I.A. Type of Program

I.A.1 Areas of Postdoctoral Accreditation.

Programs providing training in health service psychology (HSP) may be accredited in one or more areas:

a. Advanced competencies in the major areas of training in health service psychology that are recognized within the scope of accreditation (i.e., clinical, counseling, school, and other developed practice areas).

A focus area that promotes attainment of advanced competencies in a context within one or more of the major areas of training in health service psychology that are recognized within the scope of accreditation (i.e., clinical, counseling, school, and other developed practice areas).

b. Specialty practice areas in health service psychology. If accreditation is sought in a recognized specialty practice area, the specialty practice area must meet at least two of the following requirements:

   i. The specialty is recognized by the Commission on the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) of the American Psychological Association or by the American Board of Professional Psychology (ABPP).

   ii. The specialty is recognized by and holds membership on the Council of Specialties (CoS).

   iii. The specialty has provided the Commission on Accreditation with specialty-specific postdoctoral educational and training guidelines endorsed by the Council of Specialties.

Supporting Material:
Upload optional

Focused Questions:

☐ Review: IR C-1 P: Statement on Postdoctoral Residency Accreditation

☐ Specify and briefly describe the area of training in health service psychology for which the postdoctoral training program prepares its residents.
If the program is part of a multiple practice program, identify the other programs (e.g., traditional and/or specialty areas).

I.A.2 Length of Program.
Each resident must complete a minimum of 1 year of full-time training in no less than 12 months (10 months for school psychology postdoctoral training programs), or 2 years of half-time training in no more than 24 months. Specialty practice residencies may require longer training periods, as specified in their respective education and training guidelines. a. Advanced competencies in the major areas of training in health service psychology that are recognized within the scope of accreditation (i.e., clinical, counseling, school, and other developed practice areas).

Supporting Material:
Upload optional

Focused Questions:

What is the overall duration of the postdoctoral training program, i.e., how long (in terms of weeks, average number of hours per week and total number of hours) does it take to complete the residency?

If the program has "half-time" residents, describe the average weekly time commitment and overall duration of the half-time training program and how this half-time program differs from the full-time one, if applicable.

I.A.3 Direct Service Delivery.
This is an essential element of training that promotes advanced competencies in health service psychology. Programs must allocate sufficient time to various training activities in order to promote the development of advanced competencies (e.g., direct service, didactics, supervision, and research). Programs that require substantial research activities must demonstrate how these research activities are directly related to the program's aims, competencies and outcomes as described in Standard II.

Supporting Material:
Upload optional

Focused Questions:

Explain how postdoctoral training activities constitute a program, as opposed to an apprenticeship or "on the job training," in the form of supervised training, or supervised service delivery after completion of the doctorate. More specifically, the program is asked to describe how the development of
advanced competencies is attained.

- Explain how the program differs from doctoral internship training in professional psychology in general, and from other training programs in psychology or related areas offered at the sponsor institution.

**I.A.4 Learning.**
Learning must take precedence over service delivery. The program must demonstrate that residents' service delivery activities are primarily learning-oriented and that training considerations take precedence over service needs and revenue generation.

**Supporting Material:**
Upload optional

**Focused Question:**
- Describe how residents' service delivery activities are primarily learning-oriented and how training considerations take precedence over service delivery and revenue generation. Are residents required to generate revenue for the agency (i.e., "billable hours/contacts/services")? If so, how many billable hours/contacts are minimally required per resident per week?

**I.B.1 Training Setting.**
The setting must be appropriate for the program's aims and the development of residents' advanced competencies. Resources to support training must be sufficient to meet the program's aims and various expected learning outcomes. The service population must be appropriate and sufficient to meet the direct service activities that foster development of advanced competencies.

**Supporting Material:**
Upload optional

**Focused Questions:**
- Describe the sponsor institution's service delivery setting(s) in which the program's training and education activities take place and the service recipient population(s) (clients, patients) in those settings. Describe how the setting(s) provide training opportunities and resources appropriate to the program's aims.

- If the training takes place in more than one setting, describe the multiple settings, the service recipient populations, and the types of training experiences and resources offered in each setting.
I.B Institutional and Program Setting and Resources.

I.B.2 Administrative Structure.

a. The program's aims are consistent with the mission of the larger institution in which it resides. The program is represented in the institution's operating budget and plans in a manner that enables it to achieve its aims.

b. The administrative structure and processes facilitate systematic coordination, control, direction, and organization of the training activity and resources.

c. A postdoctoral training program may consist of, or be located under, a single administrative entity (e.g., institution, agency, school, or department) or may take the form of a consortium.

Supporting Material:

- Upload copy of consortial agreement, signed by ALL members, that includes:
  
a) the nature and characteristics of the participating entities;
  
b) the rationale for the consortial partnership;
  
c) each partner's commitment to the training/education program, its aims and competencies;
  
d) each partner's obligations regarding contributions and access to resources;
  
e) each partner's adherence to central control and coordination of the training program; and
  
f) each partner's commitment to uniform administration and implementation of the program's training principles, policies, and procedures addressing trainee/student admission, financial support, training recourse access, potential performance expectations, and evaluations. Label this upload Consortium Agreement.

- Fill out and upload the Consortium Partners/Sign-Off template.

Focused Questions:

- Describe the mission of the sponsoring agency. For consortia programs, describe the mission of each of the sponsoring agencies. Describe how the aims of the program are consistent with the mission of the sponsoring agency.
Describe how the postdoctoral program is administered, i.e., explain the administrative structure, methods and procedures whereby the program and its resources are planned, directed, controlled, coordinated and organized. Describe the leadership of the program and explain how program responsibilities are assigned.

Is this program a consortium? If no, write “N/A” in text box. If yes, please address the following:
  • Provide a list of all member entities of the consortium.
  • Upload a current copy of the consortium agreement, SIGNED BY ALL MEMBERS. Label this upload as CONSORTIUM AGREEMENT.

I.B.3 Administrative Responsibilities Related to Cultural and Individual Differences and Diversity.
The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The program has made systematic, coherent, and long-term efforts to attract and retain residents and faculty/staff from diverse backgrounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for the training of individuals who are diverse and the provision of training opportunities for a broad spectrum of individuals. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in postdoctoral training, either directly or by imposing significant and disproportionate burdens on the basis of the personal and demographic characteristics set forth in the definition of cultural diversity. Because of the United States' rich diverse higher education landscape, training can take place in both secular and faith-based settings. Thus this requirement does not exclude programs from having a religious affiliation or purpose and adopting and applying admission and employment policies that directly relate to this affiliation or purpose, so long as public notice of these policies has been made to applicants, residents, and faculty/staff before their application or affiliation with the program. These policies may provide a preference for persons adhering to the religious purpose or affiliation of the program, but they shall not be used to preclude the admission, hiring, or retention of individuals because of the personal and demographic characteristics set forth under the definition of cultural diversity. This provision is intended to permit religious policies as to admission, retention, and employment only to the extent that they are protected by the U.S. Constitution. This provision will be administered as if the U.S. Constitution governed its application. Notwithstanding the above, and regardless of a program's setting, the program may not constrain academic freedom or otherwise alter the requirements of these standards. Finally, compelling pedagogical interests require that each program prepare residents to navigate cultural and individual differences in research and practice, including those that may produce
value conflicts or other tensions arising from the intersection of different areas of diversity.

**Supporting Material:**
Upload optional

**Focused Questions:**

- Does this program adhere to a religious affiliation or purpose that impacts its admission and/or employment policies? If so, describe how these policies are made known to applicants, residents, faculty, and staff before their application or affiliation with the program.

**I.B.4 Funding and Budget Sources.**

a. A program must have stable and sufficient funding to conduct the training necessary to meet its aims.

b. All postdoctoral residents must be financially supported at a level consistent with comparable doctoral-level professionals training at the same site or in the region.

**Supporting Material:**
Upload optional

**Focused Questions:**

- Describe how the program receives its budget.

  (Consortium programs: Describe how the program is integral to the mission of each institution or agency and how the program receives its budget from each institution or agency.)

- Describe financial support for resident stipends, staff, and training activities. Clearly identify the stipend offered to residents in this response.

- How does this compensation package compare to that of doctoral-level professionals with similar responsibilities at the host or sponsor institution?

**I.B.5 Training Resources and Support Services.**

a. The program provides sufficient and appropriate resources to fulfill the aims of the program (e.g., office space, supplies, computers, clerical support, library, and test equipment).
b. These resources and facilities must be compliant with the Americans with Disabilities Act.

**Supporting Material:**
Upload optional

**Focused Questions:**
Provide a narrative describing each of the resources discussed in this item. Include a comprehensive listing of all support services (available through the program or institution) designed to facilitate progress through the program.

- [ ] Describe the program's clerical, technical, and electronic support and how they are sufficient to meet the program's needs.
- [ ] Describe the program's training materials and equipment.
- [ ] Describe the program's physical facilities and training settings.
- [ ] Describe how the program ensures that its resources and facilities are compliant with the ADA.

Note: Consortium programs should specify this information for each site at which residents complete training/perform services.

**I.C. Program Policies and Procedures.**

**I.C.1 Administrative.**

a. Resident Recruitment and Selection.

   i. The program has procedures for resident selection that ensure residents are appropriately prepared for the training offered.

   ii. At the initiation of training, residents will have completed doctoral and internship training in programs accredited by an accrediting body recognized by the U.S. Secretary of Education or by the Canadian Psychological Association. If the program accepts residents who attended unaccredited programs, the residency must describe how the program ensures that selected residents are otherwise qualified and appropriately prepared for advanced training in the residency program.

b. Program Policies and Procedures. The program has and adheres to, and makes available to all interested parties, formal written policies and procedures
that govern residents as they enter and complete the program. These must include policies relevant to:

i. resident recruitment and selection;

ii. any required prior doctoral program and internship preparation and experiences;

iii. administrative and financial assistance;

iv. requirements for successful resident performance (including expected competencies and minimal levels of achievement for completion);

v. resident performance evaluation, feedback, retention, and termination decisions;

vi. identification and remediation of insufficient competence and/or problematic behavior, which shall include necessary due process steps of notice, hearing and appeal;

vii. grievance procedures for residents including due process;

viii. supervision requirements;

ix. maintenance of records; and

x. documentation of non-discrimination policies and operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in post-doctoral training or the profession.

Supporting Material:

- Upload REQUIRED TABLE: Download Table 1 Program Policies and Procedures template. Use this template to provide Attachment Names/Page #'s for program policies that have been uploaded as appendices. Please label upload as - TABLE 1 Program Policies and Procedures

- Upload all public materials on the program and other program-related material (brochures, letters, program manuals, handbooks, formal institutional policy and procedure memoranda, etc.) discussing the policies requested.

Focused Questions:
Please complete Table 1 Program Policies and Procedures.

Describe how the program ensures its policies are made available to all interested parties.

I.C.2 Resident Evaluation.
Residents must receive written feedback on the extent to which they are meeting performance requirements at least semiannually (or more often as the need arises).

Supporting Material:
Upload optional

Focused Question:
☐ Describe in detail the program's procedures and timeline for providing written feedback to residents consistent with the provisions of Standard I.C.2.

I.C.3 Implementation.
All policies and procedures used by the program must be consistent with the profession's current ethics code and must adhere to the sponsor institution's regulations and local, state, and federal statutes regarding due process and fair treatment. The program must demonstrate how it incorporates and implements departmental and institutional policies at the program level, whenever such policies specifically impact the program.

Supporting Material:
Upload optional

Focused Questions:
☐ Describe how the program ensures staff/supervisor/resident relations and behaviors reflect psychology's ethical principles and professional conduct standards.

☐ Describe how the program incorporates and implements departmental and institutional policies at the program level.

I.C.4 Availability of Policies and Procedures.
At the start of residency, the program must provide residents with written or electronic copies of policies and procedures regarding program and institution requirements and expectations regarding residents' performance and continuance in the program and procedures for the termination of residents.
Focused Question:

Briefly discuss how the program communicates its policies and procedures to current residents and applicants.

I.C.5 Record Keeping.

a. The program documents and permanently maintains accurate records of the residents' supervised training experiences and evaluations for future reference, certification, licensing, and credentialing purposes.

b. Each program is responsible for maintaining records of all formal complaints and grievances against the program of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of residents' complaints as part of its periodic review of the program.

Focused Questions:

Review: IR C-7 P: Record of student complaints in CoA periodic review

Please describe the program's system for maintaining resident records including performance records and formal complaints, including whether there is a confidential location for storing this information. Full records should be available for on-site review by site visitors. Programs are reminded that records of resident evaluations must be permanently maintained.

Provide a brief list of all formal resident complaints or grievances received by, or known to, the program since the program's last accreditation site visit. Do not include resident names. Full records should be available for on-site review by site visitors.

I.D. Program Climate.

I.D.1 Cultural and Individual Differences and Diversity.

The program ensures a welcoming, supportive, and encouraging learning
environment for all interns, including interns from diverse and underrepresented communities.

a. Program climate is reflected in the recruitment, retention, and development of training supervisors and residents, as well as in didactic and experiential training that fosters an understanding of cultural and individual diversity as it relates to professional psychology.

b. The program conducts periodic self-assessment of its training climate in regards to diversity and takes steps to maintain an atmosphere that promotes the success of all residents.

Supporting Material
Upload optional

Focused Questions

☐ Explain how the program avoids any actions that would restrict program access on grounds that are irrelevant to success.

☐ Discuss how the program ensures a supportive and encouraging learning environment appropriate for the training of individuals who are diverse and the provision of training opportunities for a broad spectrum of individuals.

I.D.2 Resident/Faculty/Staff Relationship Climate.

a. The program recognizes the rights of residents and training supervisors to be treated with courtesy and respect. To maximize the quality and effectiveness of residents' learning experiences, interactions among residents, training supervisors, and program staff should be collegial and conducted in a manner that reflects psychology's ethical principles and professional conduct standards.

b. The program provides opportunities for socialization into the profession.

c. The program encourages peer interaction, and residents are provided with opportunities for appropriate peer interaction, support, and learning.

d. Residents are provided with opportunities for collegial interaction with professionals and/or trainees in other disciplines.

Supporting Material:
Focused Questions:

☐ Describe how the program recognizes the rights of residents and training supervisors to be treated with courtesy and respect and ensures resident and staff/supervisor interactions are collegial.

☐ Briefly describe how the program ensures residents' socialization into the profession appropriate to its advanced traditional or specialty practice area of training.

☐ Describe the opportunities provided to residents for collegial interaction with professionals or trainees in other disciplines.

I. (AI)
Additional Information relevant to Standard I.

Supporting Material:
Upload optional

Focused Questions:

☐ (IF CURRENTLY ACCREDITED): In the program's last decision letter and/or other correspondence since the last review, did the CoA note any Standard I issues to specifically address "in the next self-study"? If so, provide the response here.

☐ (IF CURRENTLY ACCREDITED): In the program's last decision letter and/or other correspondence since the last review, did the CoA note any other Standard I issues to address (i.e., narrative responses due by a certain date)? If so, briefly describe what information was provided to the CoA and whether the CoA determined the issue was satisfactorily addressed. You may reference correspondence in the appendices as necessary, but provide a brief summary of those issues here.

Standard II: Aims, Competencies, Training, and Outcomes

II.A Aims of the Program.
The program must describe its aims in residency training (i.e., the overall, long-term expected outcome of the residency program).

Supporting Material:
Upload optional
Focused Questions:

Briefly describe the program's aim(s) for residency training. Describe each aim in terms of the clinical population(s) served and the outcome desired. Note that the training activities must align with the aim(s) of the program.

II.B Competencies.
Postdoctoral programs ensure that residents attain advanced competencies relevant to the program's specialty or area of focus. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence base when training and assessing residents in the competency areas. All programs provide experiences to promote advanced competencies fundamental to health service psychology (Level 1). Additionally, programs ensure that residents attain advanced competencies relevant to the program’s aims or area of focus (Level 2), or that are consistent with the program's designated specialty (Level 3).

1. Level 1-Advanced Competency Areas Required of All Programs at the Postdoctoral Level

   a. Integration of Science and Practice. This includes the influence of science on practice and of practice on science.

   b. Individual and Cultural Diversity. This includes issues of cultural and individual diversity relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.

   c. Ethical and Legal. This includes professional conduct, ethics and law, and professional standards for providers of psychological services relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.

2. Level 2-Program-Specific or Area of Focus Competencies

   a. The program specifies expected learning outcomes appropriate and relevant for the area of health service psychology that is emphasized in training (i.e., residents’ expected competencies upon program completion).

   b. The program requires all residents to demonstrate competencies at an advanced level in those domains integral to achieving its aims. These may include some or all CoA profession-wide competencies or other competencies identified by the program.

3. Level 3-Specialty Competencies. To be accredited in a specialty practice area,
the program must fulfill the standards for accreditation as well as the training and education guidelines endorsed by the recognized specialty.

Supporting Material:
☐ Upload REQUIRED TABLE: Download Table 2 Competencies template. Please label upload as - TABLE 2 Competencies

Focused Questions:
☐ Identify the competency levels required of residents (i.e. Level 1 and Level 2; Level 1 and Level 3; Levels 1, 2 and 3, etc.). All programs must ensure coverage of Level 1 competencies.

☐ Demonstrate how the program ensures that it prepares residents to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

☐ If the program requires Level 2 competencies, provide a narrative outlining these competencies and discuss how these are consistent with the program's aim(s).

☐ For specialty programs (Level 3), demonstrate how the program's training and education are consistent with the training and education guidelines endorsed by the recognized specialty.

II.C Learning Experiences That Promote the Development of Advanced Competencies.

II.C.1
A formal, goal-directed training plan describing planned training experiences must be developed for each resident. An individualized training plan should include the resident's level of competence at entry in planning for how he or she will successfully attain the program's exit criteria. The educational activities listed below may occur in an interprofessional context or may make use of existing didactics occurring in the setting if they are appropriate for an advanced level of training.

Supporting Material:
Upload optional

Focused Question:
☐ Describe the process for developing an individualized training plan. Please
include a description of how the resident's level of competence at entry is assessed and a description of the training methods that can move the resident from entry-level competence to the competency aims the program has set at the completion of the residency. Site visitors will review the individual training plans for residents during the site visit.

II.C.2 Educational Activities.
(e.g. didactics, clinical conferences, grand rounds, group supervision). The program must demonstrate how structured educational activities complement experiential training and how they are linked to competencies in Levels 1-3 above.

Supporting Material:
☐ Upload a schedule of all seminar topics and presenters (if used to meet required competencies). Please label upload - Didactic Schedule.

☐ Provide descriptions of seminars/didactics used to fully or partially meet the program's aim(s). Please label upload - Didactic Descriptions.

Focused Questions:
☐ Review: IR C-11 P: Postdoctoral residency didactics, and IR C-12 P: Positive Identification of Students Consistent With Higher Education Opportunity Act

☐ Describe how structured educational activities complement experiential training and how they are linked to expected competencies.

☐ Describe the didactic and other (i.e., non-service delivery) common training experiences and the average weekly total time commitment for these that are required of full-time and/or half-time psychology postdoctoral residents in the program.

☐ Describe each of these didactic and other learning activities in terms of their content, format and average duration per week (e.g., didactic seminars, colloquia, symposia, co-therapy, discussion with staff, mentorship, role modeling or enactment, observation, consultative guidance, case conferences, rounds, journal clubs, etc).

☐ Does the program use ANY distance/online/electronically mediated education methodologies in its didactics or training seminars (whether blended with traditional education/training methods or standing alone)? If yes, please answer the following:

☐ Describe specifically when and how distance/online/electronically mediated education methodologies are used. If specific seminars/training experiences (in part or whole) are offered using distance education methods, each must be explicitly identified as such.
Describe the methods by which the program identifies the person participating in the education or training activity that uses distance education methodologies. In other words, a program must report how it ensures that a resident assigned to that activity is the same person that participates in and completes that activity.

Describe how the methods described above protect resident privacy.

Describe how residents are informed in a timely manner of any additional program fees associated with verification of resident identity.

II.C.3. Clinical Activities.
The program must provide supervised service delivery experiences in an appropriate setting that promote the development of the advanced competencies identified in Levels 1-3.

II.C.4. Individual Supervision.

a. At least two hours per week of individual supervision focused on resident professional activities must be conducted by an appropriately trained and licensed doctoral-level psychologist.

b. Supervisors must maintain an ongoing supervisory relationship with the resident and have primary professional clinical responsibility for the cases for which they provide supervision.

c. A postdoctoral resident must have an appropriately trained and licensed doctoral-level psychologist serving as primary supervisor in order to ensure continuity of the training plan.

d. The primary supervisor must maintain overall responsibility for all supervision, including oversight and integration of supervision provided by other health professionals.

Supporting Material:
Upload optional

Focused Questions:
Review: IR C-14 P: Required supervision in internship and postdoctoral training programs and IR C-15 P: Telesupervision

Describe in detail the amount, schedule (duration and frequency) and nature of residents’ weekly individual supervision by appropriately credentialed
psychologists and specify any other forms of supervision (e.g., group supervision, supervision by non-psychologists, etc). How does the program ensure residents receive four hours of structured learning activities at a minimum, with at least two of those hours being individual supervision?

Where is supervision provided and by whom? How many supervisors does each resident work with during a residency year? How many of these are psychologists? Who has professional responsibility for the services provided by residents? Please note that this information may be provided in the appendices as a table.

Discuss how supervision is consistent with residents' training activities and how methods of supervision are appropriate for advanced practice training consistent with program aim(s) and competencies.

How does the program ensure that residents have access to consultation and supervision while they are providing clinical services?

Describe the process by which the program ensures that doctoral-level licensed psychologist supervisors maintain responsibility for overall supervision.

If the residents' experiences utilize any amount of telesupervision, discuss how it is used and provide the reference for the policy addressing this supervision modality here.

II.D Evaluation.

II.D.1 Evaluation of resident competencies.

II.D.1.a
An evaluation is made of the resident's progress toward satisfactory attainment of the program's expected competencies, as reflected in the completion of the program's stated minimum levels of achievement and other program requirements.

Supporting Material:
Upload optional

Focused Questions:
For each of the program's stated aim(s) and expected competencies, outline the minimal levels of achievement that the program requires for its residents to maintain good standing and to progress satisfactorily through/complete the
program. Describe how the program ensures that these minimum achievement levels are met by each resident. You may refer to information already provided in II.C, but you must provide a summary here.

Describe how the minimum level of achievement (MLA) is sufficient to demonstrate advanced knowledge for each individual Competency area.

II.D.1.b
Data on residents' competencies must include competency-based assessments of residents as they progress through, and at completion of, the program (proximal data), as well as information regarding their attainment of competencies after they complete the program (distal data).

a. Proximal data will, at the least, include evaluations of residents by knowledgeable others (i.e., supervisors or trainers). The evaluation process and assessment forms must parallel the program's expected competencies. These evaluations include the feedback provided to residents as required in Standard I.C.1(d).

b. At each evaluation interval, the evaluation must be based in part on direct observation of the competencies evaluated.

c. Distal data reflect the program's effectiveness in achieving its aims, as reflected by resident attainment of program-defined competencies.

d. Distal data typically include information obtained from alumni surveys assessing former residents' perception of the degree to which the program achieved its aims by preparing them in the competencies identified as important by the program. The data may also include graduates' professional activities and accomplishments (e.g., licensure, employment, memberships, and affiliations).

Supporting Material

IMPORTANT INFORMATION ON PROVISION OF DATA:

All currently accredited programs must provide detailed, aggregate outcome data for residents since the time of its last site visit. Applicant programs seeking full accreditation must provide all available data (up to 10 years).

Applicant programs applying for "accredited, on contingency" do not need to provide aggregate data. Rather these programs should provide a plan and the evaluation mechanisms that will be used to collect proximal and distal outcome data.

Proximal, competency-based outcomes are measures obtained while the resident
is in the program. Resident self-evaluation data are welcomed, but are not considered competency-based and therefore are not sufficient on their own.

*Based on guidance provided during the transition, programs were offered 3 options to transition from the Guidelines and Principles (G&P) [former accreditation standards] to the Standards of Accreditation (SoA): 1) Begin and end the 2016-17 training year consistent with the SoA; 2) Begin and end the 2016-17 training year consistent with the G&P; or 3) Begin the 2016-17 training year with the G&P and move to the SoA at mid-year. PROXIMAL data presented should be consistent with the pathway the program selected.*

- Upload REQUIRED TABLE: Download SoA PROXIMAL DATA TABLE. Use this template to provide required SoA-based proximal data. Please label upload as – Proximal data table.
  
  Proximal data should be provided for all outcome measures described for Level 1, 2, and 3 competencies (as applicable). Data must clearly demonstrate that all residents have met the MLAs identified in Table 2.

- Upload G&P-based proximal data collected before implementation of the SoA.

  The CoA understands that data collected under the former accreditation standards (G&P) will be presented by the program’s former goals, objectives, and competencies. As such, there is no required template. Please be sure to identify the minimum levels of achievement (MLAs) for the G&P data provided. Data must clearly demonstrate that all residents have met these MLAs.

- Upload copies of program and supervisor evaluation forms or instruments, resident performance evaluations, examinations or tests of resident competency or knowledge, and any other methods of assessing attainment of competencies.

- Upload data. These data may be supplied in a table, in text, and/or in a flowchart.

  For programs applying for "accredited, on contingency" status: You do not need to provide outcome data. However, you should provide any evaluation forms used by the program for determining if expected competencies are being achieved.

  For programs currently accredited or applying for "full accreditation" status: The program must provide detailed PROXIMAL aggregate outcome data. Such data should be provided for residents as they progress through the program
These data may be supplied in a table, in text, and/or in a flowchart. Aggregate outcome data may be uploaded.

- Specify the attachment name (e.g. PROXIMAL DATA) for proximal aggregate data in uploaded attachments. These data should be tied to the program's expected competencies, including the content areas specified in Standard II: (not required for program's seeking contingent status)
- Specify attachment name for distal aggregate data (e.g. DISTAL DATA) in uploaded attachments. These data should be tied to the program's aim(s)/competencies, including the content areas specified in Standard II: (not required for program's seeking contingent status)

Focused Questions

☐ Review: IR C-16 P: Outcome Data for Internships and Postdoctoral Residency Programs

☐ Summarize the proximal and distal outcome data available to demonstrate whether the program achieved its aims and competencies.

☐ Describe how each resident evaluation is based in part on direct observation (see IR C-17 P: Direct Observation).
II.D.2 Quality Improvement of the Program.
The program must demonstrate continuous self-evaluation, ensuring that its aims are met, that the quality of its professional education and training are enhanced, and that it contributes to the fulfillment of its host institution's mission.

a. The program, with appropriate involvement of its training supervisors, residents, and former residents, engages in a self-study process that addresses:

   i. its expectations for the quality and quantity of the resident's preparation and performance in the program;

   ii. its effectiveness in achieving program aims for residents in terms of outcome data (while residents are in the program and after completion), taking into account the residents' views regarding the quality of the training experiences and the program;

   iii. its procedures to maintain current achievements or to make changes as necessary;

   iv. its aims and expected outcomes as they relate to local, regional, state/provincial, and national needs, as well as advances in the knowledge base of the profession and the practice area in which the program provides its training;

b. The program provides resources and/or opportunities to enhance the quality of its training and supervision staff through continued professional development.

c. The program and its host institution value and recognize the importance of resident training and of the supervisors' training and supervisory efforts, and demonstrate this in tangible ways.

d. The program demonstrates how it utilizes proximal and distal data to monitor and improve the program.

Dataviews:
☐ Tables 3-4 (Some fields are automatically filled in by ARO data)

Supporting Material:
☐ Upload REQUIRED TABLE: Download Table 3 Program Residents Post Residency Experience template. Use this template to provide post-residency experience. Please label upload as - TABLE 3 Post Residency Experience.
Upload REQUIRED TABLE: Download Table 4 Postdoctoral Residency Outcome Measures_Credentials template. Use this template to provide additional outcomes (i.e. credentials). Please label upload as - TABLE 4 Postdoctoral Residency Outcome Measures Credentials. Note: For convenience, the dataviews on this page include ARO data. Feel free to cut/paste these data into the required Table 4 upload.

Focused Questions

- Describe how the program appropriately involves training supervisors, residents, and former residents in its self-study process.

- Discuss in detail how the program satisfies Standard II.D.2. Specifically, how does the program review the appropriateness of its standards and expectations for residents as they enter the program? Likewise, how does the program review its standards and expectations regarding residents' performance while in the program? Please address both qualitative and quantitative aspects of the assessment of residents' preparation prior to and performance during the residency.

- How does the program evaluate and demonstrate the adequacy and sufficiency of its training resources, processes, procedures and methods in relation to its training aims, expected competencies and actual outcomes? How has the program used this information to modify its training processes or resources?

- Describe how the program evaluates, responds to and influences changes in the knowledge base of the science or practice of psychology. In addition, describe how the program ensures that training reflects ongoing changes in local, regional or national needs and changes to the knowledge base both in the profession and the program's tradition or specialty practice area. In other words, how does the training program stay current?

- Describe how the program and its host institution support the continuing professional development of its training and supervisory staff.

- How does the program and its host institution tangibly demonstrate value for the importance of the staff's training activities?

II. (Al)
Additional information relevant to Standard II.

Supporting Material:
Focused Questions:

☐ (IF CURRENTLY ACCREDITED): In the program’s last decision letter and/or other correspondence since the last review, did the CoA note any Section II issues to specifically address “in the next self-study”? If so, provide your response here.

☐ (IF CURRENTLY ACCREDITED): In the program’s last decision letter and/or other correspondence since the last review, did the CoA note any other Section II issues to address (i.e., narrative responses due by a certain date)? If so, briefly describe what information was provided to the CoA and whether the CoA determined the issue was satisfactorily addressed. You may reference correspondence in the appendices as necessary, but provide a brief summary of those issues here.

Standard III: Program Residents

III.A. Resident Selection Processes and Criteria.

III.A.1 Resident Selection.
As evidence that residents meet the program's entry requirements, the program ensures that its residents:

a. have completed appropriate doctoral education and training in health service psychology or appropriate respecialization, either of which must include the completion of an appropriate internship;

b. have interests and abilities that are appropriate for the postdoctoral training program's aims and expected competencies.

Dataviews:

☐ Tables 5 and 6
(All fields are automatically filled in by ARO data)

☐ Table 7 (Some fields are automatically filled in by ARO data)

Supporting Material:

☐ Upload REQUIRED TABLE: Download Table 5 Resident Statistics template. Please label upload as - TABLE 5 Resident Statistics.

☐ Upload REQUIRED TABLE: Download Table 6 Resident Demographics
template. Please label upload as - TABLE 6 Resident Demographics.

☐ Upload REQUIRED TABLE: Download Table 7 Pre Residency Education Experience template. Use this template to provide pre-residency/education information on residents. Please label upload as - TABLE 7 Pre Residency Education_Experience. Note: For convenience, the dataviews on this page include ARO data. Feel free to cut/paste these data into the required Table 7 upload.

Focused Questions:
☐ How does the program ensure that its residents have completed appropriate doctoral education and training in health service psychology or appropriate respecialization, either of which must include the completion of an appropriate internship?

☐ Explain how the program determines that residents' overall clinical and academic qualifications are appropriate for the training program's aim(s) and expected competencies.

III.A.2 Postdoctoral Psychology Residents.
The program has one or more postdoctoral psychology residents who:

a. have an understanding of the program's aims and expected competencies;

b. have meaningful involvement in those activities and decisions that serve to enhance resident training and education;

c. have a title commensurate with the title used in that setting by other professionals in training who have comparable responsibility, education, and training, consistent with the laws of the jurisdiction in which the program is located.

Supporting Material:
Upload Optional

Focused Questions:
☐ Review: IR C-8 P: Statement on number of postdoctoral residents and IR C-19 P: Accreditation status and CoA contact information

☐ How many residents does the postdoctoral psychology training program have? (For programs transitioning from traditional to specialty practice areas, please review IR C-3 P: Postdoctoral residency program transitions.) How many of these are half-time?
How does the program ensure residents’ socialization into the profession appropriate to its advanced traditional or specialty practice area of training? How does the program ensure that residents interact with peers and have access to peer consultation?

How are residents involved in their training and education activities and program decisions? How is residents’ feedback used to make changes in the program?

What is the formal title by which the postdoctoral residents are known in the program and sponsor institution?

III.A.3 Resident Diversity.
The program has made systematic and sustained efforts to attract residents from diverse backgrounds into the program.

Consistent with such efforts, it acts to provide a supportive and encouraging learning environment for all residents, including those with diverse backgrounds, and to provide learning opportunities appropriate for the training of diverse individuals.

Supplemental Material:
Upload Optional

Focused Questions:

NOTE: Describing only the program’s outcomes (whether successful or not) in this area is not sufficient. The primary focus is on the systematic, coherent, and long-term efforts the program has made in recruiting and retaining diverse residents and staff. Note that the program is required to describe these efforts (i.e., its plan) regardless of its perceived success in recruiting and/or retaining a diverse staff or resident body. These should be described as multiple efforts to recruit diversity as opposed to avoiding discriminatory practices. Refer to Standard I.B.3 of the SoA for the definition of "diversity" as used in this domain.

Review: IR C-6 P: Diversity recruitment and retention

- Describe the systematic, multiple-year plan, implemented and sustained over time, designed to attract residents from a range of diverse backgrounds. Specifically, the program must describe how it meets the following criteria:
  - The program must implement multiple specific activities, approaches, and initiatives designed to increase diversity among its residents. It may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient.
The program should document the concrete actions it is taking to enhance diversity, identifying the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve.

The program should describe how it examines the effectiveness of its efforts to attract diverse residents and document any steps taken to revise/enhance its strategies as needed.

III.B Program Activities, Resources, and Processes.
These are designed to maximize the likelihood of all residents' success in completing the program. The program must provide professional mentoring to residents in addition to supervision.

Supporting Material:
Upload Optional

Focused Questions:
☐ Describe the professional mentoring provided to residents. In particular, describe actions that are or would be taken by the program in circumstances when a resident is not moving toward completion of the program in a timely manner.

III. (AI)
Additional information relevant to Standard III.

Supporting Material:
Upload Optional

Focused Questions:
☐ (IF CURRENTLY ACCREDITED): In the program's last decision letter and/or other correspondence since the last review, did the CoA note any Section III issues to specifically address "in the next self-study"? If so, provide your response here.

☐ IF CURRENTLY ACCREDITED): In the program's last decision letter and/or other correspondence since the last review, did the CoA note any other Section III issues to address (i.e., narrative responses due by a certain date)? If so, briefly describe what information was provided to the CoA and whether the CoA determined the issue was satisfactorily addressed. You may reference correspondence in the appendices as necessary, but provide a brief summary of those issues here.
Standard IV: Program Faculty/Staff

IV.A. Program Leadership and Faculty/Staff Qualifications

1. Program Leadership

   a. The program has a designated director who is a psychologist, appropriately trained and credentialed (i.e., licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located, who is primarily responsible for directing the training program, and who has administrative authority commensurate with those responsibilities.

   b. The program director's credentials and expertise must be consistent with the program's aims.

   c. For programs that include a recognized specialty practice area, the individual providing leadership of that area must have appropriate expertise and credentials in that specialty.

2. Program Leadership Structure.
   The program must describe how faculty/staff and residents contribute to the planning and implementation of the training program.

Supporting Materials:
Upload Optional

Focused Question:

☐ Summarize the qualifications, credentials, role and responsibilities of the Director of Training and how the Director's credentials and expertise are consistent with the program's advanced substantive traditional or specialty practice area. If the program is in a specialty practice area, make sure that you specifically discuss how the Director of Training has credentials and expertise in the program's specialty practice area.

IV.B Faculty/Staff

IV.B.1 Sufficiency.
   The formally designated supervisors include at least two psychologists, who:

   a. deliver services in the practice area in which postdoctoral training occurs;

   b. function as an integral part of the program at the site where the program is housed;
c. have primary professional and clinical responsibility for the cases on which they provide supervision;

d. are appropriately trained and credentialed (i.e. licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located;

e. are of appropriate quality for the program’s aims and have appropriate qualifications for advanced training in the focus area or specialty;

f. participate actively in the program’s planning, its implementation, and its evaluation;

g. serve as professional role models for the residents.

Dataviews:
☑ Tables 8.a-c (Some fields automatically filled in by ARO data)

☑ Tables 9-10 (All fields automatically filled in by ARO data)

Supporting Material:
☐ Upload REQUIRED TABLES: Download Table 8.a-c templates (training supervisors, other agency/institution supervisor, other contributors). Use these templates to provide required supervisor information. Please label uploads as - TABLE 8a Training Supervisors, TABLE 8.b Other Agency_Institution Supervisors and TABLE 8.c Other Contributors. Note: For convenience, the dataviews on this page include ARO data. Feel free to cut/paste these data into the required Table 8 uploads.

☐ Upload REQUIRED TABLES: Download Table 9 Current Residency Supervisor Demographics and Table 10 Professional Activities templates. Please label uploads as - TABLE 9 Supervisor Demographics and TABLE 10 Professional Activities

☐ Upload the Professional Activities Template (if applicable) for the Director of Training, and on each psychologist who is a primary resident supervisor or adjunct training staff member.

Focused Questions:
☐ Review: IR C-13 P: Jurisdiction of licensure for supervisors

☐ Demonstrate how the program determines that it has sufficient faculty.

☐ Describe how formally designated supervisors meet the criteria of Standard IV.B.1. Programs in a specialty area should include specific information
regarding how supervisors have expertise, demonstrate substantial 
competence and have credentials in the program’s specialty area.

☐ Explain how the training supervisors participate in the program’s planning, 
implementation, and evaluation.

☐ Explain how supervisors provide appropriate professional role modeling and 
engage in actions that promote the residents’ acquisition of knowledge, skills 
and competencies.

IV.B.2 Recruitment and Retention of Diverse Faculty/Staff.
   a. The program makes systematic and sustained efforts to attract and retain 
faculty/staff from diverse backgrounds into the program.

   b. Consistent with such efforts, it acts to ensure a supportive and encouraging 
learning environment and the provision of continuing educational 
opportunities appropriate for a broad spectrum of professionals.

   c. The program avoids any actions that would restrict program access on 
grounds that are irrelevant to a career in health service psychology.

Supporting Material:
Upload Optional

Focused Questions:
NOTE: Each accredited program is responsible for making multiple systematic, 
coherent, and long-term efforts to attract (i.e., recruit) and retain faculty and staff 
from differing backgrounds. Describing only the program’s outcomes (whether 
successful or not) in this area is not sufficient. The primary focus is on the 
multiple, systematic, coherent, and long-term efforts the program has made in 
recruiting and retaining diverse residents and staff. Note that the program is 
required to describe these efforts (i.e., its plan) regardless of its perceived 
success in recruiting and/or retaining a diverse staff. These should be described 
as efforts to recruit diversity as opposed to avoiding discriminatory practices. 
Refer to Standard I.B.3 of the SoA for the definition of "diversity" as used in this 
domain.

☐ Refer to IR C-6 P: Diversity recruitment and retention.

☐ Describe the program’s systematic, multiple year plan to attract faculty and 
staff from a range of diverse backgrounds and discuss implementation of the 
plan, when possible (i.e., when there have been faculty openings). The program 
may participate in institutional-level initiatives aimed toward achieving diversity,
but these alone are not sufficient.

☐ Describe multiple program-specific activities, approaches, and initiatives it implements to retain diversity among its faculty/staff. A program may include institutional-level initiatives aimed toward retaining faculty/staff who are diverse, but these alone are not sufficient.

☐ Describe how the program examines the effectiveness of its efforts to recruit and retain faculty/staff who are diverse and discuss steps taken to revise/enhance its strategies. The program should document concrete actions it has taken to achieve diversity, addressing the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve.

Consortial programs should provide this information by site, if such efforts are coordinated separately.

IV.C Ancillary Faculty/Staff

1. The program may utilize ancillary faculty/staff in achieving its aims and competencies.

2. An accredited program must demonstrate that the ancillary faculty/staff are appropriate and sufficient to achieve the program’s aims and ensure appropriate competencies for the residents.

Supporting Material:
Upload Optional

Focused Question:
☐ Explain specifically how adjunct staff/supervisors augment and expand the residents' training experiences beyond those offered by the regular training supervisor staff, and how these adjunct staff members are integrated into the overall program. Detail the quality control standards used to assess competency of adjunct staff/supervisors.

IV (AI)
Additional information relevant to Standard IV.

Supporting Material:
Upload Optional
Focused Questions:

☐ (IF CURRENTLY ACCREDITED): In the program’s last decision letter and/or other correspondence since the last review, did the CoA note any Section IV issues to specifically address “in the next self-study”? If so, provide your response here.

☐ (IF CURRENTLY ACCREDITED): In the program’s last decision letter and/or other correspondence since the last review, did the CoA note any other Section IV issues to address (i.e., narrative responses due by a certain date)? If so, briefly describe what information was provided to the CoA and whether the CoA determined the issue was satisfactorily addressed. You may reference correspondence in the appendices as necessary, but provide a brief summary of those issues here.
Standard V: Communication Practices

V.A Public Disclosures.

V.A.1 General Disclosures.

a. The program demonstrates its commitment to public disclosure by providing accurate and complete written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, recruitment and selection, implementation of strategies to ensure resident cohorts that are diverse, required training experiences, use of distance education technologies for training and supervision, and expected training outcomes.

b. The program provides its status with regard to accreditation, including the specific training program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program makes available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program's accreditation status.

Supporting Material:
Upload Optional

Focused Questions:
☐ Review: IR C-19 P: Accreditation status and CoA contact information.

☐ Provide the program's web address, if it has one.

☐ How does the program inform its applicants and the public about its admission criteria, application and selection processes, its training aim(s) and expected competencies, its requirements for completion, its resources, its administrative policies and procedures, and its accreditation status?

☐ Confirm that in all applicable documents the program's accreditation status and CoA contact information is accurate and can be verified by the reviewer.

V.A.2 Communication With Prospective and Current Residents.

a. The program provides current information on training outcomes deemed relevant by the profession.

b. The program is described accurately and completely in documents available to current residents, prospective residents, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. At a minimum, descriptions of the program should include the licensure status, employment status, and advanced
certifications residents can expect to obtain. Program descriptions should be updated regularly as new cohorts begin and complete the program.

c. The program describes its aims and expected resident competencies; its selection procedures and requirements for completion; its training supervisors, residents, facilities, service recipient populations, training settings, and other resources; its administrative policies and procedures, including the average amount of time per week residents spend in direct service delivery and other educational, training and program activities; and the total time to completion.

d. The program provides reasonable notice to its current residents of changes to its aims, didactics, program resources, and administrative policies and procedures, as well as any program transitions that may impact training quality.

e. The program issues a certificate of completion to residents who successfully attain the expected competencies and complete the contracted learning period.

Supporting Material:

- Upload a blank copy of the residency completion certificate residents receive upon program completion that is consistent with the provisions of IR C-18 P

Focused Questions:

- Review: IR C-18 P: Program names, labels and other public descriptors

- Provide a copy of the program's certificate of completion that is compliant with IR C-18 P.

V.B Communication and Relationship With Accrediting Body.
The program demonstrates its commitment to the accreditation process through:

V.B.1 Adherence.
The program abides by the accrediting body's published policies and procedures as they pertain to its recognition as an accredited program. The program responds in a complete and timely manner to all requests for communication from the accrediting body, including completing all required reports and responding to questions from the accrediting body.

a. Standard Reporting. The program responds to regular recurring information requests (e.g., annual reports and narrative reports) as identified by the accrediting body's effected policies and procedures.

b. Nonstandard Reporting. The program submits timely responses to information requests from the accrediting body consistent with its effected policies and procedures.
c. **Fees.** The program remains in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.

**Supporting Material:**

- Upload all correspondence to/from CoA since the time of the last decision letter.

**Focused Questions:**

- Describe the program's status with regard to financial responsibility to the accrediting body. Applicant programs should note if the application fee has been paid. Accredited programs should note whether annual fees have been paid in a timely manner.

**V.B.2 Communication.**

The program informs the accrediting body in a timely manner of changes in its environment, plans, resources, or operations that could alter the program's quality. This includes notification of any potential substantive changes in the program, such as changes in sequence of experiential training, faculty/staff changes, or changes in administration.

**Supporting Material:**

- Upload any correspondence with CoA.

**Focused Questions:**

- Review: IR C-20 P: Notification of changes to accredited programs

  - Since the program's last site visit (if applicable) have there been any changes in the program, or the sponsor institution's, mission or resources, or in the training program's processes or practices, or other issues that have influenced the quality of the training program, the training staff, or the residents' training experiences? If so, describe them.

**V. (AI)**

Additional information relevant to Standard V.

**Supporting Material:**

Upload Optional

**Focused Questions:**

- (IF CURRENTLY ACCREDITED): In the program's last decision letter and/or other correspondence since the last review, did the CoA note any Section V issues to specifically address "in the next self-study"? If so, provide your response here.

- (IF CURRENTLY ACCREDITED): In the program's last decision letter and/or
other correspondence since the last review, did the CoA note any other Section V issues to address (i.e., narrative responses due by a certain date)? If so, briefly describe what information was provided to the CoA and whether the CoA determined the issue was satisfactorily addressed. You may reference correspondence in the appendices as necessary, but provide a brief summary of those issues here.