written materials described and required by this section on the agency's website (Exhibits 10 and 11, 18 to 33, 53, 54, and 100). Examples of required public information on an accredited program are provided (Exhibits 98 and 99). Department staff verified that this information is available on the agency's website. However, the agency's website identifies other seemingly principal administrative staff for which no resume or organizational affiliation information or documentation was identified or located. For example, the agency did not identify its Executive Director/CEO. Numerous other staff names and titles were also on the agency's website. It is unclear if the agency does not consider them to be principal administrative staff.

The agency did not provide a policy that addresses this criterion.

The agency must provide further information and documentation demonstrating it has a policy to maintain and make available to the public written materials describing: (1) each type of accreditation and preaccreditation it grants; (2) the procedures that institutions or programs must follow in applying for accreditation, preaccreditation, or substantive changes and the sequencing of those steps relative to any applications or decisions required by States or the Department relative to the agency's preaccreditation, accreditation, or substantive change decisions; (3) the standards and procedures it uses to determine whether to grant, reaffirm, reinstate, restrict, deny, revoke, terminate, or take any other action related to each type of accreditation and preaccreditation that the agency grants; (4) the programs that the agency currently accredits or preaccredits and, for each program, the year the agency will next review or reconsider it for accreditation or preaccreditation; and (5) a list of the names, academic and professional qualifications, and relevant employment and organizational affiliations of the members of the agency's policy and decision-making bodies; and the agency's principal administrative staff.

A file review and observation are pending. Department staff will use them to further evaluate the agency's compliance with this criterion.
List of Document(s) Uploaded by Analyst - Narrative

Response:
There are three principal administrative staff that are directly affiliated with Accreditation. (b)(6) is the primary staff person for accreditation. A revised resume for him is exhibit 220. (b)(6) is the primary staff person for accreditation. A revised resume for her is exhibit 221. The resume of (b)(6) (exhibit 121) is included on the ACPE website under the accreditation commission. Although he does not have direct involvement in the day to day functioning of the accreditation commission, he supervises the primary staff. (b)(6) (exhibit 145), is a principal staff member, but only supports the work of accreditation through financial reimbursements and budgeting and does not interact with our accredited centers. Other staff members, while employed by ACPE, are not directly related to accreditation.

A new page related to public information has been added to the Accreditation Manual (exhibit 188). This page shares our policy to maintain and make available to the public written materials describing: (1) each type of accreditation and provisional accreditation it grants; (2) the procedures that institutions or programs must follow in applying for accreditation, provisional accreditation, or substantive changes and the sequencing of those steps relative to any applications or decisions required by States or the Department relative to the agency's provisional, accreditation, or substantive change decisions; (3) the standards and procedures it uses to determine whether to grant, reaffirm, reinstate, restrict, deny, revoke, terminate, or take any other action related to each type of accreditation and provisional accreditation that the agency grants; (4) the programs that the agency currently accredits or provisionally accredits and, for each program, the year the agency will next review or reconsider it for accreditation; and (5) a list of the names, academic and professional qualifications, and relevant employment and organizational affiliations of the members of the agency's policy and decision-making bodies; and the agency's principal administrative staff.

Analyst Worksheet - Response

Analyst Review Status for Response:
Not Reviewed

Criteria: 602.23(b) Opportunity for 3rd-party Comments

Narrative:
The following appears on the APCE website’s accreditation page (https://acpe.edu/programs/accreditation):

Public Comment Invited
A comprehensive directory of centers and programs accredited by ACPE is located online. Written comments are especially welcome early in the year of the ACPE accredited center’s scheduled review.

Document(s) for this Section
**Exhibit 188 Public Information - ACPE Manuals - 2020.pdf**

**Analyst Comments**

**Analyst Review Status:** Does not meet the requirements of this section

**Staff Determination:**
The agency must provide further information and documentation demonstrating that it has a policy that upon providing public notice that a program subject to its jurisdiction is being considered for accreditation or preaccreditation, the agency provides an opportunity for third-party comment concerning the program's qualifications for accreditation or preaccreditation and that the agency receives third party comments either in writing or at a public hearing or both. The agency must provide further information and documentation demonstrating that invitation for third-party comment is directly associated with announcements of agency consideration of a program for accreditation or preaccreditation and provide any examples it may have. The agency must provide information and documentation as to whether third party comments were received regarding program accreditation or preaccreditation review.

**Analyst Remarks to Narrative:**
The agency quoted a statement from one of its webpages that invites third-party comment. Department staff located the information on the agency website. It contains a hyperlink to an agency email address. However, no information was provided explaining if such an invitation is tied to an announcement of a program being considered for accreditation or preaccreditation.

The agency did not identify provide a policy that addresses this criterion. The agency did not provide information as to whether third party comments were received regarding program accreditation or preaccreditation review.

The agency must provide further information and documentation demonstrating that it has a policy that upon providing public notice that a program subject to its jurisdiction is being considered for accreditation or preaccreditation, the agency provides an opportunity for third-party comment concerning the program's qualifications for accreditation or preaccreditation and that the agency receives third party comments either in writing or at a public hearing or both.

A file review and observation are pending. Department staff will use them to further evaluate the agency's compliance with this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**

Exhibit 188 is ACPE's new manual page that clarifies the policy for public information and the acceptance of written comment via a hyperlinked email address found on the ACPE website. This comment is a static part of the Accreditation information page, as comments about programs are welcome at any time.

The statement on the website further invites persons to view our online directory of centers that has a comprehensive listing for each center, including the year of their next accreditation review and to offer feedback or commentary if they choose.

There have been no third party comments received since our last review.
Analyst Review Status for Response:
Not Reviewed

Criteria: 602.23(c) Complaint Procedures

Narrative:
ACPE has two distinct complaint policies:

1. Policy for Complaints Alleging Violations of Educational Standards in Educational Programs (Exhibit 74)

2. Policy for Complaints Against the Accreditation Commission (Exhibit 75)

Anyone may access both of these polices via the ACPE website.

There have not been any educational complaints or complaints against the Commission since our last review.

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<td>Exhibit 259</td>
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Analyst Worksheet- Narrative

Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:
The agency must provide further information and documentation that demonstrate that the agency’s policies require it to review complaints against programs or the agency in a timely manner. The agency must provide information regarding how its policies ensure that it applies unbiased judgment to complaints against the agency and how it reviews them in a fair and equitable manner.

Analyst Remarks to Narrative:
The agency demonstrated that it has policies for complaints against educational programs found in its Policy for Complaints Alleging Violations of ACPE Education Standards in Educational Programs (Exhibit 74) and for complaints against the agency found in its Policy for Complaints Against the ACPE Accreditation Commission (Exhibit 75).

The agency’s policy requires it to review complaints “if there are allegations that a program is in violation of one or more ACPE standards” (Exhibit 74). The agency’s policy provides some hard deadlines for ensuring a timely response to a complaint against a program. For example, the policy states the respondent to the complaint will be sent a copy of the complaint with a request for a
response within 30 days. This ensures that the program has a reasonable timeframe for responding to the complaint.

The agency’s policy requires an Initial Review Panel be convened “as soon as reasonably possible” (Exhibits 74) but does not define this phrase. The agency’s policy outlines possible resolutions. The Initial Review Panel may dismiss the complaint, appoint an investigator, or take one of several additional actions (suggest mediation or propose different standards that may be relevant to the complaint). However, if an investigator is appointed, there are several additional steps that may be taken and an additional panel that may be convened, further lengthening the process. The agency’s policies do not dictate a timeframe for each step of this process. This leads to the possibility of a slow complaint resolution.

The policy states that the complainant and respondent will be notified within 7 days of a final decision (Exhibit 74). However, since no timeline is provided for: how soon the Initial Review Panel must be convened, how long after receipt of the respondent’s response the panel will reconvene, how long each of the various additional actions available could take, the timeliness of the complaint process is not clear.

The agency’s policies require than an initial review panel be convened “as soon as reasonably possible” (Exhibits 74 and 75) but does not define this phrase. The agency’s policy outlines possible resolutions, such as that the Initial Review Panel may dismiss the complaint, appoint an investigator, or take one of several additional actions (suggest mediation or propose different standards that may be relevant to the complaint). However, if an investigator is appointed, there are several additional steps that may be taken and an additional panel that may be convened, further lengthening the process, and the agency’s policies do not dictate a timeframe for each step of this process. This leads to the possibility of a slow complaint resolution.

In another section, the agency provided its policy requiring that educational programs publish information in their student handbook about how to contact the agency regarding complaints (see Exhibit 48, 602.16(a)(2)).

The agency’s review of complaints against itself also begins by convening an Initial Review Panel that is held “as soon as reasonably possible” (Exhibit 75). The Initial Review Panel for complaints against the agency includes the Executive Director of the agency, the Chair of the Accreditation Commission, and an appropriate consultant as determined by the agency. Given this composition, the agency must provide more information on how it prevents conflicts of interest, applies unbiased judgment, and ensures a fair and equitable review of complaints filed against the agency.

The agency has attested that there have not been any complaints against programs or against the agency during this recognition period and therefore could not provide documentation to verify implementation of its policies and procedures.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:
Language has been added to the Complaints Alleging Violations of Educational Standards in Educational Programs (exhibit 236) to include a specific timeframe for the Initial Review Panel that is designed to ensure jurisdiction in a complaint. The policy now reads: "as soon as reasonably possible, within 15 days of receipt of the complaint." This will serve to ensure a more timely
There is no specific timeframe associated with the mediation or investigative phases for several reasons: first, there are multiple parties involved and to ensure that processes are free from any conflicts of interest, it will take significant time to interview potential participants for these processes. As these are roles outside of their regular employment/personal commitments, scheduling can be challenging, particularly when there are multiple respondents, witnesses, or other participants involved. It is in the interest of ACPE to resolve complaints in a timely manner, to ensure a fair and consistent process is provided for any complaints.

The Initial Review Panel is comprised of the following persons: The ACPE Executive Director, the Accreditation Commission Chair and an appropriate consultant as determined by the ED and the Chair. As is the case with all accreditation matters, our policy on Bias and Conflict of Interest (exhibit 259) applies. If the ED has a conflict of interest, then the Associate Executive Director will participate in the Initial Review Panel; if the Accreditation Commission chair has a conflict of interest, then the Chair-Elect of the Accreditation Commission will participate in the Initial Review Panel.

As stated in the policy, CPE center representatives, cohort committee members, commission members or the commission chair may request a person to withdraw from discussion on and vote about a center if the person is judged to hold a bias about the center under review or it staff.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

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**Criteria: 602.23(d) Public Disclosure of Accreditation Status**

**Narrative:**
Standard 4 (Exhibit 48) requires a review of copies or links to publications and access to websites providing information about the center’s programs, including its accredited status.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide further information and documentation on if it enforces this criterion, how, and provide any examples it may have. The agency must provide further information and documentation demonstrating it has a policy requiring the agency to ensure that programs making public disclosure of accreditation or preaccreditation status are doing so accurately, including
identifying the specific academic or instructional programs covered by that status, and providing the name and contact information for the agency.

**Analyst Remarks to Narrative:**
The agency provided its Standard 4 - Management of CPE Programs from its accreditation manual (Exhibit 48). The policy states that agency reviewer's will examine if a program's process and mechanisms for "communicating policies, curriculum, and program expectations to students and to the general public, including its accredited status" (Exhibit 48). However, it does not state what the reviewers will check for when examining these items. There does not appear to be a policy explicitly requiring the agency reviewers to ensure that programs making public disclosure of accreditation or preaccreditation status are doing so accurately, including identifying the specific academic or instructional programs covered by that status, and providing the name and contact information for the agency.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**
In response to the analyst feedback, Standard 4 (exhibit 226) has been revised to include additional language related to this criterion. The requirement now reads under the indicators that a reviewer is assessing for the center:

C. Process and mechanisms for communicating policies, curriculum, and program expectations to students and to the general public, including its accredited status. All statements in advertising, catalogs, publications, recruiting, and academic calendars shall be accurate at the time of publication. Publications that advertise a center’s programs shall include the type(s) and level(s) of education offered and the ACPE telephone number and website address.

This is assessed as part of the review process for a six year site visit.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide a narrative response and provide information and documentation demonstrating compliance with this section.

**Analyst Remarks to Narrative:**
No narrative response, information, or documentation was provided for this section.

A file review and observation are pending. Department staff will use them to further evaluate the agency's compliance with this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**
No files uploaded

**Response:**
The accreditation manual includes a page entitled Public Information (exhibit 188) which includes this policy. There have not been any instances of items needing correction.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

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**Criteria: 602.25(f) Preaccreditation Procedures**

**Narrative:**

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**Analyst Worksheet - Narrative**

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide a narrative response and provide information and documentation demonstrating compliance with this section.

**Analyst Remarks to Narrative:**
No narrative response, information, or documentation was provided for this section. Since the agency's scope of recognition includes provisional accreditation, the agency must provide a narrative response and provide information and documentation demonstrating compliance with this section.
A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:
The accreditation commission offers provisional accreditation (preaccreditation) for those centers that it feels have the likelihood of achieving full accreditation. As indicated in the document Applying for Provisional Accreditation (exhibit 227), the process begins with consultation to ensure that the prospective program understands the requirements of ACPE’s accreditation process and the continues with the building of the portfolio. The use of a portfolio for prospective centers guides them in the process of developing the required materials, first from a theoretical basis as there are no students yet enrolled, and then transitioning the materials for implementation when students enroll. Through the development of these materials, the reviewer can discern the potential success of the program in achieving full accreditation.

The approval process has two steps--first is the granting of pre-provisional approval by the initial reviewer who has reviewed al of the center materials and has had a virtual site visit with the center, including key stakeholders for the program. Following the issuance of pre-provisional approval, the materials are reviewed by another member of the commission and placed on the agenda for a commission vote. The commission will vote to:

1. Grant Provisional Accreditation, the center will have up to two years to apply for full Accreditation, which will include a full, in-person site visit. It may apply upon successful completion of two (2) units of CPE.

2. Grants. Provisional Accreditation with Deficiencies, the Commission will specify corrective actions needed and may require an additional virtual or in person site visit prior to removing the Deficiencies.

3. Deny Provisional Accreditation, the center must complete units in progress but must stop advertising for new students and may not begin new units of CPE.

When the center has completed two units of CPE and within two years of receiving provisional accreditation, the center will apply for full accreditation in the process outlined in exhibit 228.

This process requires a full on-site visit and a comprehensive review of the centers portfolio (following the same model as a six year site visit (exhibit 240).

After the materials review and site visit, the center is placed on the agenda for the commission to take action for full accreditation. As indicated in Commission Actions-Periodic Reviews (exhibit 187), the commission will vote to:

1. Grant for six years

2. Grant with areas of non-compliance to be addressed and
   a. Require appropriate action to comply with standard(s) within six months or one year as determined by the Commission.
   b. Commission specifies:
      i. ACPE Standard, criteria involved.
      ii. Required corrective action and documentation to demonstrate full compliance.
      iii. Time period for coming into compliance.
3. Deny – If a center is denied initial accreditation, they will receive a detailed report of the basis for the commission action. A center has the right to appeal the decision of the commission. The center will be allowed to complete any units of CPE currently in progress.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

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**Criteria: 602.25(a-e) Basic Due Process Requirements**

**Narrative:**
Accredited centers are obligated to demonstrate compliance with the program standards (Exhibits 45-51). The standards are included in the Accreditation Manual and the specific materials that are required to be included in the center's portfolio are listed as well.

The Accreditation Portfolio Review Document (Exhibit 55) provides a timeline for ensuring that a center has specific materials included in their portfolio and it also includes detailed information about what a center must do. In addition, a Commission Action Report (Exhibit 101) is sent to the center within 30 days following a commission meeting where action is taken on a particular center. Exhibit 86, Identified Areas of Non-Compliance, demonstrates the time frame centers have for addressing areas of non-compliance with standards as being either six months or one year.

The Commission follows very clear guidelines for communication with centers as shown in Exhibit 87.

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**Analyst Worksheet - Narrative**

**Analyst Review Status:**
Does not meet the requirements of this section
**Staff Determination:**
The agency must provide further information and documentation demonstrating it has a policy stating that it will notify a program in writing of any adverse accrediting action or an action to place the program on probation or show cause and how such notice will describe the basis for the action. The agency must provide the referenced Exhibit 87 for staff to analyze if it is to support compliance with this section.

**Analyst Remarks to Narrative:**
The agency provides adequate written specification of its requirements, including clear standards, for a program to be accredited or preaccredited. The agency provided its standards (Exhibits 45 to 51). Each standard has a clear heading and description followed by a rationale supporting the standard. Each standard then has a list of indicators the agency will use when determining whether or not a program meets that standard. Finally, each standard concludes with a list of items that a program must include in its portfolio to demonstrate compliance with the standard.

The agency uses procedures that afford an institution or program a reasonable period of time to comply with the agency's requests for information and documents. The agency provided its "Identified Areas of Non-Compliance" policy of its accreditation manual (Exhibit 86). The policy states that a letter of non-compliance is issued when a program is not meeting a standard or policy. The agency states that programs are provided a notice within 30 days following a commission meeting if a vote is held to assess an area of noncompliance against a program. The policy specifies that programs are provided a specific timeframe to respond to the letter but not exceeding six months. A sample was provided (Exhibit 101). The program was given approximately four months to respond to the letter. In another section, the agency provided its policy on "Compliance with Standards" (see Exhibit 91 in 602.20(a)). That policy states that the program "must return to compliance within six months or one year, as specified by the Commission." The agency also provided its Accreditation Portfolio Review checklist (Exhibit 55). The checklist is a by item list of what agency reviewers inspect during a program review. Programs are given 14 days from notification from a reviewer that an item needed to conduct the review was missing from the program's portfolio. Although 14 days is a short period of time, programs are expected to have complete portfolios at all given times in accordance with the agency's standards.

The agency has policies and procedures to provide written specification of any deficiencies identified with a program. The agency provided its "Identified Areas of Non-Compliance" policy of its accreditation manual (Exhibit 86). The policy states that a letter of non-compliance is issued when a program is not meeting a standard or policy. The letter is to identify the issues, what should be done to remedy them, and how long the program has to do so. A sample was provided (Exhibit 101). It requests a responsive plan of action to return to compliance and identifies the areas that need addressed. The agency also provided its Accreditation Portfolio Review checklist (Exhibit 55). The checklist is a by item list of what agency reviewers inspect during a program review. There is space for reviewers to provide comments and notes where specific items are lacking.

The agency provides sufficient opportunity for a written response by an institution or program regarding any deficiencies identified by the agency, to be considered by the agency within a timeframe determined by the agency, and before any adverse action is taken. The agency provided its "Identified Areas of Non-Compliance" policy of its accreditation manual (Exhibit 86). The policy states that a letter of non-compliance is issued when a program is not meeting a standard or policy. The letter is to identify the issues, what should be done to remedy them, and how long the program has to do so. The policy specifies that programs are provided a specific timeframe to respond to the letter; not exceeding six months. Programs are given six to twelve months to return to compliance. The policy states that the "Commission will review responses to areas of non-compliance at their regularly scheduled meetings and will notify centers within 30 days of the conclusion of the meeting" (Exhibit 86). Extension may be granted under a few limited circumstances specified in the policy.
The agency did not provide a policy demonstrating it is required to notify a program in writing of any adverse accrediting action or an action to place the program on probation or show cause and how such notice describes the basis for the action. In another section, the agency did provide an example of a sample suspension letter (see Exhibit 109 in 602.25(f)). The letter is seven pages. It provides the agency criteria in question and then an explanation of how the program failed to meet the criteria. Again, however, the agency did not provide a policy demonstrating how this is a stated practice of the agency.

The agency states that it follows clear guidelines for communications and cites an “Exhibit 87.” However, the exhibit does not appear to have been provided. Therefore, staff are unable to assess the statement.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**

Exhibit 87, which was inadvertently omitted from the original submission is now exhibit 260, explains the ACPE policy that requires the Commission provide notification to the center upon initiation of an adverse action within 7 days from the date of action. The requirements of what must be included in the notification of the adverse action are found in the document Adverse Actions (exhibit 257).

Exhibit 260 also outlines ACPE’s policies for communicating decisions of all accreditation actions.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

**Criteria: 602.25(f) Specific Appeals Requirements**

**Narrative:**

Exhibit 40 outlines the process for an Appeal of Adverse Decisions of the Commission.

Since the last review, ACPE has had one appeal of an adverse accreditation decision. In May 2017, the accredited center was on the non-consent agenda (Exhibit 115) to conduct a Called Review of the center based on discrepant information in the center's annual report (See Exhibit 116 (meeting minutes)).

In Fall 2017, (Exhibit 114) the commission voted to suspend and send a detailed letter (Exhibit 109) to the center. chose to appeal the decision (Exhibit 115).

An appeal panel was formed. The panel included an ACPE Certified Educator, a practitioner, and a member of the public from a local Theological School. The panel was provided written instructions (Exhibit 117). The panel met and determine that the burden of proof was not met to establish the
basis of the appeal. A follow up letter (Exhibit 118) was sent to the center outlining the requirements for the center to meet in order to address the suspension.

The center failed to respond to the requirements of the letter and therefore, at the conclusion of the suspension period, the center's accreditation was terminated (Exhibit 106).

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<td>Exhibit 117</td>
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**Analyst Worksheet- Narrative**

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must amend its policies to allow a program, upon written request, to appear before an appeal panel and appeal any adverse action prior to the action becoming final. The agency must amend its policies to allow appellant counsel permission to speak at any hearings. The agency must amend its policy to remove the option for the appeal panel to vacate the decision-making body's decision as the regulation now only permits the panel to affirm, amend, or remand.

**Analyst Remarks to Narrative:**
The agency provided its appeal policy (Exhibit 40). It contains descriptions of its appeal panel. The panel will be a minimum of three representatives; at least one educator, one member of the public, and one practitioner. It has a policy to ensure there is no conflict of interest for panel members. It will not include members of the decision-making body that recommended or carried out the adverse action.

However, the process is a two-step procedure and violates the criterion. First, a program must satisfy to an appeal panel that it has a right to an appeal. The panel is initially restricted to only review the record supporting the agency's adverse action and further restricted to only recommend the appeal be allowed to move forward to a hearing or to be dismissed (Exhibit 40). That decision itself cannot be appealed. It is unclear what arguments an appellant can make at this stage. No example was identified. The regulation, in contrary, provides an absolute right to a hearing before an appeal panel.

If the appeal moves forward to a hearing, the program may enlist the aid of counsel. However, the policy states that appellants, “may bring legal counsel or a support person to advise them. However, only the appellant(s) will be permitted to speak at the hearing.” (Exhibit 40). It appears that counsel is not permitted to speak even though the appellant is permitted to do so. This is directly contrary to the regulation.

Additionally, the agency's appeal policy includes an option to vacate the decision-making body's decision, which is no longer an option under the Department's revised regulations. The agency is
reminded that the option to amend the decision includes the opportunity for the appeal panel to reach a different conclusion than the decision-making body.

The agency states that it has experienced only one appeal during this review period. It included several exhibits stemming from this appeal (Exhibits 106, 109, 114, 117, and 118). The example demonstrates that the program did not receive an actual hearing because the appeal panel did not believe that the appellant met the burden to prove it should get a hearing (Exhibit 118). No statement of appellant grounds for appeal were provided and it is unclear if the panel would have been able to view such a record in any event. No notes of the actual panel itself were provided explaining the outcome. This example further demonstrates the agency’s policy and procedures are noncompliant with this criterion. The agency policies must be amended and must comply with all of the elements of this criterion.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

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**Response:**

Per analyst feedback, the Appeal of Adverse Decisions of the Commission process document (exhibit 261) has been revised and updated.

The revised policy explicitly states the following:

The appeal must take place at a hearing before an appeals panel that--

1. May not include current members of the Accreditation Commission

2. Is free of any conflict of interest as defined in the Bias and Conflict of Interest Policy (Exhibit 259)

3. Has the authority and requirement to affirm, amend, or remand adverse actions of the Accreditation Commission and will provide explanation, instruction, and guidance for implementation when it amends or remands

4. The Accreditation Commission must act in accordance with the instructions of the appeal panel

5. The appellant is allowed to employ counsel and to have counsel represent the institution/program.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**

Not Reviewed
Exhibit 40 outlines the process for an Appeal of Adverse Decisions of the Commission. See section f above.

### Document(s) for this Section

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<td>Exhibit 261</td>
<td>Appeal of Adverse Decisions of the Commission .pdf</td>
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### Analyst Worksheet- Narrative

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
To fully comply with the requirements of this section, the agency must amend its policies and procedures to ensure that written notification of any result of an appeal, including if a decision is affirmed, is provided to the appellant along with the basis for that result. The agency must amend its policy to remove the option for the appeal panel to vacate the decision-making body’s decision as the regulation now only permits the panel to affirm, amend, or remand.

**Analyst Remarks to Narrative:**
The agency provided its appeal policy from its accreditation manual (Exhibit 40). It describes three possible outcomes following an appeal hearing; uphold, remand, or vacate. The agency's appeal panel policy includes an option to vacate the decision-making body's decision, which is no longer an option under the Department's revised regulations. The agency is reminded that the option to amend the decision includes the opportunity for the appeal panel to reach a different conclusion than the decision-making body. It describes additional notifications provided to the appellant in the event the adverse decision is remanded or vacated. However, the policy does not specify if an additional notification is provided in the event the adverse decision is upheld. The regulation requires written notification of any result of the appeal and basis for that result.

The agency stated in a prior section that it has experienced only one appeal during this period of review and provided an example letter (see Exhibit 118 in 602.25(f)). The letter informed the program that the appeal panel, “determined that your center did not meet the burden of proof to establish the basis of the appeal as stated in section I.C. of Accreditation Appendix 9.” The letter does not explain how the agency failed to establish the basis for an appeal. The regulation requires written notification of the appeal result to include the basis for that result.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

### List of Document(s) Uploaded by Analyst - Narrative

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**Response:**
Per analyst feedback, the Appeal of Adverse Decisions of the Commission (exhibit 261) has been updated. Included in the revised policy under Item #8 is the requirement that:

8. ACPE shall notify the institution or program via registered email of the result of its appeal and the basis for that result.

As there was only one appeal that took place during this period of review, we have this policy in place for future appeals.
**Criteria: 602.25(h) New Financial Information**

**Narrative:**
Exhibit 93, Adverse Actions, describes the various actions the commission may take and item 5 addresses the situation where finances may be a factor. The agency as not had this happen.

**Document(s) for this Section**

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<td>Exhibit 257</td>
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**Analyst Worksheet- Narrative**

**Analyst Review Status:**
Meets the requirements of this section

**Analyst Remarks to Narrative:**
The agency provided its policy on adverse actions from its accreditation manual (Exhibit 93). A section of the policy addresses new financial information. It states, “the center may seek review of new financial information before an adverse action decision is finalized, if all the following conditions are met: The financial information was unavailable to the center until after the decision subject to appeal was made. The financial information is significant and bears materially on the financial deficiencies identified by the Commission. The Accreditation Commission determines the significance and materiality. The only remaining area of non-compliance cited by the Commission in support of a final adverse action decision is the center’s failure to meet the ACPE standard pertaining to finances” (Exhibit 93, p. 2).

This language is tailored to the criteria and satisfies the requirements. The agency states it has not had to apply the policy during this recognition period.

**List of Document(s) Uploaded by Analyst - Narrative**
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**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed
Narrative:
Commission policy requires the notification of centers, the public, and the Secretary within 30 days of the conclusion of its meeting (Exhibit 40).

The list of commission actions from November 2018 (Exhibit 104) and May 2020 (Exhibit 88) are emailed to the Secretary and to appropriate accrediting agencies (Exhibit 103). The lists of Commission actions are also posted on the ACPE website https://acpe.edu/programs/accreditation/accreditation-commission-actions.

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Analyst Worksheet- Narrative

Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:
The agency must provide further information and documentation of how its policies and procedures address timely notifications to appropriate State licensing or authorizing agencies, appropriate accreditation agencies, and the public. The agency must document its implementation of its policies with sample emails, DAPIP entries, or other means to demonstrate its notifications to meet all the requirements of this section.

Analyst Remarks to Narrative:
The agency describes its policy that requires written notice of decisions to award preaccreditation and initial/renewal accreditation be provided within 30 days of its decision pursuant to the criteria. Specifically, the agency provided a section of its manual titled Notifications of Accreditation Commission Actions (Exhibit 119), which requires the agency to distribute Commission decisions to award or renew provisional status or accreditation 30 days from the date of action to its programs and the U.S. Secretary of Education as well as to post commission actions for the public on the agency website. The agency also provided documentation of its notifications, such as Exhibit 103, titled "Commission Actions Notification Emails," and a list of Accreditation Commission Actions: May 17, 2020 and Accreditation Commission Actions: Fall Meeting 2018 (Exhibits 88 and 104). However, Exhibit 103 does not include header information to indicate the entity to whom the emails were sent or the date they were sent, nor did the agency provide documentation of its notice to the Secretary.

This should include updates via the Department's Database of Accredited Postsecondary Institutions and Programs (DAPIP). The agency did not address whether it has policies or documentation of notification to State licensing or authorizing agencies, nor regarding notification to any appropriate accreditation agencies. Finally, a review of the ACPE website indicates that the agency has not been providing regular notification to the public of its accrediting decisions, as many of the commission decisions listed appear to have been posted months or years after the dates the actions were taken. See Analyst Uploads Exhibit A 2018 Notice of Suspension TVHS and Exhibit B 2018 May Accreditation Commission Actions.
A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

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<tr>
<td>Exhibit B - May Accreditation Commission Actions</td>
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**Response:**

During the time of review, ACPE changed hosting sites for our website, which is the venue for notification of the public of commission actions. As a result, all of the documents had to be transferred over from the old site to the new site and when doing this, there were some that were inadvertently left off or uploaded in error, requiring a new upload. This new upload date is reflected on the website, but is not actually indicative of the date of posting. The date of posting of the document is included on the document itself.

Since the update of the website, one is able to see the following examples of the notifications being posted to the website within 30 days of the action being taken by the Commission (screenshots of the website are in exhibit 209):

1. Commission Meeting: November 9, 2020; Commission Actions posted online: November 20, 2020
2. Commission Meeting: April 19, 2021; Commission Actions Posted online: May 3, 2021
3. Commission Meeting: November 8, 2021; Commission Actions Posted online: November 24, 2021

Exhibit 260 outlines the notification of commission actions policies and includes a reference to the Department’s Database of Accredited Postsecondary Institutions and Programs (DAPIP). Screenshots of notification emails to the Department and other agencies are included in exhibit 210 to supplement the PDF version previously submitted. Unfortunately, due to our email system archive, sent emails from more than 4 years ago are spotty.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

**Criteria: 602.26(b) Notifications: Probation or equivalent status or initiated adverse action**

**Narrative:**

Commission policy requires the notification of centers, the public, and the Secretary within 30 days of the conclusion of its meeting (Exhibit 40).

At the May meeting of the Accreditation Commission held May 6-9, 2018, the accredited center at the (b)(4) was granted re-accreditation and suspended for continued issues of non-compliance. Initial notification was sent on May 16, 2018, and notice was posted on the ACPE website on June 16, 2018 (Exhibit 107), as the center did not submit an appeal.
Staff Determination:
The agency must demonstrate that its policy requires programs to notify current and prospective students within seven business days of receipt of notification of a probation or equivalent action or initiation of an adverse action and demonstrate its implementation of this policy. The agency must also demonstrate with documentation the distribution of written notices to the Secretary, appropriate State licensing or authorizing agency, and appropriate accrediting agencies of its probation or equivalent or adverse accrediting decisions.

Analyst Remarks to Narrative:
In Exhibit 103 (see 602.26(a)), the agency provides an excerpt from its manual titled Notifications of Commission Actions, which requires the agency to send notification of final adverse actions of the commission to the Secretary, the appropriate state licensing or authorizing agencies, and other appropriate accrediting agencies at the same time the affected program is notified, and no later than 30 days after the final decision has been made. The agency’s policies require it to provide written notice to the public via the website within 24 hours of its notification to the program. This section of the agency’s policies does not include a requirement that the affected program notify students within seven business days, and the agency did not address this requirement in the narrative.

The agency provided documentation of an adverse accreditation decision demonstrating the execution of the agency’s notification requirements and timeline. In particular, the agency provided a timeline for the re-accreditation and suspension of an accredited program, which included the dates of the Commission meeting, notification to the program, and the expiration of the request for appeal (Exhibit 107). However, the documentation provided does not demonstrate notification of the adverse action to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program of the decision. The agency has also not provided evidence of the program’s disclosure of this such action to all current and prospective students within seven business days of receipt of the agency’s notification.

The agency provided documentation of a sample adverse action against one program (Exhibit 107). The notification indicates that it was posted online on 06/16/2018 and that a program was suspended for significant non-compliance with standards. The definitions of the agency’s adverse actions were provided in Exhibit 93 (see 602.20(b)). This section defines suspension as requiring the programs to temporarily stop recruiting and enrolling students pending further action. However, the documentation included does not demonstrate notifications to the Secretary, the appropriate State licensing or authorizing agency, or appropriate accrediting agencies, nor does it document the program’s requirement to notify current and prospective students within seven business days.
A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:
We have updated our Adverse Actions (exhibit 257) page in the manual to add the provision under item #3 to include that a suspended center must notify students within 7 days.

Several examples are offered to demonstrate compliance with this criterion. Exhibit 211 is a notice of suspension. Exhibit 212 are screenshots of notifications to the center of the suspension and the requirements they must meet in order to have the suspension lifted. Exhibit 213 are screenshots of the notifications to the Secretary and to other accrediting agencies.

An additional example is included in the DMC (b)(4) Letter of Suspension (exhibit 214) and the center's notification letter to its students on the same day that the notification was sent to the center.

Analyst Worksheet - Response

Analyst Review Status for Response:
Not Reviewed

Criteria: 602.26(c) Notifications: Negative Decisions

Narrative:
Since the last review, ACPE has had only one final decision to terminate a center’s accreditation. In November 2017, the commission voted to suspend (b)(4) for continued violation of standards (Exhibit 108). The center appealed and the appeal was denied. The suspension went into effect on January 11, 2018 with expectations shared with the center for a return to compliance. The center did not respond by the established date of April 15, 2018, and therefore the Commission terminated their accreditation. Exhibit 106 is the public posting from the website; exhibit 105 is the email text that was sent, along with the public posting, to the various accrediting agencies and the Secretary.

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Analyst Worksheet- Narrative

Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:
The agency must provide documentation to demonstrate timely notifications to the appropriate entities pursuant to this section of the criteria.

**Analyst Remarks to Narrative:**
The agency’s policy Notifications of Commission Actions (see Exhibit 119 in 602.26(a)) requires the agency send notification of final adverse actions (including to deny or withdraw accreditation) to the Secretary, appropriate state licensing or authorizing agencies, and other appropriate accrediting agencies at the same time the program is notified, no later than 30 days after the final decision is made.

The agency attests that they have had one termination decision during the review period and provided documentation related to that termination (Exhibit 105). It includes the text of a termination notification email. However, while the text of the email is included in a .pdf, the agency did not provide the email itself, including the headers, and the recipient of the email is not identified. It is not clear who this notification was sent to or what type of notification it is intended to document. Exhibit 106 includes a public Notice of Suspension, which is currently hosted on the agency website. Exhibit 108 includes the agenda for the Fall 2017 ACPE board meeting. None of these documents demonstrate the notification of termination being provided to the Secretary, state agencies, other accrediting agencies, or the program itself, nor does any of this demonstrate a timeline for these notifications that would document that they were made within the 30 days required by this section of the criteria and agency policy.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**
Unfortunately, due to email server limitations, the actual email from the example provided previously is not available. Therefore, I am offering several examples of final decisions to suspend a program to demonstrate compliance with this criterion. Exhibit 211 is a notice of suspension. Exhibit 212 are screenshots of notifications to the center of the suspension and the requirements they must meet in order to have the suspension lifted. Exhibit 213 are screenshots of the notifications to the Secretary and to other accrediting agencies.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

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**Criteria: 602.26(d) Notice to Public Within 24 Hours**

**Narrative:**
Notices of suspensions and/or terminations are posted to the ACPE website within 24 hours of notifying the impacted center. Exhibits 105-107 are sample notices posted on the website under Commission Actions.

**Document(s) for this Section**
The agency must review its required notices made to the public during the review period and identify and explain instances of failing to publicly post within one business day of program notification. The agency must explain if it has issued any denial of accreditation or preaccreditation decisions during the review period. If it has, it must provide examples illustrating that proper timely public notice was made or explain why it was not made.

For example, a Notice of Suspension was given to a program hosted at (b)(4) stating it was, “Posted online 1/10/2018.” The notice states it was first mailed to the site on December 4, 2017. It appears the public notification was made beyond one business day of notification to the program (See Analyst Uploads Exhibit C - (b)(4) Notice of Suspension). It appeared to Department Staff there may have been other late notifications. The agency must inspect its notices and identify and explain any late notifications.

Additionally, the agency did not provide a policy addressing required notices of denial of accreditation and preaccreditation decisions. It is unclear if the agency does not consider these decisions to require notice or if the agency simply had not issued such decisions during this review period.

ACPE posts written notice of final adverse actions on its website for the public within 24 hours of notification being sent to the center. Exhibit 197 is the final letter of suspension sent to (b)(4) sent to the center on January 10, 2018. The notice of suspension on the website (exhibit 195) was posted on the website on January 10, 2018. Both of these were the result of the adverse action becoming final—the initial letter of suspension was sent in December, which allowed for the appeal period to take place. As this was not yet a final decision and was pending a possible appeal, notifications were not made to the public per ACPE policy. After the end of the appeal period, when it was clear that the center was not filing an appeal, the final letter of suspension was sent and the notice was posted on the ACPE website to be in compliance with ACPE policy and this criterion.
ACPE has not issued any decisions of denials of provisional or accreditation during this review period. These decisions, if they occurred, would require notice, as they are included as item #1 for Adverse Actions ( Exhibit 257 ).

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

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**Narrative:**

(formerly an ACPE accredited center, was suspended in November 2017. The attached letter is an example of the letter that is sent to centers in this situation ( Exhibit 109 ). The final paragraph of the letter states that the center must notify all students in writing of the suspension, with a copy of the notice that is sent to the Commission ( Exhibit 110—also the same notice that is posted on the ACPE website for the public.)

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**Document(s) for this Section**

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<thead>
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<th>File Name</th>
<th>Analyst Comments</th>
<th>Agency’s Exhibit Comments</th>
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<tr>
<td>Exhibit 260</td>
<td>Notifications of Commission Actions.pdf</td>
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<td>Exhibit 262</td>
<td>(b)(4) Notice of Termination.pdf</td>
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<tr>
<td>Exhibit 263</td>
<td>Screenshots of Notification Email.docx</td>
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**Analyst Worksheet - Narrative**

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency needs to codify the regulatory requirement to require a program to disclose a final decision of an adverse action within seven business days of receipt to all current and prospective students. The agency must address if it makes available to the Secretary, the appropriate State licensing or authorizing agency, and the public, no later than 60 days after the decision, a brief statement summarizing the reasons for the agency’s decision. The agency needs to provide further information and documentation to clarify if programs are provided an opportunity to provide comment to adverse actions to be included with the required notifications. Or, if the opportunity is not afforded, then the agency must modify its policies and procedures to provide such opportunity.

**Analyst Remarks to Narrative:**
The agency does not cite any policies or procedures in its accreditation manual that address this requirement. The agency provided an example program suspension letter ( Exhibit 109 ). It contains a directive to the program to, “notify all students in writing of the suspension, with a copy of the notice that is sent to the Commission.” However, it does not specify this must be done within seven business days of receipt.

The agency did not address if it makes available to the Secretary, the appropriate State licensing or authorizing agency, and the public, no later than 60 days after the decision, a brief statement summarizing the reasons for the agency’s decision.
It is unclear if a program is provided an opportunity to comment on an adverse action as part of the regulatory notification requirements. The example suspension letter states that the program must respond to the identified issues. However, it does not indicate if the program was given an opportunity to provide comment to the adverse action itself to be provided along with the notice in accordance with the criterion.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

ACPE's policy, as written in Notifications of Commission Actions (exhibit 260), requires in item #5 that the Commission makes available to the Secretary, appropriate agencies, and the public a summary of the reasons for action to deny, suspend, or withdraw a center's accreditation.

Exhibit 262 is notice of termination of accreditation that was posted on the ACPE website as a result of the denial of a center's appeal from a suspension and the center not addressing the requirements in order to have the suspension lifted. The notice identifies a lack of compliance with 5 ACPE Standards as the cause and outlines the full process from the initial appeal. This notice was sent to the Secretary and appropriate agencies as indicated in exhibit 263, but as noted in the section for 602.26a, only the text is included and there is no email header. The actual email is no longer accessible on our email servers.

ACPE’s policy in the Notifications of Commission Actions (exhibit 260) includes the opportunity for the affected center to comment. No comments were received, but there is no written evidence to show that the center was offered the opportunity to do so.

Analyst Worksheet - Response

Analyst Review Status for Response:
Not Reviewed

Criteria: 602.26(f) Notifications: Voluntary Withdrawal

Narrative:

The commission receives, acknowledges, and ratifies a center's decision to withdraw its accreditation at its formal meeting. These actions are listed on the summary of commission actions that is posted on the ACPE website and emailed to the Secretary and appropriate accrediting agencies (Exhibits 88 and 104)

Document(s) for this Section

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<td>2020-may-accreditation-commission-actions.pdf</td>
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<td>Exhibit 214</td>
<td>Center Closure - ACPE Manuals - 2020.pdf</td>
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</table>
**Analyst Worksheet - Narrative**

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency needs to provide further information or documentation to demonstrate it has a policy and practice to notify the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public if an accredited or preaccredited institution or program decides to withdraw voluntarily from accreditation or preaccreditation, within 10 business days of receiving notification from the institution or program that it is withdrawing voluntarily from accreditation or preaccreditation and also that it makes such notifications when a program lets its accreditation or preaccreditation lapse, within 10 business days of the date on which accreditation or preaccreditation lapses.

**Analyst Remarks to Narrative:**
The agency provided an example list of actions taken by its accreditation commission following a formal meeting (Exhibit 88). It includes two program voluntary withdrawal of accreditation actions. However, the agency does not state when, if ever, it received voluntary withdrawal notifications from the programs. Department staff could not verify if the notification was made within 10 business days. It appears the agency may not be making such notifications until after normally scheduled commission meetings. The agency has not demonstrated a policy or practice showing it satisfies this criterion.

No statement regarding lapses was made and no example was identified. It is unclear if the agency treats a lapse as a voluntary withdrawal.

The agency must provide or create a policy to notify the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public if an accredited or preaccredited institution or program decides to withdraw voluntarily from accreditation or preaccreditation, within 10 business days of receiving notification from the institution or program that it is withdrawing voluntarily from accreditation or preaccreditation and also that it makes such notifications when a program lets its accreditation or preaccreditation lapse, within 10 business days of the date on which accreditation or preaccreditation lapses.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**
No files uploaded

**Response:**
ACPE policy for Center Closure (exhibit 214) has been revised to include the timeframe for notification of the Secretary and other agencies within the 10 day time frame. The previous policy that was in place did not have the 10 day timeframe indicated and the practice was to have these involuntary withdrawals on the agendas for the normally scheduled commission meetings which was demonstrated in exhibit 88.

The policy for Center Closure has also been revised to include that a lapse in accreditation is considered a voluntary withdrawal. ACPE has not had any lapses in accreditation during this review period.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Criteria: 602.27 (a)(1-4) Other Information to be Provided

Narrative:
ACPE annual sends to the Department a list of accredited centers (Exhibit 111), an annual data summary of accreditation activities (Exhibit 112) and a copy of the previous year's annual report for the Association (Exhibit 113).

Although ACPE has reformatted their standards and shifted to a portfolio model for accreditation purposes, these actions do not have any impact on the current scope of recognition nor with any of the criteria for recognition.

Document(s) for this Section

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<td>Complete Center List.pdf</td>
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<td>Exhibit 112</td>
<td>Annual Summary of Accreditation Activities 2019.pdf</td>
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<tr>
<td>Exhibit 113</td>
<td>ACPE 2019 Annual Report.pdf</td>
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<tr>
<td>Exhibit 156</td>
<td>Master List of Accredited Centers Detail.pdf</td>
</tr>
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Analyst Worksheet- Narrative

Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:
The agency must provide an annual list identifying the specific programs it has accredited or preaccredited. The agency must consider all changes and proposed changes to policies and procedures made during the review period and clarify if any such changes might have altered its scope of recognition or compliance with criteria for recognition. And, if so, explain if they were properly notified to the Department. The agency must provide further information and documentation demonstrating it has a policy addressing all sections of this criteria.

Analyst Remarks to Narrative:
The agency provided a list of accredited “centers” but did not state what programs it has accredited or preaccredited at these locations; CPE Level I/Level II, or Certified Educator CPE, or both (Exhibit 111). The list does not differentiate between accredited and preaccredited programs.

The agency provided an annual data summary of major accrediting activities (Exhibit 112).

The agency states that it has reformatted its standards and shifted to a portfolio model of review but that the shift did not impact scope nor recognition criteria. However, the agency does not identify if any other changes were made or proposed that might alter its scope or compliance. Department staff notes the agency has made significant revisions to its policies and procedures since its last period of full review.

The agency previously notified the Secretary it had expanded its scope to include distance education.
The agency did not provide a policy addressing this criterion. The agency must provide further information and documentation demonstrating it has a policy addressing all sections of this regulation.

A file review and observation are pending. Department staff will use them to further evaluate the agency’s compliance with this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**
A current master list of centers has been uploaded (exhibit 156). The list includes the name of each program/center, the program/center’s accreditation status, the level(s) of CPE the program/center is able to offer, the date of the last review, and the date of the next review.

As described in an earlier criterion, ACPE embarked on a process to assess and evaluate its entire accreditation process. As a result of this review that coincided with the regularly scheduled review of accreditation standards and criteria, ACPE transformed its accreditation process. In our old process, we had a significant number of “standards,” however many of the items that were written as standards were actually procedural and policy related.

The reformatting of our accreditation process allowed us to create 7 over-arching standards in the truest sense of the word and then to provide policy and procedure for each standard. This reformatting allowed the Accreditation Commission to look carefully at its process and to have a clear delineation between the standards, which require organizational and stakeholder input for revision, with policies and procedures, which is in the purview of the Accreditation Commission to oversee and adjust as/if needed.

In the old process, we had a 10 year cycle—there was a paper review at year 5 and a site visit review in year 10. The new process shortens the review cycle so that a center now has a site visit every 6 years and with the development of the portfolio model, programs/centers revise and update materials each year so that they are regularly using the standards, policies, and procedures as they work within their programs.

The substance of what we do has not changed; the process of how we oversee the programs/centers has intensified—with a yearly check of each center’s portfolio and a deep dive into a specific standard, the Accreditation Commission is much more aware of what is going in all centers than they were previously with the 5 and 10 year review mechanisms. The shift from way too many “standards” to fewer standards and clearly articulated policies and procedures has enabled programs to better demonstrate how they implement their programs, taking their unique mission and contexts into account. None of the changes to the process has impacted our scope or recognition criteria.

Due to the flexibilities currently in place for utilizing distance education, ACPE will be removing Distance Learning from its scope of recognition.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed
Criteria: 602.28 (b) Regard for Negative Actions by Other Accreditors

Narrative:

Document(s) for this Section

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Analyst Worksheet - Narrative

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide a narrative response and provide information and documentation demonstrating compliance with this section.

**Analyst Remarks to Narrative:**
No narrative response, information, or documentation was provided for this section.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

**Response:**
ACPE regularly shares notifications of its accreditation decisions with other accrediting agencies as documented in Notification of Commission Actions (exhibit 260). ACPE also received notifications from some of these agencies. Prior to now, ACPE has not had a written policy related to decisions of state or other accrediting agencies. A new policy statement has been added to the accreditation manual entitled Regard for Decisions of State and Other Accrediting Agencies (exhibit 216).

ACPE has not received any notification from a state entity or another accrediting agency that has impacted any of its accredited or provisionally accredited programs.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

Criteria: 602.28 (c) Explanation of Over-riding Decision

Narrative:

Document(s) for this Section
### Analyst Worksheet- Narrative

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide a narrative response and provide information and documentation demonstrating compliance with this section.

**Analyst Remarks to Narrative:**
No narrative response, information, or documentation was provided for this section.

### List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

**Response:**
ACPE regularly shares notifications of its accreditation decisions with other accrediting agencies as documented in Notification of Commission Actions (exhibit 260). ACPE also received notifications from some of these agencies. Prior to now, ACPE has not had a written policy related to decisions of state or other accrediting agencies. A new policy statement has been added to the accreditation manual entitled Regard for Decisions of State and Other Accrediting Agencies (exhibit 216).

ACPE has not received any notification from a state entity or another accrediting agency that has impacted any of its accredited or provisionally accredited programs.

### Analyst Worksheet - Response

**Analyst Review Status for Response:**
Not Reviewed

### Criteria: 602.28 (d) Requirement to Initiate Review

**Narrative:**

### Document(s) for this Section

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide a narrative response and provide information and documentation demonstrating compliance with this section.

**Analyst Remarks to Narrative:**
No narrative response, information, or documentation was provided for this section.

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**Response:**
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ACPE has not received any notification from a state entity or another accrediting agency that has impacted any of its accredited or provisionally accredited programs.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

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**Criteria: 602.28 (e) Information-Sharing with Other Accreditation/Approval Bodies**

**Narrative:**

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**Analyst Worksheet - Narrative**

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency must provide a narrative response and provide information and documentation demonstrating compliance with this section.

**Analyst Remarks to Narrative:**
No narrative response, information, or documentation was provided for this section.

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**Response:**
ACPE regularly shares notifications of its accreditation decisions with other accrediting agencies as documented in Notification of Commission Actions (exhibit 260). ACPE also received notifications from some of these agencies. Prior to now, ACPE has not had a written policy related to decisions of state or other accrediting agencies. A new policy statement has been added to the accreditation manual entitled Regard for Decisions of State and Other Accrediting Agencies (exhibit 216).

ACPE has not received any notification from a state entity or another accrediting agency that has impacted any of its accredited or provisionally accredited programs and has not been asked to share any information beyond the regular notifications it sends out.

### Analyst Worksheet - Response

**Analyst Review Status for Response:**
Not Reviewed

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