



POLICIES AND PROCEDURES MANUAL
August 2024

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FOREWORD

The Masters in Psychology and Counseling Accreditation Council (MPCAC) Policies and Procedures Manual details the processes and procedures involved in seeking and obtaining accreditation for psychology and counseling master's degree programs in the United States. As such it is a valuable guide for the development of the self-study that is a fundamental part of the process of seeking accreditation from MPCAC.

SCOPE, MISSION STATEMENT AND GENERAL POLICIES

SCOPE

MPCAC accredits counseling and psychology master's degree programs, located in regionally accredited colleges and universities in the United States that educate students in the science-based practice of counseling and psychological services.

MISSION STATEMENT

The mission of the MPCAC is to accredit academic programs that provide science-based education and training in the practice of counseling and psychological services at the master's degree level, using both counseling and psychological principles and theories as they apply to specific populations and settings. Although programs may vary in the specific model of training and professional development utilized, commitment to science-based education is emphasized in the interest of providing services that are culturally responsive and that promote the public good.

MPCAC values:

- the integration of science and practice in counseling and psychological services
- the dignity and value of all people, through the promotion of culturally responsive training and services
- innovation and flexibility in the design and implementation of training programs;
- excellence achieved through continuous self-reflection
- fair and transparent accreditation policies and procedures
- the protection of the public and the public good.

GENERAL POLICIES

The following general policies guide the work of MPCAC:

1. The Accreditation Standards in the [MPCAC 2024 Accreditation Manual](#) are used as criteria for evaluation by the Accreditation Review Committee (ARC) and the Board. Programs must meet all standards to receive and maintain accreditation.
2. The accreditation process is not to be used as an attempt to control the number of practitioners in the profession or those in preparation programs on the basis of predetermined limits relating to supply and demand.
3. MPCAC accreditation encourages responsible experimentation and innovation within training programs. MPCAC acknowledges a healthy variety in achieving excellence; homogeneity of accredited programs (adhering to particular theoretical positions or methods, etc.) is not a MPCAC objective. MPCAC acknowledges that programs have the ability to organize themselves structurally and decide the best use of their resources to attain their programmatic goals within the context of the MPCAC Standards.
4. An applicant program may withdraw the application for accreditation at any time prior to final action.
5. A program may withdraw from the status of accredited at any time by forwarding such notice in writing to MPCAC. Such a withdrawal is posted on the MPCAC website.
6. Programs accredited by MPCAC must display integrity and responsibility when representing their accreditation status.
7. Only programs that have been awarded MPCAC accreditation may be represented as accredited.
8. Programs in the process of seeking MPCAC accreditation may not make statements implying future awarding of accreditation.
9. All reports developed by the ARC are considered confidential, with details released only to the institution and program involved, except in the event that disclosure of the report is legally required.
10. A program is permitted no more than eight (8) years of accreditation per review. MPCAC may grant an extension under exceptional circumstances.
10. MPCAC maintains a listing of accredited programs that is available to the public on the website (www.mpcacaccreditation.org). This listing includes Accredited, Under Review, Deferred, Accreditation Denied, and Previously Accredited.
11. MPCAC keeps programs informed and solicits feedback from programs.

OVERVIEW OF THE MPCAC ACCREDITATION PROCESS

Accreditation is a voluntary process of evaluation of the program by itself and by MPCAC. The self-evaluation process entails an assessment of the program's resources, objectives, strengths, and limitations. The ultimate purpose of this aspect of the evaluation process is to improve the educational effectiveness of the program by those individuals responsible for the program's operations. Evaluation by MPCAC involves a review of the self-study document against a set of established standards using program assessment procedures.

The MPCAC accreditation process entails the assessment of a program's ability to meet all of the standards adopted by the MPCAC Board. This process involves:

- 1) Submission of a programmatic self-study and accompanying materials documenting the program's compliance with the current standards;
- 2) Review of the submitted documentation by the Accreditation Review Committee (ARC); if apparent meeting of standards is confirmed, a site visit is scheduled; if not confirmed, site visit is postponed for up to two years;
- 3) Completion of the site visit and the site visit report with correction of errors of fact by program under review;
- 4) Review of site visit report by two appointed CoA members with the site visitors to discuss and agree upon recommendations.
- 5) Presentation of the site visit report with recommendations to the Committee on Accreditation (CoA).
- 6) Discussion by the CoA to finalize the site visit report prior to submitting the report to the Board for its decision about accreditation.;
- 7) Presentation of the program by the CoA chair to the MPCAC Board, with stipulations (as needed) for a decision by the MPCAC Board. That decision may result in the awarding of accreditation for eight (8) years or the deferral of the awarding of accreditation until the stipulations have been satisfactorily addressed.

To ensure that the integrity of this accreditation process is maintained and that this process remains an effective catalyst for continuous growth and educational quality, the application process must be based on clearly and accurately stated documentation of the program's operation. The self-study narrative and accompanying materials must accurately represent the program and may not claim or imply resources, objectives, strengths, or limitations that exceed the program's level of operations. If intentional misrepresentation is found to have occurred, the MPCAC Board reserves the right to withhold or rescind accreditation.

STAGE 1: PROGRAM SELF-EVALUATION

A. Eligibility Requirements (Pre-Application for new accreditation only)

For any program seeking initial accreditation, the program faculty should compare their program against the Accreditation Eligibility Requirements and submit the [Pre-Application form](#) to the Central Office (CO). If the CO determines that the program meets these eligibility requirements, the pre-application is approved and valid for a period of two (2) years. The CO sends the program reminder notices six (6) months prior to the expiration of the eligibility period. The accreditation eligibility requirements are:

1. The academic unit is identifiable as educating counseling and psychological service practitioners and is supported by an educational institution accredited by a regional accrediting body.
2. The academic unit has students currently enrolled, and has graduated a minimum of two classes, with a minimum of a total of four students, prior to submission of the pre-application.
3. The program must comprise a minimum of 60 semester credit hours or the equivalent.

B. *Program Self-Study (New and Re-Accreditation)*

1. A self-study is conducted to determine if the program meets or exceeds the [MPCAC 2024 Accreditation Standards](#). Evaluation shall include a review of the program's goals and objectives, resources, evaluation methods, program outcome measures, and plans for continuous improvement. This process includes feedback from the core and contributing faculty, students, graduates, supervisors, and administrators. If the program is delivered in its entirety on more than one campus or through more than one modality, the self-study must clearly present student, supervisor, faculty, and resource data separately by location and modality.
2. The self-study results in a detailed report that clearly documents the program's compliance with the *MPCAC 2024 Accreditation Standards*. Institutions are permitted to hire independent external advisors to review the self-study report, to visit the institution, and/or to provide feedback regarding compliance with the Standards.
3. It is the responsibility of each training program to provide sufficient evidence of quality and science-based training, and sufficient demonstration of student competence in each area. Each program must provide student outcome data and demonstrate the process used to assess students' competence, that is, their readiness to work with the public. Such evidence would include data such as practicum/internship supervisor ratings, capstone passing rates, and licensure rates. Details regarding evaluations in the program and student outcome data are provided in the *MPCAC 2024 Accreditation Manual*.

C. *Submission of Application Materials*

1. The program must submit the appropriate application fee(s) prior to the submission of the self-study. Application fees are not refundable.
2. The program submits the self-study and supporting documents electronically, per instructions from the CO.

3. The self-study must bear the signature of the institution's President or CEO, or designee, to verify the institution's commitment to the accreditation review.
4. The CO monitors the receipt of the application materials and ensures that the applicant program is listed on the MPCAC website with the designation [Program Status/Under Review](#).

D. Formation of Accreditation Review Committee (ARC)

1. Upon receipt of the application fees and self-study materials, the CO proposes two (2) members for the Accreditation Review Committee (ARC). If multiple programs are under review, the CO may propose more than two (2) members for the ARC. The selection of ARC members is based on availability, willingness, and lack of conflict of interest. The CO sends the names of the proposed ARC members with their CVs to the program for review.
2. The director of the applicant program reviews the CVs of proposed ARC members and determines that they have no apparent conflicts of interest.
3. One of the ARC members is selected as the primary site visitor. Departments with more than one program, modality, or campus seeking accreditation may require additional site visitors.
4. Occasionally, the CO may appoint a person who is newly trained as an observer site visitor with the permission of the program. The observer would simply be present for some or all aspects of the site visit, including the working meetings of the site visitors.
5. Upon approval of the ARC by the program to be reviewed, the CO makes the electronic self-study documents available to the ARC.
6. The ARC reviews the materials for completeness and may ask for additional information within forty-five (45) days from date of access to materials. The institution must respond to the ARC's request for more information within forty-five (45) days from the date of the request; that response might include a request for an extension. The ARC reviews the additional information within thirty (30) days.
7. The process of the ARC asking the program for clarification can proceed a second time, in which case the site is given thirty (30) days to respond to the second set of ARC questions. When the ARC receives the additional information requested, they have thirty (30) days to review it. This process could be repeated.

8. When the ARC deems the self-study materials provide documentation that the program appears to meet all MPCAC Accreditation Standards, the process proceeds with the scheduling of the site visit (see #9 and #10 below). When the ARC deems that the self-study does not sufficiently document that the program meets all the Standards, the primary site visitor informs the Central Office (CO), providing a list of deficits to be addressed.

FOR RE-ACCREDITATIONS: The CO notifies the program seeking reaccreditation that the review of their program cannot continue until they address the deficits prior to the scheduling of the site visit. Such programs may need to receive a 6-month extension of their accreditation. If a second 6-month extension is required because of the program continues to not meet accreditation standards, the program is put on probation (to be documented on the MPCAC website and on the program website).

FOR INITIAL APPLICATIONS: The CO notifies the initial applicant program that the review of their program has been postponed for a maximum of two years (24 months) because of deficits identified by the ARC. The notification includes the listing of the deficits, all of which must be corrected before the site visit can be scheduled. The CO informs the MPCAC Board.

If the deficits are not fully corrected by the end of the two years, the application for accreditation is denied. The CO informs the MPCAC Board and the denial is posted on the website for 12 months. To be re-considered for accreditation, the institution must submit an application fee and a new self-study after a minimum of one year has passed.

9. If the ARC recommends proceeding with the site visit, the program and site visitors shall provide a range of acceptable visitation dates. The CO finalizes the dates and coordinates all arrangements for the visit.
10. The program submits a draft schedule to the CO at least thirty (30) days prior to the scheduled visit, including meetings with individuals listed below in Stage 2. The CO and/or site visitors may require changes to the schedule to assure that the site visitors are meeting with all individuals necessary to determine that the program meets MPCAC Standards. Two weeks prior to the scheduled visit, the program submits to the CO a final schedule of the site visit activities.

STAGE 2: SITE VISIT

A. *Site Visit*

1. All programs seeking accreditation for the first time will have in-person site visits. Programs seeking re-accreditations will have a virtual site visit for the first reaccreditation, and alternating in-person and virtual after that.

2. The site visitors meet with all relevant stakeholders, as listed in the box below. If the program is delivered in its entirety on more than one campus, the site visitors visit all campus locations seeking accreditation. If the program is delivered in its entirety through more than one modality, site visitors assess all modalities separately.

Program's stakeholders may include (usual meeting length in parentheses):

- Program Director/Coordinator (1 hour) plus end-of-the-day meetings (30 min – can be canceled)
- Department Chair (1 hour)
- Dean(s), Provost (30 – 45 minutes each)
- Program/counseling/core faculty (1 hour)
- Department full-time faculty (even if not teaching in the program) (30 to 45 minutes)
- Field Placement/Internship Coordinator (30-45 minutes)
- Relevant Staff (e.g., Program administrator, Program advisor, Admissions Coordinator) (30 minutes)
- Contributing/Adjunct faculty members (45 minutes – 1 hour) – depends on how many
- Chairs/Director of adjunct programs, if relevant (e.g., of Dual Degrees, Concentrations outside of program) (30 - 45 minutes)
- Current students (both first year students and more advanced ones; should include a range of student experiences; may be separated by year – depends on the number of students) (1 hour)
- Alumni/ae – minimum of 5 graduates from the last 5 years (45 minutes – 1 hour)
- Supervisors – minimum of 5, preferably with a range of experience supervising students from the program (45 minutes - 1 hour) – depends on how many
- Review of student files (Provide files for all or at least 10 students in their final year of the program and at least one (preferably 2-3) student(s) who was placed on remediation and/or dismissed and at least one (preferably 2-3) student(s) who was successfully remediated) (45 minutes)
- Training clinic and/or other relevant resources (30 minutes)
- Others as appropriate to a particular Institution

3. At the end of the site visit, the site visitors present an oral exit report that conveys general impressions of program strengths and concerns. The visitors do not convey specific recommendations concerning accreditation status during this oral report, as this is determined by the MPCAC Board.
4. All site visitor expenses (travel, accommodations, meals, etc.) are covered by MPCAC. Expenses that occur within the site visit itself, including meals (for example, lunch with site supervisors) are the responsibility of the applicant program.

B. *Site Visit Report*

1. The site visitors provide a written draft of a report that represents a consensus of the visitors' views based on the submitted materials and the site visit itself. The report contains an analysis of the program's compliance with Accreditation Standards, strengths of the program, concerns about the program, and other observations as appropriate. The site visitors collaborate to determine stipulations and/or recommendations which emerge from the identified concerns. For programs with more than one campus or modality, stipulations and/or recommendations may vary by location or modality. These stipulations, each of which has a Standard, and any recommendations, become part of the site visit report.
2. The site visitors' draft report is forwarded to the Central Office within twenty-one (21) days of the conclusion of the site visit for review and feedback. Feedback is primarily focused on the clarity and consistency of the report. The site visitors are notified of any such difficulties which can then be corrected.
3. The Central Office sends the site visitors' report to the program within thirty (30) days of the site visit. Stipulations and recommendations are not sent to the program. The program has the opportunity to identify only errors of fact and responds to the Central Office within thirty (30) days.
4. The site visitors review the errors of fact returned by the program and determine what information provided by the program becomes part of the report.
5. The site visitors submit the final report to the Central Office. The CO forwards the final Site Visit Report to the Chair of the Committee on Accreditation.

STAGE 3: ACCREDITATION DECISIONS

A. *Committee on Accreditation (CoA) Review*

The Chair of the Committee on Accreditation (CoA) appoints two CoA committee members as additional reviewers who provide a second review of the site visit report. The ARC meets with the reviewers to answer questions or clarify points. They come to a consensus that 1) additional information is needed (to be obtained by the site visitors), or 2) the report is sufficient and can be forwarded to the CoA for a full review.

The CoA members have access to the site visit report prior to the monthly meeting, typically the Friday before the meeting. The CoA meetings are held the first Thursday of the month. The two assigned reviewers begin the discussion of the concerns, stipulations and recommendations, with at least one of the site visitors present. The CoA may apply appropriate edits or revisions to the site visit report as it determines what may be stipulations (resulting in a deferral), what may be recommendations (potentially optional changes for the program), and what may be removed. The CoA may also determine that

text needs to be added to the narrative to ensure clarity in the underpinning of the identified concerns. If additional information is needed, it would be obtained by the site visitors.

Upon consensus of the CoA, the final Site Visit Report is forwarded to the Chair of the MPCAC for placement on the next Board agenda.

B. MPCAC Board Decision

MPCAC meets to vote on the accreditation decision after the CoA has reviewed and forwarded the report for a decision. The chair of the CoA, or designee, presents the report and identifies any stipulations the program must meet to be awarded accreditation. **The three possible decisions are:**

1. ACCREDITATION:

The MPCAC Chair notifies the program of the accreditation for a period of 8 years.

The accreditation decision is posted on the MPCAC website and includes the years of accreditation.

2. DEFERRAL:

RE-ACCREDITATIONS: If the Board determines that a program must make modifications to address the stipulations to come into compliance with all the Standards, the Board makes a decision of Deferral, which can last until the expiration of the program's accreditation. The Board may extend that date for up to six (6) months to accommodate the program's need to address the stipulations. If necessary, a second 6-month extension may be offered with the program put on probation.

The deferral decision is posted on the MPCAC website with the reason(s) for the deferral. Additionally, if the program receives a second extension on probation, the probation and the reasons for it are posted on the MPCAC website and the probation must be posted on the program's website.

NEW APPLICATIONS: If the Board determines that a program must make modifications to address the stipulations to come into compliance with all the Standards, a decision of Deferral for a period of up to two years will be granted.

RE-ACCREDITATIONS AND NEW PROGRAM: The MPCAC Chair provides the program with the final site visit report and a letter outlining the steps to be taken, including the stipulations, to bring the program into compliance.

The deferral decision is posted on the MPCAC website with the reason(s) for the deferral.

RESOLUTION OF THE STIPULATIONS: To resolve the deferral the program must submit documentation of how stipulations have been addressed to the Central Office. **For new applications**, the materials may be submitted at any point prior to three (3) months before the end of the deferral period. **For programs seeking reaccreditation**, the materials must be submitted at least three months prior to the expiration of the program's accreditation.

The CO notifies the CoA Chair who assigns two CoA members to review the materials. They determine whether the stipulations are adequately addressed and if not, the program is notified. Once all stipulations are judged to be adequately addressed by the two reviewers, the CoA votes on whether they agree with the decision of the reviewers and recommend forwarding to the Board for final review. The Board makes the final accreditation decision.

3. **DENIAL:**

After a deferral, MPCAC Board denies accreditation to a program that fails to provide evidence that they have met all the Standards, prior to the expiration of accreditation for reaccreditations and within the two-year deferral period for new applications. The MPCAC Chair notifies the program of the denial decision.

A denial decision is posted on the MPCAC website for a period of 12 months. Programs denied accreditation can re-apply after a minimum of one year has passed.

Previously accredited programs denied re-accreditation are listed on the website under "Previously Accredited" with their years of MPCAC accreditation.

No MPCAC Board member is present for deliberation on any program for which that person has a conflict of interest. All final votes are recorded in the minutes. Programs with more than one campus or modality receive separate accreditation decisions by location or modality.

C. *Notification of the Academic Unit*

Only the MPCAC Chair is authorized to release any information regarding accreditation decisions. Accreditation decisions, actions to be taken, and the site visit report are forwarded by the MPCAC Chair, in writing, to the program represented in the application.

In the event of deferral or denial of accreditation, the report includes a specific statement of reasons for that action. In the case of a denial, the program will be informed of the right to appeal and of the deadline for filing an appeal.

D. Appeals Procedure

Denial or rescinding of accreditation can be appealed to the Chair of MPCAC or, if the Chair is a member of the ARC responsible for review of the applicant program, to the Executive Director. A letter of intent to appeal must be submitted by the program and received by the Board Chair or ED no later than sixty (60) days after the MPCAC decision has been communicated to the program. All materials to be reviewed in the appeal are to be received no later than ninety (90) days following the receipt of the Board's decision. The initiation of the appeals process authorizes continuation of current accreditation status of the program until an appeal decision has been rendered.

A decision by MPCAC Board to deny or rescind accreditation may be appealed on the following grounds:

1. The MPCAC decision was not justified based on the information available at the time of the decision.
2. MPCAC did not follow its established procedures in rendering its decision.
3. The decision by MPCAC was based on inferior, false, or incomplete information.

The Chair of the MPCAC, or the Executive Director if required, appoints an Appeal Review Team (ART). The ART comprises three (3) reviewers selected from the roster of former MPCAC Board members or other impartial individuals who are knowledgeable about the MPCAC Accreditation Standards and processes. The ART reviews the Site Visit Report, the corrections of factual errors submitted by the program, and any other relevant information. The ART conducts one meeting via zoom with the program to allow for a discourse regarding concerns about the original Board decision. A representative of the site visit team attends this meeting, and may provide the ART with information regarding the original decision. If the appealing program wishes to be represented by legal counsel, it must notify MPCAC at least two (2) weeks prior to the zoom meeting. Such legal representation is allowed only in an advisory, not participatory, role. Following this meeting, the ART makes a recommendation to MPCAC within ninety (90) days after receiving the materials and that recommendation is voted upon by the Board at the next Board meeting. That vote is the final decision. The applicant is responsible for any costs associated with the appeal. In all cases the burden of proof regarding the appeal rests with the program making the appeal.

MAINTENANCE OF ACCREDITED STATUS

ANNUAL DATA REPORTING

Each year all MPCAC-accredited programs shall submit the information listed below and other information as solicited by the MPCAC Board. Each program's data shall also be posted on its website with a link to the MPCAC website (www.mpcacaccreditation.org). The aggregated data is reported on the MPCAC website.

- Number of applicants, accepted, and enrolled students
- Retention rate of first year students into year two
- Total number of students in the program
- Number of graduates
- Graduation rate: percent of students enrolled five years previous who graduated from the program
- Percent graduates from the last five years licensed or credentialed
- Percent of course credits taught by core faculty during the previous two years
- Number, ethnicity and gender identity of faculty
- Other information as required by MPCAC

NOTIFICATION OF SUBSTANTIVE CHANGES

Programs must notify MPCAC of any substantive changes to their programs, including but not limited to: required credit hours, program director, faculty (increase/decrease), explanation of consequence of change and/or modifications to address such changes. Such changes may be included in the reporting of annual data or as a separate document if the changes occur more than four months prior to the due date for the annual data report, sent to the Central Office.

Programs failing to submit and post their annual data by December 1st of each year are sent a warning letter. After February 1st of the next year, if no data have been submitted and posted, the warning will be posted on the MPCAC website and the status will be reviewed at the March Board meeting. Programs not posting the warning within 30 days will be notified that their accreditation will be withdrawn if the warning notice is not posted within the next 30 days. If data are not received and posted by May 1st, the program will put on probation which will also be posted on the MPCAC website. Programs not posting the probation within 30 days will be notified that their accreditation will be withdrawn if the probation notice is not posted within the next 30 days. If no data are submitted and posted by June 30th a notice of "accreditation withdrawn" may be sent to the program and posted on the MPCAC website at which time the notice of accreditation must be removed from the program's website.

Programs that are closing because of institutional decisions or programs that determine that they do not wish to seek re-accreditation must notify MPCAC as soon as possible, that is, as soon as the decision is made. Such programs are listed on the website under "Previously Accredited" with their years of accreditation.

ADDING ADDITIONAL MODES OF DELIVERY OR LOCATIONS

The decision to add an additional mode of delivery or location to an MPCAC-accredited program takes the following into account:

- Adding additional modes of delivery:
When a program adds a mode of delivery, e.g. online, to an existing program, that additional program is not accredited, and may not advertise itself as such, until it has completed the accreditation review process after the first class has graduated through the submission of a self-study.

Fees for this submission are an additional mode of delivery fee. MPCAC may adjust site visitor fees as appropriate.

- Adding an additional location(s):
Adding additional locations must meet Standard E.1. to be considered a single program. The additional location is not accredited, and may not advertise itself as such, until it has completed the accreditation review process after the first class has graduated through the submission of a self-study.

Fees for this submission are an additional location fee. MPCAC may adjust site visitor fees as appropriate.

UNDER-PERFORMING PROGRAMS

MPCAC considers the following as triggers for further investigation of potential underperformance:

1. A decline in the five-year graduation rate as reported in the Annual Data to less than 70%
2. A decline in the first-year retention rate as reported in the Annual Data to less than 75%

Either of these triggers an investigation which begins with a request from the Central Office for an explanation of the decline. The notice of the decline and the explanation is provided to the MPCAC Board. The Board decides whether further investigation, potential review, or other actions are appropriate. The Central Office is responsible for implementing any Board decisions regarding under-performing programs.

Programs considered under-performing may be given probationary status for a period of two years (24 months) after which accreditation may be withdrawn if improvements are not made. Such a notice of probationary status and the reason for it are posted on the website. Continued failure to address the reason for the probationary status may result in a MPCAC Board decision to withdraw accreditation. That decision is also posted on the website for a period of 12 months.

RE-ACCREDITATION AFTER EIGHT YEARS

At least 24 months prior to the expiration of its accreditation, the Central Office sends a courtesy notification to programs of their status. Programs wishing to continue their accredited status must follow the accreditation process in effect at that time. The ensuing self-study must be received at least one year (12 months) prior to the accreditation expiration date.

PUBLICATION OF ACCREDITATION STATUS AND CONFIDENTIALITY

The MPCAC Board regards the text of the self-study report and associated materials, site visit report, institutional response, and accreditation notification letter to the program representative as confidential material. The information may be disclosed by MPCAC only if it is legally required to do so, or if it is required to maintain its status as an accrediting agency.

The MPCAC Board publishes a list of programs that are accredited, under review, deferred, or previously accredited (which includes denied, voluntary withdrawal, and program closed) on its website. The period of accreditation is included for programs that have received accreditation. Programs that voluntarily withdraw their accreditation or programs that have their accreditation status placed on probation or rescinded by the Board will have such action published in the annual report and posted on the MPCAC website.

MPCAC accredited programs should include notice of their program specific accreditation status on their websites and in any materials made available to the public. The following wording is appropriate:

The _____ program is accredited by the Masters in Psychology and Counseling Accreditation Council (MPCAC) for the period _____ (DATE OF INITIAL ACCREDITATION) through _____ (DATE OF ACCREDITATION EXPIRATION).

If the program is delivered on more than one campus or through more than one modality, the accreditation status should be specifically and separately stated for each location or modality.

GRADUATES OF AN MPCAC-ACCREDITED PROGRAM

When MPCAC accredits a program, graduates who completed the program within 12 months prior to the awarding of accreditation may be considered to have graduated from an MPCAC-accredited program. The *accredited program* is responsible for being able to document that such a graduate successfully completed MPCAC-program requirements.

ACCREDITATION-RELATED FINANCES

Programs' application, site visit, and annual fees financially support MPCAC activities. Information on current fees is available on the MPCAC website. Programs seeking accreditation pay an application fee and a fee per site visitor. Any site visitor expenses directly associated with the site visit itself, for example, site visitors have a meal to meet with stakeholders, are covered by the applicant institution. All other site visitor expenses (airfare, accommodations, etc.) are reimbursed by the Central Office after the completion of the site visit. There is no financial compensation for MPCAC Board members or site visitors for their work on behalf of accreditation.

Application fees are non-refundable and are due prior to the submission of self-study and associated materials are submitted to MPCAC. Each degree program of an institution pays the full application fee. If the program is delivered on more than one campus or through more than one modality, additional fees will be applied to cover review of the multiple sites and modalities.

The CO recommends to the MPCAC Board that probationary accreditation status be imposed if a program fails to pay yearly maintenance fees within three (3) months of due date. A recommendation for suspension of accreditation is sent to the MPCAC Board if a program fails to submit payment within twelve (12) months of due date. To have accreditation reinstated due to lack of payment, the program must pay all dues in arrears and a penalty for each delinquent year.

Notice of due date for yearly dues is sent by the Central Office three (3) months prior to due date.

MPCAC FUNCTION AND STRUCTURE

FUNCTION

The governing members of MPCAC (hereafter referred to as the Board) award accreditation to applicant programs and develop overall policies and procedures as needed. The Board is responsible for monitoring the application of its Standards for accreditation and for approving any changes in its Accreditation Standards. The Board has responsibility for all financial aspects of MPCAC including collecting funds, developing a budget, and establishing fees.

STRUCTURE

The Board consists of up to 18 voting members. One of these members is a public member and at least two members are individuals with a terminal master's degree and a master's level license. Ideally, at least one Board member is a graduate of an MPCAC-accredited program. The Board also includes the Executive Director who serves as a non-voting member except in the case of a tie vote.

Membership on the Board should reflect the diversity of accredited programs and society. All members serve a maximum of four (4) three-year terms. Individuals may serve again after a lapse of a full three-year term. The Board selects members with input from the Nominating Committee. Terms begin on July 1st of each year. In the event of a mid-term vacancy, the Board Chair, with the approval of the Board, can appoint an interim person to serve until the end of the vacated term. This appointment is not counted toward the four-term maximum.

A quorum is required for all voting matters of the Board. A quorum is defined as greater than half of the voting members on the Board. To promote the deliberative process, proxy votes are not permitted. Board members are expected to be present for a minimum of three meetings a year.

The Nomination Committee oversees the annual selection of Board members. Nominations are solicited from accredited programs, then vetted and ranked by the Nomination Committee. Typically, new members are voted on at the March Board meeting.

The Board elects three officers: Chair of the Board, Secretary, and Treasurer. Each officer serves two-year terms, for a maximum of four terms. The Nominations Committee develops a slate of officers which is presented to the Board at the March meeting. Additional nominees are solicited from among the Board members. New officers are voted on at the March Board meeting.

The Board Chair has all the powers and performs all duties commonly incident to and vested in the office of a chairperson of the board of directors of a corporation. The Chair has the responsibility for the supervision of all the business of the Board. The Chair convenes the annual meeting (and other meetings, as necessary), prepares the agenda for all Board meetings in conjunction with the CoA Chair and the Executive Director and has one vote in all matters decided by vote. The Chair appoints standing or special committees, subcommittees, task forces and divisions as may be required for the work of the Board. The Chair sits on the Executive Committee and is a member of the Nomination Committee.

The Secretary of the Board performs all duties commonly incident to and vested in an office of the secretary of a corporation, including but not limited to the initial approval and distributing of true minutes of the proceedings of all meetings. The Secretary is a member of the Nomination Committee.

The Treasurer is responsible for monitoring the budget preparation, income, and expenditures. The Treasurer submits a budget to the Board for its review and approval at the annual meeting in June. The Treasurer, through the Executive Director, is responsible for attending to all financial matters. Additionally, the Treasurer ensures that the Executive Director prepares financial statements showing the financial condition (balance sheet) and results of operations (income statement) providing actual results to budgeted amounts. The Treasurer is a member of the Nomination Committee.

The Past Chair serves on the Executive Committee and the Nomination Committee during the first year following the end of the term as Chair.

The Executive Committee (EC) oversees the work of the Board and its committees, oversees, consults, and acts as a liaison for work with Central Office/Executive Director, coordinates and makes recommendations for the development of Task Forces, Committees, etc., identifies communication, financial, structural, and other issues and develops a strategy to address the issue, as needed, and, as appropriate, informs the Board or brings it to the Board for discussion and decision, and addresses complaints as detailed in the Policies and Procedures Manual. Additionally, the EC reviews the commitment of current Board members to MPCAC, using criteria developed by the Board Task Force (e.g. attendance, committee participation, service on ARCs, etc.) and oversees the review of the ED. The Chair of MPCAC serves as the Chair of the EC.

The Committee on Accreditation (CoA) is responsible for implementing an equitable, fair, and consistent accreditation process for programs seeking accreditation and re-accreditation. Its aim and operational procedures are detailed above (page 13). The Chair of the Committee on Accreditation (CoA) is elected by the CoA members and oversees the second level of the accreditation review process, post-site visit. The Chair assigns two members of the CoA to each review of the ARC site visit reports. The CoA meets monthly to determine their accreditation recommendations to the Board. Details of the CoA procedures are in the CoA Operations Manual. The CoA Chair sits on the Executive Committee and is a member of the Nomination Committee.

The Finance Committee (FC) comprises the Treasurer, two Board members, and the ED, ex officio. One of the Board members is elected to serve as the Chair of the FC and the FC monitors all financial aspects of MPCAC. The FC works, with the ED, develops operating and capital budgets, reviews and recommends modifications in the fee structure, identifies additional revenue streams, determines investment strategies, monitors the expenditures of the CO, and ensures compliance with tax requirements. These are detailed in the FC Operations Manual. The FC meets quarterly, in the month prior to the quarterly Board meetings.

The Executive Director, as the Chief Executive Officer (CEO), is responsible for the implementation of the work of the Board, including working with the Treasurer and the Finance Committee with the development and management of the budget, monitoring and tracking the work of MPCAC, and supervising all Central Office staff. The Executive Director provides an annual report with appropriate dissemination. The role of the Executive Director may include other tasks and responsibilities as necessary and appropriate. The Executive Director has responsibility for notifying and assisting accredited programs to maintain and/or renew their accreditation status; and, with the Treasurer, authorizing MPCAC expenditures. The Executive Director is nominated and appointed by the Board, reports to the Board Chair, and shall receive appropriate compensation. The Executive Director chairs the Nomination Committee.

COMPLAINT PROCESS

In the event that the MPCAC board receives a complaint, the complaint is forwarded to the Executive Director (ED). If the ED is implicated in the complaint it is forwarded to the Board Chair who then follows the procedure outlined below. The ED reviews the complaint within 14 days. If the ED determines that she/he/they is able to resolve the complaint, the ED informs the

Executive Committee (EC) and the Board of the complaint and its resolution at the next EC and Board meetings. If not resolved by the ED, the ED brings the complaint to the EC for discussion and resolution within 30 days. If resolved by the EC the complaint is brought to the Board for information only. If not resolved through EC discussion, the complaint is brought to the Board for discussion, a course of action, and a vote within 90 days.

BOARD SELF-ASSESSMENT

Based on MPCAC's values and commitment to innovation, every three years the Board reviews the strategies used to provide public accountability to ensure that the Board is protecting the public, future clients, and students. At the same time, the Board reviews procedures to eliminate unnecessary burden in reporting, either by the Board or by accredited programs.

The MPCAC Board has two strategies to assess its policies and procedures as follows:

- The Central Office sends the program director of each site-visited program a questionnaire soliciting input on the preparation and practices of the site visitors. This survey is sent out after the site visit but before the MPCAC decision is conveyed to the program. The data are aggregated and presented to the Board annually.
- The Board surveys accredited programs every three (3) years and then plans to have an in-person Board meeting or a series of town halls to review the survey results. Every other cycle, that is, every six (6) years, precedes the review of the Standards. The cycle will be: year 3 - survey programs; year 6 - survey programs; year 7 - review and potentially revise Standards.

CENTRAL OFFICE ASSESSMENT

Executive Director (ED): All Board Members complete the ED evaluation in July for the first three years the ED is in that role. After the first three years, the evaluation is conducted every two years.

The ED also completes a self-evaluation to compare with board responses. The Executive Committee (EC), minus the ED, discusses the results. The EC determines the next steps based on the results and presents the results and the proposed next steps to the ED; results are also shared with full Board. The Board has access to aggregate data and EC discussion notes. A 30-day postponement of discussion and presentation to Board can be requested by ED so that he/she/they can respond and provide more data if deemed necessary.

If issues arise with the ED, any member of the Board can request that the EC review the situation and determine whether a review should be implemented.

Central Office Staff: The ED supervises staff and conducts annual performance evaluations.

Codes for MPCAC Board

Code of Conduct

All actions or decisions on the Board, or carried out on behalf of the Board, must be handled with professionalism, integrity, and accountability. Respect must be shown in all relationships, internal as well as external to the Board, based on ethical principles contained in the ACA and APA ethical codes. Board members shall not accept benefits or gifts that may be regarded as improper or may engender a sense of obligation with any parties involved in the accreditation process. Further, the only official spokespeople for the Board shall be the Executive Director and Chair; no other member shall accept a role that would indicate that they are representing the Board, unless formally designated as a representative by the Executive Director or the Chair.

Confidentiality and Conflict of Interest

Confidentiality and the absence of Conflict of Interest are necessary to preserve the credibility of the accreditation process. Members of the Board, site visitors, consultants, appeal panel members, paid staff, and other representatives of MPCAC must avoid conflicts of interest in the discharge of their duties. Because of the significant impact of the accreditation process and the accreditation decisions on the welfare of students, faculty, and the institutions to which they are attached, it is especially important that members of MPCAC and other individuals named above be objective and display the highest degree of integrity. For this reason, all of these individuals are expected to keep confidential the entire accreditation process, including applications, all records, discussions, and decisions about accredited programs or programs seeking an accreditation with MPCAC. These individuals must also avoid both the fact and the appearance of conflict of interest and must be alert to any and all situations that might involve or give the appearance of bias. Responsibility for determining and avoiding such conflicts rests primarily with the individual.

“Conflict of Interest” is defined as a situation in which personal and/or financial considerations have or appear to have the potential to influence or compromise judgment in professional activities related to accreditation (e.g., being a current or former program faculty or student; research collaborator, co-author, spouse, parent, child, or sibling of program personnel). If there is a conflict of interest of this nature, the member will be recused from all discussions and decision-making related the matter. Further, while on the MPCAC Board members shall not hold leadership positions in professional organizations whose work might directly intersect with MPCAC’s mission. In such situations, the member is expected to resign from the Board.

Violations of Above Codes

Violation of the Code of Conduct or Conflict of Interest may result in termination from the Board, following a review and vote by the Executive Committee. When a member of the Executive Committee is implicated, their seat on the Executive Committee for this purpose will be replaced by the Treasurer. If the individual disagrees with the decision, they may appeal to the Board members who do not serve on the Executive Committee.

Affirmation of Above Codes

Upon appointment or election to the Board, service as a volunteer, or hiring as a member of the accreditation staff, such persons shall review and sign this document.

Name PRINT _____

Signature _____

Date _____

REVISION OF MPCAC STANDARDS

To ensure the public interest is being served, MPCAC will conduct a systematic, comprehensive review of its standards every seven years, at a minimum. During this interval an open meeting of representatives from accredited programs will be held to review the existing standards and propose revisions. The Executive Director will notify all MPCAC-accredited programs and other interested parties of proposed changes. To obtain input, proposed standards changes will be posted on the MPCAC website for public comment for a minimum of 30 days. Board members will review and respond to public comments before enacting standards changes. Any changes in standards must be submitted to the Board for approval. All such changes must be approved by a positive vote of at least 71% (at least eight of eleven) of the members of the Board. A reasonable timetable will be provided for accredited programs and those under review to respond and/or make program changes to meet any alteration in the Accreditation Standards.

GLOSSARY

Conflict of Interest: Any relationship which could lead to a biased evaluation of a given program (e.g. current or former program faculty or student; research collaborator, co-author, spouse, parent child, or sibling of program personnel).

Counseling and Psychological Services: Providing counseling and psychological services involves using science-based principles of psychology and counseling to establish effective and culturally responsive helping relationships. Providers of counseling and psychological services are skilled in the application of assessment and interventions to facilitate behavioral change and enhance functioning.

Culturally Responsive: Emphasis on the application of theories and scientific principles that are relevant and pertinent of specific populations and/or specific socio-cultural contexts, where the uniqueness of each individual is accounted for and each person's well-being is maximized.

Evidence-Based: "The integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (American Psychological Association, 2005).

Public Good: The public good means "in the best interest of the people" and is demonstrated by the exhibition of professional ethics and a social justice perspective.

Public Member: An individual who is not and has never been employed in the provision of counseling and psychological services, or the training of such practitioners; and who is not connected with the practice of this profession.

Science-Based: The systematic understanding and application of scientific theory, empirical research, and general scientific principles through observation and experiment (e.g., objective thinking, repeated assessment for progress monitoring, delivering intervention sequentially). It includes understanding the clinical applications of research; research methodology; techniques of data collection and analysis; biological and cognitive-affective bases of behavior; development across the lifespan; and respect for scientifically derived knowledge.

Social Justice: "The promotion of equity for all people and groups for the purpose of ending oppression and injustice affecting clients, students, counselors, families, communities, schools, workplaces, governments, and other social and institutional systems" (American Counseling Association, 2014).