
VERSION 21

Accreditation Manual

Adopted by the Governing Council

College of Pastoral Supervision and Psychotherapy | PO Box 162 Times Square Station | New York, NY 10108

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The College of Pastoral Supervision and Psychotherapy, Inc. (CPSP) offers its programs in clinical pastoral education/training (CPE/T), pastoral psychotherapy, pastoral supervision, and psychotherapy supervision as a unique form of ministry and education. Respect for the trainee's person and their personal growth, professional development, and unique integration of the personal and professional functioning is central to the CPSP mission.

The Standards of the College of Pastoral Supervision and Psychotherapy (hereinafter referred to as *The Standards*) provide guidance to chapters and other CPSP structures as they do their work of accrediting programs, certifying and recertifying persons, and upholding ethical standards. They ensure consistency in practice and application to ensure the quality and effectiveness of CPSP accredited training programs and proficiency of certified members.

The Standards should be read and applied in the light of the CPSP Covenant and By-laws, which they seek to implement; where *The Standards* fail to address specific individual circumstances, the spirit of The Covenant, informed by conversations with consultants, will govern.

In case of differences of interpretation, the English text will be authoritative.

The Standards Committee is the proponent for ongoing, systematic review of *The Standards*, in collaboration with the Standing Committees (*By-laws*, 7.04(f)). The Accreditation Oversight Committee is the proponent for this manual (hereinafter, *Accreditation Manual*).

This *Accreditation Manual* (March 14, 2021) constitutes a Standard of the College of Pastoral Supervision and Psychotherapy.

The Covenant of the College of Pastoral Supervision and Psychotherapy

We, the CPSP members, see ourselves as spiritual pilgrims seeking a truly collegial professional community. Our calling and commitments are, therefore, first and last theological. We covenant to address one another and to be addressed by one another in a profound theological sense. We commit to being mutually responsible to one another for our professional work and direction.

Matters that are typically dealt with in other certifying bodies by centralized governance will be dealt with primarily in chapters. Thus, we organize ourselves in such a way that we each participate in a relatively small group called a chapter consisting of approximately a dozen colleagues. Teaching or counseling programs directed by CPSP Diplomates are the primary responsibility of the chapter.

We commit ourselves to a galaxy of shared values that are as deeply held, as they are difficult to communicate. “Recovery of soul” is a metaphor that points toward these values. We place a premium on the significance of the relationships among ourselves. We value personal authority and creativity. We believe we should make a space for one another and stand ready to midwife one another in our respective spiritual journeys. Because we believe that life is best lived by grace, we believe it essential to guard against becoming invasive, aggressive, or predatory toward each other. We believe that persons are always more important than institutions, and even the institution of CPSP itself must be carefully monitored lest it take on an idolatrous character.

We intend to travel light, to own no property, to accumulate no wealth, and to create no bureaucracy. We, as a community, are invested in offering a living experience that reflects human life and faith within a milieu of supportive and challenging fellow pilgrims.

The College of Pastoral Supervision and Psychotherapy
www.CPSP.org

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ACCREDITATION

100. Accreditation

Accreditation of training programs is the primary purpose of CPSP.

110. General

Accreditation is an essential function of the CPSP covenant community, the means by which we ensure the accountability and quality of training programs, and communicate their effectiveness to the public.

Full accreditation validates the existence of the organizational, training, material, and environmental resources required to accomplish the objectives of the training program, and the effectiveness of training.

Preaccreditation reflects the judgment that the resourcing of a training program justifies a reasonable expectation of a program's effectiveness in supporting the personal and professional development described in *The Standards*. (*Standards*, §100)

120. Policy Statement

It is the policy of the College of Pastoral Supervision and Psychotherapy (CPSP) to comply fully with US Department of Education standards for preaccreditation and accreditation.

120.1 Recognition as an accrediting agency by the US Department of Education authorizes accreditation activities, with attending privileges and benefits for both the training programs and individual trainees.

120.2 CPSP does not seek accreditation authority in other jurisdictions, but continues to support, as a function of the covenant community, efforts to validate the quality of training wherever its members reside.

120.3 The Accreditation Commission is authorized to make such adjustments to the standards and procedures herein, as needed, to support international/affiliate programs.

130. Purpose

The purpose of this standard is to assign responsibility and prescribe procedures for ensuring that preaccreditation and accreditation actions comply with US Department of Education requirements.

140. Applicability / Scope

140.1 This standard provides for orderly, transparent, and equitable administration of decisions concerning preaccreditation and accreditation, and appeals to these decisions.

140.2 Scope

140.2.1 Applies to all chapters that qualify to authorize members to undergo supervisory training, approve training relationships, authorize training programs, and oversee training programs.

140.2.2 Applies to all certified members conducting clinical pastoral education/training, psychotherapy training, or supervisory training.

140.2.3 Applies to all members of the CPSP Distance Learning Consortium.

140.2.4 Applies to the members of the Governing Council, Executive Chapter, Accreditation Commission, Accreditation Oversight Committee, appeals panels, evaluation team members, consultants, and staff, in their roles.

150. Definitions

150.1 Chapter – the gatherings of CPSP members in specific and identifiable groups whose duties are defined by the CPSP Standards. (*By-laws*)

150.2 Responsible chapter – that qualified chapter (*Standards*, §1110.2) in which a supervisor-in-training (SIT) is a member, or the chapter in which the clinical supervisor or training supervisor is a member. (*Standards*, §1120.2.2)

150.3 Director of training – the diplomate member, supervisor-in-training, or psychotherapy supervisor candidate designated and approved by the chapter to conduct training; the supervisor of record for any unit of training.

150.4 Committee – the Accreditation Oversight Committee

150.5 Commission – the Accreditation Commission

150.6 Program – a program of clinical pastoral education/training or pastoral psychotherapy training that is affiliated with clinical or service institutions such as hospitals, hospices, or other large organizations (hereinafter, “institutional programs”), or an independent, community-based program of training.

150.7 Distance-learning program – a program in clinical pastoral education/training that provides clinical learning experience in collaboration with multiple clinical sites, with a majority of both group and individual supervision conducted remotely.

150.8 Secretary – Secretary of the US Department of Education

150.9 The Department – the US Department of Education

200. The Responsible Chapter

Matters that are typically dealt with in other certifying bodies by centralized governance will be dealt with primarily in chapters. Thus, we organize ourselves in such a way that we each participate in a relatively small group called a chapter consisting of approximately a dozen colleagues. Teaching or counseling programs directed by CPSP Diplomates are the primary responsibility of the chapter. (*The Covenant of the College of Pastoral Supervision and Psychotherapy*)

Pursuant to the Covenant, the establishment and oversight of training programs conducted by chapter members (both diplomates and supervisors-in-training) is the primary responsibility of a qualified chapter (hereinafter, the responsible chapter). This includes authorizing the establishment of a training program, oversight of the self-study, participation in the program review, and ongoing supervision. (*Standards, §1120.2.3*)

210. Authorization of Training Programs

A qualified chapter (*Standards, §1130*) may authorize an institutional or community-based program, as follows:

210.1 Designation of a clinical supervisor, either:

210.1.1 A certified CPSP diplomate approved to conduct training, or

210.1.2 A supervisor-in-training (SIT) or psychotherapy supervisory trainee in good standing with an approved training supervisor or training supervisor candidate.

210.1.2.1 The supervisory relationship between training supervisor and candidate for supervisory training shall be approved by the chapter of which the training supervisor is a member. (*Standards, §1120.2.2*)

210.1.2.2 The supervisor-in-training shall have completed entry into supervisory training (*Standards, §410*) prior to seeking approval for a training program.

210.2 Determination whether the necessary conditions for an effective training program exist, namely:

210.2.1 Financial, human, and physical resources sufficient to support the program.

210.2.2 A sufficient number and variety of persons in need of pastoral care and counseling so as to ensure opportunities for ministry and learning.

210.3 Completion of a site visit by selected members of the chapter.

210.4 Review and approval of the following documents:

210.4.1 Formal written agreements specifying the relationship and operational agreements between the CPSP program and any and all agencies that utilize the services of the program.

210.4.2 An agreement for training (between trainees and the training program) that details authorization to meet with patients, parishioners, or clients; access to appropriate clinical records; informed consent with regard to teaching materials; and agreement by the trainees to abide by center policies that protect confidentiality and the rights of clients, patients, and parishioners.

210.4.3 Written policies (§730.4.1, 730.4.7)

210.4.4 Proof of professional liability insurance

210.4.5 [For community-based programs] Proof of incorporation

210.5 Upon the chapter’s action to authorize a training program, the convener shall notify the Accreditation Oversight Committee.

220. Preaccreditation

Preaccreditation process is initiated only after receipt of the chapter authorization of the training program.

230. Preaccredited Programs – Oversight

Chapter oversight of preaccredited programs shall include:

230.1 Review of reports from the clinical supervisor, annually at a minimum. (APPENDIX A)

230.2 Review of the contingency plan for interruption of training units in progress, not less than annually. (§730.4.9)

230.3 Monitoring implementation of the program’s complaint and grievance procedure.

230.4 Consultation on development of the self-study portfolio.

230.5 Consultation on development of the professional advisory committee.

230.6 Consultation on supervisor-in-training’s progress towards certification (after two years), if applicable.

240. Initial Accreditation / Reaccreditation

Accreditation/reaccreditation decisions are based on expert review of the program’s self-study portfolio, which documents the program’s fulfillment of the Program Standards for Clinical Pastoral Education/Training (*Standards*, §210), offers an assessment of

the quality of training, and demonstrates the program's continuing efforts to improve quality outcomes.

The responsible chapter collaborates with the newly hired or newly certified diplomate to ensure initiation of the self-study portfolio and its development.

Upon completion of an institutional or community-based program's first unit of training supervised by a CPSP diplomate (or immediately upon the certification of a supervisor-in-training as diplomate), the self-study process must begin; within six months, the self-study shall be reported by the chapter convener to the Accreditation Oversight Committee.

240.1 For institutional and community-based programs, major elements of the self-study portfolio (§210.4 and 220) are required for preaccreditation; full requirements appear at APPENDIX B, the document template at APPENDIX C, and instructions for submission at APPENDIX D.

240.1.1 The training supervisor/candidate shall address accreditation requirements in the course of mentoring a supervisor-in-training. (*Standards*, §430.5)

240.2 One year, maximum, is allowed for completion of initial accreditation; total time in preaccredited status may not exceed five (5) years.

240.3 Preparations for reaccreditation shall be timely, so as to allow completion of all review actions within the current accreditation period.

240.4 The chapter shall review the completed self-study; upon chapter approval, the convener shall forward the self-study to the Accreditation Oversight Committee accompanied by the letter of intent, requesting accreditation. (APPENDIX F)

250. Accredited Programs – Oversight

Chapter oversight of accredited programs shall include:

250.1 Review of reports from the clinical supervisor, not less than annually. (APPENDIX A)

250.2 Review of the contingency plan for interruption of training units in progress, not less than annually. (§730.4.9)

250.3 Monitoring implementation of the program's complaint and grievance procedure.

250.4 Consultation on the role and functioning of the professional advisory committee.

250.4 Consultation on program quality indicators and program improvement. (APPENDIX E)

250.5 Consultation on planning for reaccreditation.

250.6 Consultation on succession planning.

- 250.7** Immediate notification, to the Accreditation Commission, of any change in clinical supervisor or director of training, or any other cause for concern.

300. Clinical Supervisor / Training Supervisor

Diplomates in Pastoral Supervision have integrated the disciplines of theology and the social/behavioral sciences, both personally and in clinical practice, and are specialists in supervising programs of Clinical Pastoral Education/Training. (*Standards*, §400)

Clinical supervisor/training supervisor responsibilities for preaccreditation include:

- 300.1** The clinical supervisor (or training supervisor, if applicable) shall submit the Training Centers Data Form.
- 300.2** The clinical supervisor shall request an invoice and submit payment for annual fees.
- 300.3** The clinical supervisor (or training supervisor, if applicable) shall report completion of §300.1–300.2 to the Accreditation Oversight Committee.

310. Supervisor-in-Training

A supervisor-in-training functions as clinical supervisor in a program of clinical pastoral education/training under the general direction of a training supervisor or training supervisor candidate. (§210)

As clinical supervisor, the supervisor-in-training engages with preaccreditation by:

- 310.1** Preparing the preliminary study on which the chapter bases its decision to authorize the training program.
- 310.2** Coordinating the site visit by chapter members.
- 310.3** Drafting written policies to govern the training program.
- 310.4** Drafting the trainee agreement.
- 310.5** Drafting the formal written agreements with training sites.
- 310.6** [If applying to supervise in a non-institutional, community-based program] Ensuring that the program is incorporated according to law.
- 310.7** Ensuring that professional liability coverage, either paid by the institution or by the individual, is active.

320. Training Supervisor / Candidate

A training supervisor/candidate provides modeling, oversight, and consultation to a supervisor-in-training in the administration of a training program – to include accreditation – as well as in the clinical aspects of supervision. (*Standards*, §430.5)

- 320.1** After approval of the supervisory relationship and prior to chapter authorization of the training program, this role includes oversight and consultation to the supervisor-in-training in the preaccreditation process.

320.2 Following chapter authorization of the program,

320.2.1 The training supervisor/candidate (if the program is to be supervised by a supervisor-in-training) shall register the program on the SIT Registry.

320.2.2 The training supervisor/candidate provides oversight and consultation on program administration, institutional relationships, and the development of the professional advisory committee.

320.3 Ensures completion of trainee unit evaluations and submits Trainee Unit Verification Forms, as required.

320.4 Following the supervisor-in-training's certification as diplomate, this role includes transitioning to the chapter's primary role in development of the self-study.

330. Diplomate in Pastoral Supervision

A Diplomate in Pastoral Supervision, whether newly certified or newly hired, immediately becomes responsible for the accreditation status of their training program.

330.1 [For programs currently accredited] This requires engagement with the responsible chapter, Accreditation Oversight mentor (if assigned), and the General Secretary.

330.1.1 Review the most recent self-study, and observations from the committee; note the end date of current accreditation.

330.2 [For new hires, supervising a preaccredited program] Engage with the chapter and Accreditation Oversight mentor to ensure completion of the accreditation process prior to one year after the completion of the first unit of training.

330.3 [For newly certified diplomate, continuing in the program they had supervised] Continue to engage with the chapter, and assigned Accreditation Oversight mentor, to ensure completion of the accreditation process by the earlier of the following dates:

330.3.1 One year following their certification as diplomate, or

330.3.2 The program's fifth anniversary in preaccredited status.

330.4 [For non-institutional/distance-learning programs] The diplomate prepares the self-study, in full (excepting only the requirement to demonstrate program quality, using metrics of trainee achievement), and submits it to the Accreditation Oversight Committee for review.

400. Accreditation Oversight Committee

The Accreditation Oversight Committee is established in the *By-laws* (§7.04(a)). These duties are consistent with the common understanding of the committee role, to study and recommend action or to carry out decisions already made. They include and are not limited to the following:

- 400.1 Compile data related to current CPSP accredited training programs,
- 400.2 Create and recommend to the Governing Council standards and procedures for training programs,
- 400.3 Offer consultation and guidance to training programs for its work, and
- 400.4 Validate the functional quality of training programs and Chapter oversight,
- 400.5 Recommend corrective action when training programs fail to meet Standards.

410. Authorization of Training Programs

The Accreditation Oversight Committee may provide consultation to chapters considering the authorization of a training program. The Committee receives notice from the convener of the responsible chapter (§210.5) when a training program has received its authorization.

420. Preaccreditation

420.1 Upon receiving notice of chapter authorization of a training program, the Accreditation Oversight Committee shall cause to be published online at <http://www.CPSP.org> an announcement to that effect, inviting public comment. The period allowed for public comment (following posting) shall not be less than 30 calendar days.

420.1.1 Following the 30-day period allowed for public comment on the request for preaccreditation, if there be no impediment, the Committee may approve preaccreditation (provided all required actions (§720.1) are complete.

420.1.2 The Committee shall weigh and consider all comments received during the public comment period.

420.1.2.1 Any comments that are properly addressed by ethics complaints procedures will be referred for investigation, as appropriate. (*Ethics*, §300)

420.1.2.2 Any comments that relate to CPSP standards or procedures will be referred according to the complaints policy. (APPENDIX K)

420.1.2.3 Any comments relating to incorrect or misleading information released by an accredited program concerning its accreditation status, contents of reports of on-site reviews, or accrediting actions with respect to the program, shall be referred to the Administrator, with correct information, for public correction on <http://www.CPSP.org>.

420.2 The Accreditation Oversight Committee notes and records, for monitoring of total time in a preaccredited status, the authorization of a training program by a qualified chapter.

420.2.1 Preaccreditation begins, for monitoring purposes, with the commencement of the first unit of training under the direction of a supervisor-in-training.

420.2.2 Preaccreditation ends for monitoring purposes, with the conclusion of the first unit of training under the direction of a CPSP diplomate.

420.3 Upon approving preaccreditation, the Accreditation Oversight Committee shall commence oversight and list the training program in the Training Centers Directory.

430. Preaccredited Programs – Oversight

Preaccredited programs exhibit the CPSP community’s commitment to clarity and transparency. Such programs operate under multiple layers of oversight that include mentoring for both the supervisor and responsible chapter by members of the Accreditation Oversight Committee.

The Accreditation Oversight Committee’s oversight shall include:

430.1 Review of the chapter’s oversight, as documented in the chapter’s annual report. (*Standards*, §1130.1)

430.2 Review of the chapter’s consultation to supervisors-in-training. (§230.1.5)

430.3 Monitoring current status of Training Centers Data Form, annual fees, and SIT Registry data (if applicable).

430.4 Monitoring the number of trainees, and comparing growth, year over year.

430.5 Monitoring total time in preaccredited status (not to exceed five years, in all). The start date of the first unit of training shall be reported in the program’s annual report to the Committee. (APPENDIX A)

430.6 Receipt of and response to complaints. (APPENDIX K)

440. Initial Accreditation

Upon receiving notice of a program's intent to seek accreditation (§210.5), the following steps are initiated:

440.1 The Accreditation Oversight Committee shall cause to be published on line at <http://www.CPSP.org> an announcement to that effect, inviting public comment. The period allowed for public comment (following posting) shall not be less than 60 calendar days.

440.1.1 The Committee shall weigh and consider all comments received in its evaluation of the self-study portfolio and request for accreditation.

440.1.2 Any comments that are properly addressed by ethics complaints procedures will be referred for investigation, as appropriate. (*Ethics*, §300)

440.1.3 Any comments that relate to CPSP standards or procedures will be referred according to the complaints policy. (APPENDIX K)

440.1.4 Any comments relating to incorrect or misleading information released by an accredited program concerning its accreditation status, contents of reports of on-site reviews, or accrediting actions with respect to the program, shall be referred to the CPSP Administrator, with correct information, for public correction on <http://www.CPSP.org>.

440.2 The Accreditation Oversight Committee receives notice (through the diplomate supervisor's chapter) that preparations for an accreditation program review (§240) have commenced.

440.3 The Accreditation Oversight Committee assigns a member as mentor to the diplomate and the chapter, to consult on the development and presentation of the self-study portfolio.

440.4 The Accreditation Oversight Committee receives the self-study portfolio, and the letter of intent (attesting to the chapter's review and approval). (APPENDIX F)

440.5 The Chair, Accreditation Oversight Committee, assigns a subcommittee to review the self-study portfolio, having first ensured that the members confirm that they have no conflict of interest in the program presenting for their review. (Conflict of Interest Policy, APPENDIX G)

440.6 The subcommittee reviews the portfolio, for satisfactory evidence that the program meets the Program Standards for Clinical Pastoral Education/Training (*Standards*, §210), assesses the quality of training, and demonstrates continuing efforts to improve quality outcomes. (APPENDIX E) The subcommittee shall report its findings to the whole committee within thirty (30) days of receipt of the portfolio.

440.6.1 The subcommittee may recommend approval of the self-study, and endorsement to the Accreditation Commission for its review/approval, or return it for further work.

440.6.2 In the event the self-study reveals a pattern of non-compliance, see §820.

450. Initial Accreditation – Distance-Learning Programs

450.1 For non-institutional distance-learning programs, the self-study, in full (excepting only the requirement to demonstrate program quality, using metrics of trainee achievement) shall be completed PRIOR to offering any training. The self-study shall be submitted to the Accreditation Oversight Committee for review.

450.1.1 The Committee shall assess, in addition to common standards for accreditation, the program design in the light of provisions for training and learning within a relational community, the plans for combining face-to-face meetings with creative use of technology for conferencing and supervision, and provisions for ensuring quality clinical placements.

450.2 The Committee may forward the self-study to the Accreditation Commission, with its recommendation, or may return it to the diplomate for further work.

460. Accredited Programs – Oversight

The Accreditation Oversight Committee’s oversight shall include but is not limited to the following:

460.1 Review of the chapter’s oversight, as documented in the chapter’s annual report. (*Standards*, §1130)

460.2 Review of the chapter’s consultation to supervisors-in-training (if any). (§230.1.5)

460.3 Monitoring current status of Training Centers Data Form, annual fees, and SIT Registry data (if applicable).

460.4 Monitoring the number of trainees, and comparing growth, year over year.

460.5 Receipt of and response to complaints. (APPENDIX K)

470. Reaccreditation

Upon receiving notice of a program’s intent to seek reaccreditation (§210.5), the following steps are taken:

470.1 The Accreditation Oversight Committee shall cause to be published on line at <http://www.CPSP.org> an announcement to that effect, inviting public comment. The period allowed for public comment (following posting) shall not be less than 60 calendar days.

470.1.1 The Committee shall weigh and consider all comments received in its evaluation of the self-study portfolio and request for accreditation.

470.1.2 Any comments that are properly addressed by ethics complaints procedures will be referred for investigation, as appropriate. (*Ethics*, §300)

470.1.3 Any comments that relate to CPSP standards or procedures will be referred according to the complaints policy. (APPENDIX K)

470.1.4 Any comments relating to incorrect or misleading information released by an accredited program concerning its accreditation status, contents of reports of on-site reviews, or accrediting actions with respect to the program, shall be referred to the Administrator, with correct information, for public correction on <http://www.CPSP.org>.

470.2 The Accreditation Oversight Committee assigns a member as mentor to the diplomate and the chapter, to consult on the development and presentation of the self-study portfolio.

470.3 The Accreditation Oversight Committee receives the self-study portfolio, and the letter of intent (attesting to the chapter's review and approval). (APPENDIX F)

470.4 The Chair, Accreditation Oversight Committee, assigns a subcommittee to review the self-study portfolio, having first ensured that the members confirm that they have no conflict of interest in the program presenting for their review. (Conflict of Interest Policy, APPENDIX G)

470.5 The subcommittee reviews the portfolio, for satisfactory evidence that the program meets the Program Standards for Clinical Pastoral Education/Training (*Standards*, §210), assesses the quality of training, and demonstrates continuing efforts to improve quality outcomes. (APPENDIX E) The subcommittee shall report its findings to the whole committee within thirty (30) days.

470.5.1 The subcommittee may recommend approval of the self-study, and endorsement to the Accreditation Commission for its review, or return it for further work.

470.5.2 In the event the self-study reveals a pattern of non-compliance, see §820.

500. The Accreditation Commission

The Governing Council may appoint other officers and agents as it may deem advisable who shall hold their offices for such terms and shall exercise such power and perform such duties as shall be determined by the Governing Council. (*By-laws*, §6.07)

The Executive Chapter shall be empowered to act in behalf of the Governing Council in matters of importance that must or prudently should be determined in periods between full meetings of the Governing Council. (*By-laws*, §4.06)

Accordingly, the Executive Chapter authorizes and empowers an Accreditation Commission to perform the duties described below, concerning accreditation.

510. Accreditation / Reaccreditation

510.1 Following Accreditation Oversight Committee review, the approved self-study shall be forwarded to the Accreditation Commission.

510.2 The Accreditation Commission shall review the self-study in order to:

510.2.1 Validate the observations and findings of the Accreditation Oversight Committee.

510.2.2 Provide for more thorough assessment (according to its capacity) of program strengths and weaknesses.

510.2.3 Appropriate developments in psychotherapy and pastoral training into CPSP practice.

510.3 Upon completing its review, the Accreditation Commission may award accreditation to the training program thus reviewed, for a term of up to seven (7) years.

520. Distance-Learning Programs

520.1 Following Accreditation Oversight Committee review, the self-study for proposed distance-learning programs shall be forwarded to the Accreditation Commission for its review.

520.1.1 The Accreditation Commission shall review the self-study to establish that the proposed training program satisfies CPSP standards, may disapprove the self-study, or may return it for further work.

520.1.2 The Accreditation Commission may approve the diplomate's membership in the CPSP Distance Learning Consortium and accredit the program.

530. Appeals

530.1 If any party to a decision relating to accreditation appeals the actions of the Accreditation Commission, he or she may, within thirty (30) days of receipt of the panel's report, notify the General Secretary, President, or Administrator, who shall refer the matter to the Governing Council to consider the appeal.

530.2 The decision of the Governing Council is final.

540. Accreditation Commission Role in Addressing Noncompliance

In the event that assessment of self-study portfolios, recurring reports, complaints, or information received from chapters (in their oversight role, §250.7) reveals noncompliance with standards for accreditation or preaccreditation, supervisory competence, or professional ethics, the Accreditation Commission may receive either:

540.1 A referral from the Accreditation Oversight Committee, requesting immediate action on a matter, with its recommendation for adverse action against the program concerned, or

540.2 Information concerning its having directed corrective action, specifying a time period for the program to bring itself into compliance.

540.3 The Accreditation Commission may, for good cause, extend the period for achieving compliance, the reason to be noted in the record.

550. Due Process

The Accreditation Commission provides for due process in addressing noncompliance with accreditation or preaccreditation standards.

550.1 After its review of a referral from the Accreditation Oversight Committee, the Accreditation Commission shall provide written notice to the program concerning any adverse accrediting action or an action to place the program on probation or show cause, describing the basis for the action.

550.2 The Accreditation Commission shall advise the program of the right to appeal any adverse action concerning the program prior to the action becoming final, upon written request.

550.3 Upon receiving a request to appeal a decision concerning noncompliance with accreditation or preaccreditation standards, the General Secretary shall refer the matter to a senior diplomate not then serving in a leadership role to administer. (§840)

560. Review of Mandatory Notifications

The Accreditation Commission shall review the circumstances surrounding any contacts with the US Department of Education in accordance with §660.5, on a case by case basis, to determine whether the communication should remain confidential, or the program receive notification.

ADMINISTRATION

600. Administration

610. General

Maintenance of complete and accurate records concerning accreditation actions is essential for public trust.

620. Policy Statement

The College of Pastoral Supervision and Psychotherapy (CPSP) complies fully with US Department of Education standards for records management concerning accreditation and preaccreditation.

630. Purpose

To assign responsibility and prescribe procedures for ensuring that records management, reporting, and reporting of program status (relating to accreditation and preaccreditation actions) complies with US Department of Education requirements.

640. Applicability / Scope

640.1 “The Administrator, who shall be a paid employee of the College and not be an Officer, shall keep and maintain official CPSP documents...which shall be kept at CPSP’s principal office.” (*By-laws*, §6.05f)

640.2 The Chairs of both the Accreditation Oversight Committee and the Accreditation Commission may maintain and make available to the members of their respective bodies such working documents as may be required in the execution of their roles.

640.3 The Chairs and members of the Accreditation Oversight Committee and the Accreditation Commission shall ensure strict confidentiality of information they receive in the course of their duties.

650. Records Requirements

The following records shall be maintained as official CPSP documents:

650.1 [For preaccredited programs]

650.1.1 A copy of all documents related to chapter authorization of the training program, and approval of the clinical supervisor.

650.1.2 A copy of the preaccreditation review.

650.2 [For accredited programs]

650.2.1 A copy of the program’s most recent self-study.

650.2.2 A copy of the last full accreditation review, to include:

650.2.2.1 On-site evaluation team reports,

650.2.2.2 The program's responses to on-site reports,

650.2.2.3 Periodic review reports, and

650.2.2.4 Any reports of special reviews conducted between regular reviews.

650.3 Records of all decisions regarding the accreditation and preaccreditation of any program (both active and inactive) and substantive changes, including all correspondence that is significantly related to those decisions.

650.4 Records concerning compliance with program responsibilities under Title IV of the Higher Education Act (HEA), based on the most recent student loan default rate data provided by the Secretary [of Education], the results of financial or compliance audits, program reviews, and any other information that the Secretary may provide.

650.5 All records concerning trainee complaints received by, or available to, CPSP.

660. Reporting Requirements

660.1 The Administrator shall report the decision to award initial accreditation or preaccreditation to a program, or renew accreditation, no later than 30 days following action by the Governing Council or the Accreditation Commission (or Accreditation Oversight Committee, as appropriate) to:

660.1.1 The Secretary (this notice to be in writing), and

660.1.2 The public (via publication on www.CPSP.org).

660.2 The Administrator shall report, in writing, a final decision to place a program on probation or equivalent status, to deny, withdraw, suspend, revoke, or terminate its accreditation or preaccreditation status, or take any other adverse action not listed, to

660.2.1 The program, within 30 calendar days. (The program shall be provided the opportunity to provide official comment.)

660.2.2 The Secretary, at the same time that the program is notified (but no later than 30 days following the decision).

660.2.3 The public, within 24 hours of the program being notified (via publication on www.CPSP.org).

660.3 The Administrator shall provide, no later than 60 days following a decision to deny, withdraw, suspend, revoke, or terminate the accreditation or preaccreditation status of a program, a brief statement summarizing the reasons for the decision and the official comments that the affected program may wish to make with regard to that decision, or evidence that the affected program has been offered the opportunity to provide official comment, to:

660.3.1 The Secretary, and

660.3.2 The public (via publication on www.CPSP.org).

660.4 The Administrator shall, within 30 days of notification that an accredited or preaccredited program elects to withdraw voluntarily from its accredited or preaccredited status, or allows its accreditation or preaccreditation to lapse (without having given notice), and within 30 days of the affected date of the lapse, notify the Secretary in writing.

660.4.1 Upon request, the Administrator shall notify the public (via publication on www.CPSP.org).

660.5 The Administrator shall provide to the US Department of Education:

660.5.1 A copy of any annual report prepared by CPSP;

660.5.2 A copy, updated annually, of the directory of accredited and pre-accredited programs;

660.5.3 A summary of major accrediting activities during the previous year (annual data summary), if requested by the Secretary;

660.5.4 Any proposed change in policies, procedures, or accreditation or preaccreditation standards that might alter

650.5.4.1 CPSP's scope of recognition as an accrediting agency, or

650.5.4.2 Compliance with criteria for recognition

660.5.5 The name of any accredited program he/she has reason to believe is failing to meet its Title IV, HEA responsibilities or is engaged in fraud or abuse, along with the reasons for concern about the program.

660.5.6 Information that may bear upon an accredited or preaccredited program's compliance with Title IV, HEA program responsibilities, including the program's eligibility to participate in Title IV, HEA programs (by request).

670. Publication Requirements

670.1 The Administrator shall ensure that the names, academic and professional qualifications, and relevant employment and organizational affiliations of members of the Governing Council, standing committees, and principal administrative staff are published on line at <http://www.CPSP.org>.

670.2 The Administrator shall ensure that public notice is provided on line at <http://www.CPSP.org> concerning pending accreditation and preaccreditation actions, and that provide opportunities for third-party comment on programs' qualifications for accreditation or preaccreditation.

670.3 The Administrator shall ensure that directory data on accredited and pre-accredited programs reflects the year that accreditation or preaccreditation of each program will be reviewed.

670.4 The Administrator shall ensure publication of correct information when advised that incorrect or misleading information concerning either a preaccredited or an accredited program has been released, not limited to information reported by the Accreditation Oversight Committee (§770.1.3.3, §770.2.2.3).

680. References

680.1 CFR 34 §602.15 Administrative and fiscal responsibilities

680.2 CFR 34 §602.26 Notification of accrediting decisions

680.3 CFR 34 §602.27 Other information an agency must provide the US Department of Education

REQUIRED STANDARDS AND THEIR APPLICATION

700. Accreditation/Preaccreditation Standards

710. General

The College of Pastoral Supervision and Psychotherapy (CPSP) organizes and functions – according to *The Covenant*, *The Standards*, and *The Code of Professional Ethics* – in order to implement policies and procedures related to preaccreditation and accreditation with transparency and fairness.

720. Requirements for Preaccreditation

720.1 Authorization by a qualified chapter (*Standards*, §1120.2.3), including the designation of a clinical supervisor, either:

720.1.1 A certified CPSP diplomate approved to conduct training, or

720.1.2 A supervisor-in-training (SIT) or psychotherapy supervisory trainee in good standing with a training supervisor or training supervisor candidate.

720.2 Registration of the program on the SIT Registry by the training supervisor or training supervisor candidate, if training be conducted by a supervisor-in-training.

720.3 Submission of the Training Centers Data Form.

720.4 Payment of annual fees.

720.5 Accreditation Oversight Committee review of input received during 30-day period allowed for public comment.

730. Requirements for Accreditation

Programs directed by a certified CPSP diplomate may seek accreditation according to the procedures and timeline published by the Accreditation Oversight Committee. (See APPENDIX F.) Requirements for accreditation are as follows:

730.1 The accredited program shall provide the following essential program components:

730.1.1 Financial, human, and physical resources sufficient to support the programs.

730.1.2 A sufficient number and variety of persons in need of pastoral care and counseling so as to insure opportunities for ministry and learning.

730.1.3 An advisory committee appointed by the CPSP diplomate charged with the responsibility of consulting with, evaluating, and supporting the program.

730.2 The accredited program shall provide comprehensive educational resources including:

730.2.1 A faculty of sufficient size to fulfill program goals.

730.2.1.1 The faculty shall include one or more CPSP diplomates with close involvement in the administration and supervision of the programs.

730.2.1.2 Adjunct faculty of related disciplines may be designated for teaching and consulting.

730.2.2 A training curriculum congruent with the growth and education needs of the trainees, the CPSP Standards, and the CPSP Covenant.

730.2.2.1 Access to media resources and training facilities (including physical meeting space and/or teleconferencing technology) adequate for CPSP Standards.

730.3 Accredited programs shall document relationships with both supported and supporting organizations in writing. These documents shall include the following:

730.3.1 Formal written agreements that specify the relationship and operational agreements between the CPSP program and any other agencies that utilize the services of the program.

730.4 Accredited programs shall provide notice of all policies and procedures applicable to trainees and their training to both trainees and faculty. Policies and procedures shall be available to the public. All trainees and program staff shall be fully informed of their content. These documents shall include, but not be limited to, the following:

730.4.1 An admission policy that does not discriminate against persons because of race, ethnicity, national origin, class, age, physical disability, faith group background or affiliation, or sexual or gender identity, orientation or preference.

730.4.2 A financial policy that states fees, payment schedules, refunds, stipends, and benefits. [Distance learning programs may impose fees to verify trainees' identity.]

730.4.3 A complaint and grievance procedure that incorporates the oversight of the advisory council and/or the diplomate's chapter.

730.4.4 A policy providing for maintenance of trainee records. Trainee records are to be maintained by the training site for three (3) years in either electronic or hard-copy format. In the fourth year, only the application will be maintained to show proof of the trainee participation, including a record of completed units. All other materials are to be physi-

cally shredded or otherwise permanently destroyed. As a minimum, records to be maintained would include the following:

730.4.4.1 Application face sheet and application materials.

730.4.4.2 Final evaluations from trainees and supervisor, or SIT.

730.4.4.3 Copies of any disciplinary actions and complaints or grievances filed by trainees.

730.4.5 A procedure for the discipline, dismissal, and withdrawal of trainees.

730.4.6 A policy of ethical conduct of trainees and program staff consistent with the CPSP Code of Ethics.

730.4.7 A policy that provides for trainee rights and responsibilities—one that adequately informs trainees regarding the requirements, procedures, and expectations associated with their professional role and function as a CPE/T trainee. This should, at a minimum, include trainees' rights to confidentiality, to be treated with respect and protected, to receive quality clinical and educational experiences, and access to trainee support services.

730.4.8 An agreement for training at the ministry site that includes but is not limited to authorization to meet with patients, parishioners, or clients; access to appropriate clinical records; informed consent with regard to teaching materials; and agreement by the trainees to abide by center policies that protect confidentiality and the rights of clients, patients, and parishioners.

730.4.9 A contingency plan for interruption of training units in progress. This plan should be in writing and filed with the chair of the advisory committee. The advisory committee and chapter are responsible, jointly, for implementing the contingency plan in order to complete current unit.

730.4.10 Program administration.

730.4.10.1 Supervisors/training supervisors shall submit final evaluations on trainees/training supervisor candidates no later than 21 business days following the completion of the unit.

730.4.10.2 Supervisors/training supervisors shall submit the Trainee Unit Verification Form for all trainees/training supervisor candidates no later than 21 business days following the completion of the unit to the CPSP Administrative Coordinator.

730.4.10.3 Trainees in distance-learning programs will verify their identities to the supervisor's satisfaction prior to commencing training.

730.5 The accredited program shall accurately describe the work and function of the training program. All statements in advertising, publications, recruitment, and academic calendars shall be accurate and current.

730.6 All CPSP training programs are responsible financially for fees associated with program registration and for accreditation program review. Current training center fees are published at <http://www.CPSP.org/dues>.

730.7 The training program enjoys sufficient resourcing/finances to meet CPSP Program Standards and to satisfy its obligations.

730.8 Administrative capacity appropriate to the scale of the training program.

730.9 Accreditation Oversight Committee review and satisfactory resolution of input received during 60-day period allowed for public comment.

740. Distance-Learning Programs

Distance-learning programs in clinical pastoral education/training may be conducted only by a Diplomate in Pastoral Supervision who has been approved as a member of the CPSP Distance Learning Consortium.

740.1 Requests for admission to the Distance Learning Consortium shall be submitted to the Accreditation Oversight Committee for review. The application shall include:

740.1.1 A detailed self-study of the proposed program, to include the documentation/procedures required by §730.3–730.5.

740.1.2 A report of the chapter consultation authorizing the distance-learning program, reflecting its review of the self-study.

740.1.3 Detailed planning for training and clinical supervision that builds relational community despite geographic separation between trainees and supervisor. (§450)

740.2 The CPSP Distance Learning Consortium exemplifies CPSP's role as an *idea organization*. The development of theory and practice of clinical training via distance learning is its particular charge.

740.2.1 The Distance Learning Consortium authorizes the commencement of training in a distance-learning program, and provides continuing oversight and consultation. Any deficiencies in distance-learning programs shall be referred to the Distance Learning Consortium for its action, as required.

800. Application of Standards to Decision Making

Multiple layers of oversight in the review process ensure fair, impartial assessment of program compliance with accreditation standards, while authorizing and empowering the supervisor's freedom and creativity.

810. General

Assessment of self-study portfolios, recurring reports, complaints, and information received from chapters (in their oversight role, §250.7) expressly references accreditation standards.

810.1 *Full compliance* with preaccreditation or accreditation requirements is *the standard*.

810.1.1 Documentation that fails to communicate compliance is returned for corrective action with a detailed written report that clearly identifies any deficiencies in compliance with CPSP standards.

810.1.1.1 Self-study portfolios returned for clarification may not be endorsed to the Accreditation Commission for its review. Responses are due within 20 days.

810.1.2 Deficiencies noted in an on-site review are likewise reported in writing.

810.1.2.1 The director of training may respond, in writing, to the report of the on-site review, within 20 days.

810.2 Following the review and final action by the Accreditation Commission, the Accreditation Oversight Committee provides to the training program a detailed written report that assesses:

810.2.1 The program's compliance with CPSP standards, including areas needing improvement, and

810.2.2 The program's performance in the area of trainee achievement

820. Addressing Noncompliance

In the event that assessment of self-study portfolios, recurring reports, complaints, or information received from chapters (in their oversight role, §250.7) reveals noncompliance with standards for accreditation or preaccreditation, supervisory competence, or professional ethics, the Accreditation Oversight Committee shall:

820.1 Immediately refer the matter to the Accreditation Commission for action, with their recommendation for adverse action against the program, or

820.2 Require the program to take appropriate action to bring itself into compliance within a time period specified by the Committee (but not to exceed twelve months).

820.2.1 Correspondence from the Committee directing corrective action shall be reported within five (5) days to the Accreditation Commission, and copies of materials dealing with the case filed with the Administrator. (§650.3, §660.2)

820.2.2 If the program does not bring itself into compliance within the specified period, the Committee shall refer the matter to the Accreditation Commission for final action to restrict, deny, revoke, terminate, or take any other action relative to the program's accreditation or preaccreditation status.

820.2.3 Accredited programs that are affected by the supervisor's inability to continue (§730.4.9) remain accredited; the Accreditation Oversight Committee, General Secretary, and responsible chapter together oversee accredited programs in transition.

820.3 *The CPSP Code of Professional Ethics* specifies areas in which members are responsible for both their personal and professional functioning. Training programs directed by a diplomate who is recommended for remedial action (*Ethics*, §330.2330.4) are suspended upon the diplomate's requesting an appeal from Executive Chapter review (*Ethics*, §320.6.2) until the Governing Council has rendered its judgment. (*Ethics*, §320.7.3)

820.3.1 Programs may continue training during a suspension, provided a diplomate not subject to adverse action becomes the supervisor of record.

820.3.2 The suspension may be lifted, and accreditation reaffirmed, when either:

820.3.2.1 The remedial action is complete, and the diplomate's authorization to function in their certified role is restored, or

820.3.2.2 The diplomate has permanently severed ties with the affected program. (The program is subsequently administered as a program in transition until a new clinical supervisor is in place. (§820.2.3))

820.4 Failure by a director of training to maintain required standards for accreditation (§730) or preaccreditation (§720) concerning chapter authorization of the program (§720.1) or clinical supervisor (§720.1.1), curriculum (§730.2.2), or institutional relationships (§730.3), depending on the circumstances, may call for revocation of accreditation or termination of preaccredited status.

820.5 Failure to engage with the Accreditation Oversight Committee concerning inaccurate or missing directory data (§720.3), or more than six months arrears in

payment of annual fees (§720.4), may result in suspension of the training program.

830. Due Process

830.1 Communications concerning a training program shall be directed to the supervisor of record (according to the most recent Training Centers Data Form), and to the training supervisor or supervisor of psychotherapy training (if applicable).

830.2 Requests for information and documents will be afforded a reasonable period of time to comply. (§810.1.1.1, §810.1.2.1)

830.3 Deficiencies identified at the program (or in its documentation) will be clearly identified, in writing.

830.4 Programs will be afforded a reasonable period of time to submit a written response regarding any deficiencies identified by the Accreditation Oversight Committee or the Commission. The timeframe shall be determined by the Commission, and the response considered before any adverse action is taken.

840. Appeals Process

Decisions by the Accreditation Commission concerning noncompliance with accreditation or preaccreditation standards are subject to appeal. The senior diplomate designated by the General Secretary (§550.3) oversees the appeals process to ensure that:

840.1 The appeal takes place before an appeals panel that:

840.1.1 May not include members of either the Accreditation Oversight Committee or the Accreditation Commission;

840.1.2 Is subject to a conflict of interest policy;

840.1.3 Is authorized and empowered to make the following decisions: to affirm, amend, or reverse adverse actions of the Accrediting Oversight Committee and the Accreditation Commission; and

840.1.4 Affirms, amends, reverses, or remands the adverse action. A decision to affirm, amend, or reverse the adverse action is implemented by the appeals panel. In a decision to remand the adverse action to the Accreditation Oversight Committee or the Accreditation Commission for further consideration, the appeals panel must identify specific issues that that body must address. In a decision that is remanded, the Accreditation Oversight Committee or Accreditation Commission must act in a manner consistent with the appeals panel's decisions or instructions.

840.2 The program making the appeal has the right to be represented by counsel during the appeal, including the right to make any presentation that the appeals panel permits the program to make on its own during the appeal.

840.3 The program receives written notice of the result of its appeal and the basis for that result.

840.4 A process through which a program may, before the appeals panel reaches a final adverse action decision, seek review of new financial information if all of the following conditions are met:

840.4.1 The financial information was unavailable to the program until after the decision subject to appeal was made.

840.4.2 The financial information is significant and bears materially on the financial deficiencies identified by CPSP. The criteria of significance and materiality are determined by CPSP.

840.4.3 The only remaining deficiency cited by the agency in support of a final adverse action decision is the program's failure to meet a CPSP standard pertaining to finances.

840.4.4 A program may seek the review of new financial information only once; any determination made with respect to that review does not provide a basis for an appeal.

850. Regard for Decisions of States and Other Accrediting Agencies

850.1 Except as provided in §850.2, CPSP does not grant initial or renewed accreditation or preaccreditation to a program, if CPSP knows, or has reasonable cause to know, that the program is the subject of:

850.1.1 A decision by a recognized agency to deny accreditation or preaccreditation;

850.1.2 A pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or preaccreditation; or

850.1.3 Probation or an equivalent status imposed by a recognized agency.

850.2 The Accreditation Commission may grant accreditation or preaccreditation to a program described in §850.1. The General Secretary or her/his designee shall provide to the Secretary, within 30 days of such action, a thorough and reasonable explanation, consistent with *The Standards*, why the action of the other body does not preclude the grant of accreditation or preaccreditation.

850.3 If CPSP, its officers or members, learns that a program it accredits or preaccredits is the subject of an adverse action by another recognized

accrediting agency or has been placed on probation or an equivalent status by another recognized agency, the Accreditation Commission shall promptly review its accreditation or preaccreditation of the program to determine if it should also take adverse action or place the institution or program on probation or show cause.

850.4 CPSP shall, upon request, share with other appropriate recognized accrediting agencies and recognized State approval agencies information about the accreditation or preaccreditation status of a program and any adverse actions it has taken against an accredited or preaccredited program.

860. References

860.1 34 CFR §602.17 Application of standards in reaching an accrediting decision.

860.2 34 CFR §602.18 Ensuring consistency in decision-making.

860.3 34 CFR §602.20 Enforcement of standards.

860.4 34 CFR §602.20 Due Process.

860.5 34 CFR §602.28 Regard for decisions of States and other accrediting agencies.

APPENDIX A Annual Accreditation Compliance Checklist

Name of Program _____	Supervisor(s) _____ _____
Accreditation Status 1. Preaccredited <input type="checkbox"/> 2. Currently accredited <input type="checkbox"/>	Provide dates 1. First unit of training (start) _____ 2. Most recent accreditation _____ Provide copy of accreditation letter.
1. Institutional Program?	Yes – Go to 3. No – Go to 2.
2. Community-based or independent program?	Yes – Provide proof of professional liability insurance, incorporation.
3. Annual fees current? <input type="checkbox"/>	Provide copy of receipt for the coming year's fees.
4. Individual fees for all supervisor(s) current? <input type="checkbox"/>	Provide copy of receipts for the coming year's fees.
5. Is the clinical supervisor a diplomate? <input type="checkbox"/> Does he/she complete evaluations within CPSP standards? <input type="checkbox"/> ...submit Trainee Unit Verification within CPSP standards? <input type="checkbox"/> ... have a functioning Professional Advisory Committee? <input type="checkbox"/>	Yes – Go to 7. No – Go to 6. Comments:
6. If the supervisor is in training, Is he/she registered in the SIT directory? <input type="checkbox"/> ...in good standing with an approved training supervisor? <input type="checkbox"/> ...timely in presenting trainee final evaluations to supervisor for review? <input type="checkbox"/> ...timely in providing trainee info for submission of Trainee Unit Verification? <input type="checkbox"/> ...consulting regularly with the chapter? <input type="checkbox"/> ...making satisfactory progress? <input type="checkbox"/>	Comments:
7. Number of trainees (by unit)	()_()_()_()_

Name of Program _____ Web Site _____	Supervisor(s) _____ _____
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8. Does he/she maintain program records in compliance with CPSP standards? ...maintain confidentiality of trainee records? ...retain records, as required?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Comments:
9. Has he/she reviewed the contingency plan for interruption of units in progress with the chapter this year?	<input type="checkbox"/>	Comments:
10. Has he/she reviewed the implementation of the program's complaint and grievance procedure this year?	<input type="checkbox"/>	Comments:
11. If program materials note accreditation or preaccreditation status, is status accurate? ...are covered programs identified? ...is CPSP name, address, and phone number included?	<input type="checkbox"/>	Comments:
12. Does he/she participate regularly in chapter life?	<input type="checkbox"/>	Comments:
13. Do personal and professional functioning reflect congruence with <i>The CPSP Code of Professional Ethics</i> ?	<input type="checkbox"/>	Comments:

Signature _____ Date _____

Supervisor

Signature _____ Date _____

Convener

Recommendations:

Signature _____ Date _____
Accreditation/Compliance Reviewer

NOTE: Following review, the report is returned to the clinical supervisor and convener for corrective action, if needed; the supervisor has 15 business days in which to respond with a plan for action.

APPENDIX B Self-study Portfolio

Submission of the Self-study Portfolio

The self-study portfolio documents the program's fulfillment of the Program Standards for Clinical Pastoral Education/Training (*Standards*, §210), offers an assessment of the quality of training, and demonstrates the program's continuing efforts to improve quality outcomes.

A good self-study provides accurate, complete, and thoughtful responses to all of the accreditation standards. Clear, succinct responses that address the topic at hand evidence both understanding and engagement with the process; a narrative or data that are unclear (or extraneous) signal misdirection (at worst), or confusion (at best).

This manual, used in conjunction with consultation from chapter members and the accreditation mentor, provides authoritative guidance for how best to proceed.

An effective self-study will address the following: (See also Appendix C, Self-study Template).

A. Cover Page

1. Name and address of the Institution or Independent (Non-institutional/ community) setting
2. Name(s) of the diplomate(s) leading the training program
3. Name of the Responsible Chapter (§200)
4. Date

B. Table of Contents

Identify the major topics in the self-study, along with sub-topics. (For ease of navigation within the self-study, insert hyperlinks from the Table of Contents to each heading, and a link at the end of each section to "Return to Contents.")

Section I: Executive Summary

Summarize key points of the self-study – the accreditation being sought, types of training being conducted (regular/extended units), major developments in program design and/or evaluation, program strengths/ distinctives, and challenges or opportunities for improvement. [Invite the reader to approach with an attitude of *appreciative inquiry*.]

Section II: Strategic Planning

1. Vision – Describe the clear and inspirational long-term desired change resulting from the training program’s work within the institution or community – in one sentence.
2. Mission – “To [verb]” – a clear, concise, and useful statement of what the program seeks to do.
3. Objectives – Identify/describe the specific outcomes that, when achieved, lead to fulfillment of the program’s distinctive mission.
4. Program History – Summarize history of the training program and previous accreditation reviews (if any).
5. Relationships
 - Training environment
 - Identify the host organization or clinical site(s); detail the history of the program in the context of these relationships, any significant issues/ challenges resolved, and those that are ongoing. [Connect to operating agreements for each institution/site, via links imbedded in this section.]
 - Where are Pastoral Care and the training program located within the organization’s vision/mission? organizational structure?
 - Describe the staff relationships and reporting relationships.
 - What special circumstances influence/impact the training program?
 - Community relations
 - How has experience validated initial expectations for pastoral care needs in the community? How has the assessment of needs been revised?
 - How has the program shaped community understanding of clinical training?
 - What similar training programs are available to community members?
 - What community partnerships have been most significant for the program?
6. Resourcing
 - Clinical supervision (since previous accreditation review) – names, dates
 - Who have served as clinical supervisors? (For supervisors-in-training, note training supervisors’ names.) [Provide links to supervisors’ CVs.]
 - What is their relationship to the clinical site? (Full-/part-time, contract, etc.)
 - What other persons have served as resources/faculty? [Link to CVs.]
 - Detail your succession plan, for planned transitions in leadership.
 - Detail facilities available for individual and group supervision, and administration.
 - Detail equipment available for program use; discuss any shortcomings.

- Detail supply support needed, available.
- Detail fiscal/financial arrangements for the program.
 - Staffing (salaries, position descriptions that address clinical supervision)
 - Tuition, scholarships, fellowships, residencies (if any). [Link to documents.]
- Detail administrative arrangements for the program – administrative support, records storage, etc.
- 7. Marketing/recruiting
 - Describe the program’s plan for marketing/recruiting trainee prospects.
 - How does marketing reflect the assessment of community needs and resources?
 - What part does advertising play in the program’s marketing? [Provide samples of all print and web materials; list and connect with links.]

Section III: Performance Management

1. Program design
 - Detail/discuss how program objectives are congruent with objectives for clinical pastoral education/training (*Standards*, §230) and the program’s mission.
 - Discuss and demonstrate the program’s compliance with the Program Standards for Clinical Pastoral Education/Training. (*Standards*, §210)
 - Address measures of program length. (*Standards*, §210.1)
 - Explain use of individual learning contract.
 - Provide model case study; discuss its merits.
Précis of case, and description of consultation provided to the presenter. Or better, several such samples. This may be the most important part of the self-study.
 - Provide examples of recent case presentations, with a précis of each case, and description of consultation provided to the presenter.
 - Discuss the selection and sequencing of learning activities. [Include links to program documents.]
 - Provide evidence of integration of group relations theory into the conduct, contents of training; address its uses in informing interdisciplinary ministry.
 - Provide representative didactics; discuss sequencing, relation to CPE/T objectives, recommended readings. [Links to lesson plans, etc.]
 - Discuss core bibliography for the training program. [Link to document.]
 - Detail training resources available – library, media.
 - Describe evaluation process for trainees, supervisors-in-training (if applicable). [Link to documents.]

- Distance Learning Consortium Applicants ONLY: Address the following:
 - Document the application and interview process, to include assessment of readiness for distance learning, establishing trainees' identities, establishing/documenting relationships with clinical placement sites, and developing relationships through technology.
 - Describe your experience in distance-learning environments – as trainee, student, facilitator, instructor. Describe how the proposed program design allows for the development of relational community.
 - Justify your chosen pattern of synchronous and asynchronous interaction. If your design includes asynchronous interaction, what is your preferred platform? Why?
 - Describe your integration of learning opportunities using community resources or based in clinical placement sites into your training plan.
 - Describe your expectations for face-to-face interaction over the course of training.
 - Describe your measures to confirm trainees' time in their clinical placements.
 - Describe how ethical issues are addressed in compliance with the *CPSP Code of Professional Ethics and Principles for Processing Ethical Complaints*. In particular, identify how confidentiality of patient data, conversations, trainees' resources, and trainees' records are maintained.
 - Articulate the process for handling technological interruptions.
 - Document detailed planning for training and clinical supervision, to include processes for selecting clinical sites, ensuring confidential space for conferencing, etc.
- 2. Program Execution
 - Detail the previous three years' training, by unit; address trainee demographics, in the light of marketing/recruiting/admissions practices.
- 3. Program Evaluation
 - Demonstrate the program's success with respect to trainee achievement in relation to the program/institution's mission, and its success in achieving its stated objectives.
 - Describe efforts to identify, measure improvement as the program is in progress.
 - Continuous measurable improvement
 - Annual reports to responsible chapter and the Committee [Link to reports.]
 - Discuss uses of trainee self-evaluations, supervisor evaluations in evaluating program quality.

- Discuss measure of trainee achievement, “post-graduation.” What trends are evident? What changes have been made in training and evaluation processes as a result?
- Detail the scope of the Professional Advisory Council (PAC) activity in improving quality outcomes. Discuss its consultations to the supervisor(s). [Links to meeting minutes, members’ CVs.]
- Detail how clinical supervisors’ continuing education, self-development efforts relate to learning from program quality improvements.
- Identify by name and title each individual who participated in preparing the self-study, and the portions for which each is responsible. Did consultants assist?
- Describe the chapter role in developing the self-study.
- 4. Special interest items
 - Complaints history (since start of training, or most recent accreditation)
 - Detail enrollment trends in the light of recruiting and admissions practices; what initiatives support diversity and inclusion, including faith group diversity?
 - How does evaluation demonstrate the program’s development of trainees’ (and faculty’s) cultural humility?
 - Describe the contingency plans for interruption to the training program.
 - Detail trainee support services available.
 - Charting (from a clinical chaplain’s perspective)
 - Development, encouragement of candidates for supervisory training

Section IV. Administration

1. CPSP Directory data [Link to the program’s entry.]
2. Training program fees [Link to web page showing payment of fees.]
3. Supervisor(s) individual fees [Link to their directory entries.]
4. Administration of program finances
 - Proof of filing IRS form 990 (if applicable) [Link to copy of proof of filing.]
5. Administration of trainee records (§730.4.4)
 - Applications
 - Final evaluations (§730.4.10.1),
 - Trainee Unit Verification (§730.4.10.2) [Link to list of units of training completed, with links to copies of Unit Verification Forms or e-mails confirming receipt.]
6. Supervisors-in-training (if applicable) [Link to directory page.]

Section V. Overall Assessment

Program Evaluation

Strengths of Training Program
Limitations of Training Program
Future Training Program Goals

Section VI. Appendices

Appendix A – Written Executable Agreements

Appendix B – Training Program Agreement

Appendix C – Curriculum Vitae (Faculty, Adjunct, Advisory Committee)

Appendix D – Annual Accreditation Compliance Checklist

Appendix E – Report(s) of any on-site reviews of the program to determine program compliance with CPSP standards

Appendix F – Other Supportive Materials

Appendix G – Public Information

- Print media – list, hyperlink *publications* (§730.4.7)
- Web presence – all via hyperlink
 - CPSP directory data (screen shot)
 - Program web page(s) *academic calendars* (§730.4.7)
 - Site directory
 - All pages
 - Links to all web pages that link to program’s web page
- All policies required to be publicly available (730.4.1–3, 730.4.6–7)

Appendix H – Program Information

- List – then link to each document
 - Trainee Handbook or catalog (§730.4.7)
 - Policies
 - Syllabus
 - Calendar

APPENDIX C Self-study Template

Cover Page

Name and Address of the Program/Host Site

Name(s) of the Diplomate(s) leading the training program

Name of the Chapter overseeing the training program

Date

Table of Contents

Section I: Executive Summary

Section II: Strategic Planning

Vision

Mission

Objectives

Program history

Relationships

 Training environment

 Community relations

Resourcing

 Clinical supervision (dates)

 Supervisors-in-training

 Succession planning

 Facilities, equipment, and supplies

 Financial support

 Administrative capacity

Marketing/recruiting

 Marketing plan

 Advertising

Section III: Performance Management

Program design

 Training Objectives

 Compliance with Program Standards for CPE/T

 Individual learning contract

 Case studies – model

- A sample seminar description, abbreviated/summarized.

 Learning activities/resources

 Evaluation process

Program Execution

Program Evaluation

Evaluation of program in progress

Continuous measurable improvement

Annual report to chapter, AOC

Data from trainee self-evaluations, supervisor's final evaluations

Post-completion follow-up

Professional Advisory Committee (PAC)

- Scope of activity
- Role in improving quality outcomes
- Consultations to supervisor – possible link to continuing education

Input to Strategic Plan

Self-study process

- Consultations from Responsible Chapter (Mandatory for Initial Accreditation)
- Consultant (if engaged)

Special Interest Items

Complaints history

Recruiting

Enrollment trends

Initiatives supporting diversity, inclusion – incl. faith groups

Developing cultural humility

Contingency plan

Trainee support services

Charting from clinical chaplain perspective

Development, encouragement of candidates for supervisory training

Section IV: Administration

Administration

CPSP directory data

Training center, individual fees

Administration of program finances

Administration of trainee records

 Applications

 Final Evaluations

 Trainee Unit Verification

Supervisor(s)-in-training

Section V. Overall Assessment

Program Evaluation

Strengths of Training Program

Limitations of Training Program

Future Training Program Goals

Section VI. Appendices

Appendix A – Written Executable Agreements

Appendix B – Training Program Agreement

Appendix C – Curriculum Vitae (Faculty, Adjunct, Advisory Committee)

Appendix D – Annual Accreditation Compliance Checklist

Appendix E – Report(s) of any on-site reviews of the program to determine program compliance with CPSP standards

Appendix F – Other Supportive Materials

Appendix G – Public Information

- Print media – list, hyperlink *publications*
- Web presence – all via hyperlink
 - CPSP directory data (screen shot)
 - Program web page(s) *with academic calendars*

- Site directory
- All pages
- Links to all web pages that link to program's web page
- All policies required to be publicly available

Appendix H – Program Information

- List
 - Trainee Handbook
 - Policies
 - Syllabus
 - Calendar

APPENDIX D Submitting the Self-study Portfolio

The program will submit a digital copy in PDF format of its self-study report (to include the Training Program Handbook and any additional materials) to the Accreditation Oversight Committee Chair. The program will submit other program documentation as the Committee or Commission requests. The training program director will also submit one (1) paper copy upon request, to the Accreditation Oversight Committee or the Commission (as appropriate).

Formats and Font

1. The preferred file formats are Portable Document Format (PDF) and Microsoft Word, Times New Roman font, 12 pt.
2. Printed copies may be formatted or printed on one side or two sides of the page.
3. One-inch margins on all sides.
4. The pages of the report must be numbered consecutively starting with the Executive Summary through the last page of the Appendix. Number the pages in the bottom, to the outside corner as the reader views the page.

APPENDIX E Program Quality Indicators

The self-study portfolio "...shall include assessment of the quality of training and the program's continuing efforts to improve quality outcomes. Programs offering distance learning shall demonstrate program quality, using metrics agreed with the assigned mentor."

Assessment of training quality should examine achievement of training objectives; trainee exhibition of clinician competencies "...evidence[s] successful engagement with the learning methodology and achievement of the objectives of Clinical Pastoral Education/Training...." (*Standards*, §240)

Sample metrics for each objective, and the competencies that provide evidence of the trainee's having achieved the objectives, are as follows:

230. Objectives of Clinical Pastoral Education/Training

The goal of Clinical Pastoral Education/Training is to enable the trainee to achieve high levels of competence in the art and science of clinical pastoral care and counseling. Specific objectives include the following:

230.1 Development of the uniqueness of the trainee's person as a gift through which the trainee is able to offer a pastoral relationship to persons in crisis who might present a variety of theological and cultural perspectives.

Metric 1. (Indirect) Evidence of trainee's development, unit over unit, as reflected in trainee, supervisor final evaluations. [Source: Trainee, supervisor final evaluation comments.]

Competencies:

240.2 Development of the self as a work in progress, and understanding of the self as the principal tool in pastoral care and counseling. This includes the ability to reflect and interpret one's own life story both psychologically and theologically.

240.3 Demonstrated ability to establish a pastoral bond with persons and groups in various life situations and crisis circumstances.

240.8 Demonstrated the ability to communicate and engage in ministry with persons across cultural boundaries.

Metric 2. (Indirect) Evidence of effective self-supervision, as reflected in clinical case studies. [Source: Trainee, supervisor final evaluation comments.]

Competencies:

240.9 Demonstrated ability to utilize individual supervision for personal and professional growth, and for developing the capacity to evaluate one's ministry.

240.12 Demonstration of increasing leadership ability and personal authority.

230.2 Development of a professional identity as a chaplain/pastoral counselor through the integration of theory, theology, and the practice of pastoral care.

Metric 1. (Direct) Evidence of integration of theory, theology, and the practice of pastoral care, as reflected in (1) clinical case studies, and (2) (for trainees in their fourth unit) draft version of theory paper (as required for certification). [Source: Trainee, supervisor final evaluation comments; peer group, supervisor feedback on theory paper.]

Competencies:

240.1 Demonstrated ability to make use of the clinical process and the clinical method of learning. This includes the formulation of clinical data, the ability to receive and utilize feedback and consultation, and to make creative use of supervision.

240.11 Demonstrated ability to make effective use of the behavioral sciences in pastoral ministry.

240.13 Demonstrated familiarity with the basic literature of the field: clinical, behavioral, and theological.

Metric 2. (Indirect) Evidence of effective participation as member of interdisciplinary team, as reflected in clinical case studies. [Source: Trainee, supervisor final evaluation comments.]

Competencies:

240.10 Demonstrated ability to work as a pastoral member on an interdisciplinary team.

Metric 3. (Indirect) Percentage of trainees in the two immediately prior calendar years who completed four (4) units of training, of the total who commenced training. [Source: Training program records.]

Metric 4. (Indirect) Percentage of trainees completing four units who presented themselves for membership in a CPSP chapter. [Source: Training program records, CPSP directory.]

Competencies:

240.7 Demonstrated understanding of the dynamics of group behavior and the variety of group experiences, and effective utilization of the support, confrontation and clarification of the peer group for the integration of personal attributes and pastoral functioning.

230.3 Development of conceptual competence in personality and psychosocial development; group and systems theory; the resource of religious symbols and values; and the psychology of the religious experience.

Metric 5. (Direct) Evidence of conceptual competence, as reflected in (1) clinical case studies, and (2) consultation provided in peer group. [Source: Trainee, supervisor final evaluation comments.]

Competencies:

240.4 Demonstration of basic care and counseling, including listening, empathy, reflection, analysis of problems, conflict resolution, theological reflection and the demonstration of a critical eye so as to examine and evaluate human behavior and religious symbols for their meaning and significance.

240.5 Demonstrated ability to make a pastoral diagnosis with special reference to the nature and quality of religious values.

240.6 Demonstrated ability to provide a critical analysis of one's own religious tradition.

Assessment of the program's continuing efforts to improve quality outcomes should evidence engagement of the Professional Advisory Committee (PAC) with indicators of program quality, in addition to the other issues on which they provide consultation to the supervisor.

APPENDIX F Notifications

F-1.0 No later than nine months prior to the earliest date by which accreditation/reaccreditation is to be completed, the director of training of the program concerned shall notify the convener of the responsible chapter of the intent to seek accreditation/reaccreditation, or to terminate the training program.

F-1.1 The director of training shall provide the following, for chapter use, as they consider whether to continue chapter authorization of the program.

F-1.1.1 Type of program – institutional, non-institutional/community-based, or distance-learning

F-1.1.2 A description of goals and objectives, including a draft curriculum

F-1.1.3 Number of trainees

F-1.1.4 Location, institution (if applicable), and financial resources

F-1.1.5 Start date or reaccreditation date

F-1.1.6 Evidence of contract(s) between the training program and clinical placement sites.

F-2.0 The chapter provides consultation to the director of training, as needed, concerning their readiness to seek accreditation/reaccreditation, timeline, and any concerns identified.

F-3.0 No later than six months prior to the target date for accreditation/reaccreditation, the director of training shall initiate the accreditation process by applying to the Accreditation Oversight Committee.

F-3.1 Apply in writing to the Chair, Accreditation Oversight Committee, and provide

F-3.1.1 Name/location of the program

F-3.1.2 Projected timeline

F-3.1.3 Confirmation of chapter's continued authorization of the program

F-3.1.4 Convener's name and contact information

F-3.1.5 Training director's name and contact information

APPENDIX G Conflict of Interest Policy

G-1.0 General: Accreditation, as a process that assures the public of a training program's quality and effectiveness, requires both the reality and the appearance of honesty, integrity, objectivity, and impartiality in its execution.

G-2.0 Policy: Accreditation decisions reflect the considered judgment of the community concerning a program's compliance with CPSP standards, untainted by private interests.

G-3.0 Purpose: To assign responsibility and to prescribe procedures for ensuring that accreditation decisions be guided by CPSP standards, guidelines, and policies, and that certified members and staff fulfill their roles in an open and unbiased manner, free of external influences.

G-4.0 Applicability and Scope:

G-4.1 Applies to all chapters that qualify to authorize members to undergo supervisory training, approve training relationships, authorize training programs, and oversee training programs.

G-4.2 Applies to all certified members conducting clinical pastoral education/training, psychotherapy training, or supervisory training.

G-4.3 Applies to all members of the CPSP Distance Learning Consortium.

G-4.4 Applies to the members of the Governing Council, Executive Chapter, Accreditation Commission, Accreditation Oversight Committee, appeals panels, and staff, in their roles.

G-5.0 Standards of Conduct

Members engaged in accreditation-related actions, as described in this Manual, shall:

G-5.1 Apply their best, unfettered, and impartial judgment to the matters before them, without regard for the impact of those decisions on their own professional or financial interests, or those of their friends, relatives, or colleagues.

G-5.2 Conduct themselves in a manner which seeks to avoid conflicts of interest or any appearance of conflicts of interest.

G-5.3 Disclose, on request, all current interests, financial or otherwise, in any program that is accredited or may seek to become accredited by CPSP. Such interests may include, but are not limited to:

G-5.3.1 An ownership interest;

- G-5.3.2** Holding of mortgages, liens or other debt instruments or interest of such program or its assets;
- G-5.3.3** The possession of such an interest as identified in G-5.3.1–G-5.3.2 by a spouse, child or other relative;
- G-5.3.4** Service as an officer or director of such program, or its host institution;
- G-5.3.5** Employment or consulting arrangements with such program;
- G-5.3.6** Personal friendships other than casual business relationships with owners or leadership such program; or
- G-5.3.7** Any other interest which affects or may affect the objective judgment of the certified member in the performance of their responsibilities in role.
- G-5.4** Neither solicit nor accept, for themselves or any other persons, gifts, gratuities, entertainment, or other consideration, beyond a nominal value, from individuals who own, operate, or are otherwise associated or affiliated with programs that are accredited or may seek to become accredited by CPSP.
- G-5.5** Neither engage in any employment nor consultative activity not compatible with the full and proper performance of their responsibilities, in role.
- G-5.6** Treat all information obtained through any program’s participation in the accreditation process as confidential, and not disclose such information to parties other than as required for their role and function in the accreditation process, or valid government regulation or judicial procedure.
- G-5.7** Consult with the General Secretary prior to
 - G-5.7.1** Discussing accreditation matters with members of the press, or
 - G-5.7.2** Participating in litigation or other legal proceedings involving institutions that are or may seek to become accredited by CPSP.
- G-5.8** Direct inquiries concerning outside parties’ legal matters to the General Secretary and the Administrator.

G-6.0 Procedures

Members engaged in accreditation-related actions, as described in this Manual, shall:

- G-6.1** Disclose any personal or institution-related issues which might bring the fairness or impartiality of the process into question.
- G-6.2** Abstain or recuse themselves from discussions/actions regarding any program with which they have a potentially compromising affiliation or competitive bias.

- G-6.3** Refrain from participating in any decision relating to a program with which they are affiliated, or where such participation would give rise to a conflict of interest or the appearance of such conflict.
 - G-6.4** Recuse themselves from proceedings that deal with any institution with which they have a previous or current family, ownership, employment, contractual, or other direct business relationship.
 - G-6.5** Refrain from participating in any decision relating to a competitor in the same market area, or any program for which they served as a member of an on-site evaluation team. Responding to questions from the Accreditation Oversight Committee, Accreditation Commission, Executive Chapter, or Governing Council is, however, permitted.
 - G-6.6** Evaluate, in closed session, any disclosures of potential conflict of interest; enter findings in the record of the meeting.
- G-7.0** Outside experts engaged by the Accreditation Oversight Committee or the Accreditation Commission to support accreditation activities are not subject to this CPSP conflict of interest policy; decisions to engage such experts shall consider the congruence of their policies with those of CPSP.

Appendix H Conflict of Interest Disclosure Program Information

Program Name _____ Address _____ _____	Supervisor(s) _____ _____
Program Type Site-based <input type="checkbox"/> Distance Learning <input type="checkbox"/>	Visit <input type="checkbox"/> Review <input type="checkbox"/> Date _____

Your Information

Name _____	E-mail _____
Position – Committee <input type="checkbox"/> Commission <input type="checkbox"/> Member <input type="checkbox"/> Mentor <input type="checkbox"/> Reviewer <input type="checkbox"/>	Position – Executive Chapter <input type="checkbox"/> Appeals Panel <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/>

Conflict of Interest may include, but not be limited to:

- Ownership or financial investment in some or all of an institution or an independent (non-institutional) training program;
- Having been employed, or currently employed by the training program;
- Having served, or currently serving, as a chapter member, consultant, or advisory committee member to the training program;
- Having attended the training program as a trainee or supervisor trainee;
- Having a close personal friend or family member in the training program;
- Having accepted gifts, entertainment or other favors from individuals or entities associated with the training program.

_____ I DO NOT have a conflict of interest with this training program.

_____ I DO have a conflict of interest to report (Describe on a separate attachment).

Note: Other situations may create the appearance of conflict, or a duality of interests in connection with the training program to be reviewed.

I hereby certify that the information set forth is true and complete to the best of my knowledge.

Signature: _____ Date: _____

APPENDIX I Part A Accreditation Review Worksheet

Program Name _____ Address _____ _____	Supervisor(s) _____ _____
Program Type Site-based <input type="checkbox"/> Distance Learning <input type="checkbox"/>	Visit <input type="checkbox"/> Review <input type="checkbox"/> Date _____

Name _____	E-mail _____
Position – Committee <input type="checkbox"/> Commission <input type="checkbox"/> Member <input type="checkbox"/> Mentor <input type="checkbox"/> Reviewer <input type="checkbox"/>	Position – Executive Chapter <input type="checkbox"/> Appeals Panel <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/>

INSTRUCTIONS: Both chapter members (in their consultation) and accreditation reviewers validate each aspect of the training program and its achievement of CPSP standards. Comments and notes are expected, *especially* concerning programs that excel, or fail to meet program standards.

Subject Area	Comments
Cover Page	
Table of Contents	
Section I: Executive Summary	
Section II: Program History, Mission, and Administrative Support Background information – ...persons preparing the self-study ...historical development of the training program ...mission and strategic plan of the training program ...mission and strategic plan ...special circumstances ...administrative structure, financial support, and advisory committee ...administrative structure and support ...financial support ...community assessment ...training units and trainees overview ...advisory committee ...public statements ...promotion of training program ...annual calendar	

<p>Section III: Educational and Training Resources Training faculty ...certified training faculty ...adjunct faculty ...resource personnel Training Curriculum Training Resources</p>	
<p>Section IV: Policies and Procedures ...Executable Operational Agreements, Written Policies, and Procedures ...Formal Agreements with Ministry Sites ...Procedure for Trainee and Supervisor Evaluations & Administrative Tasks ...Trainee and Supervisor Evaluations ...Unit Verification Form</p>	
<p>Section V: Annual Fees ...Link to the program’s entry in CPSP directory ...Link to supervisor(s) CPSP directory page(s), attesting current status</p>	
<p>Section VI: Training Program Evaluation ...Program Evaluation ...Strengths of Training Program ...Limitations of Training Program ...Future Training Program Goals</p>	
<p>Section VII: Appendix Appendix A – Written Executable Agreements Appendix B – Training Program Agreement Appendix C – Trainee Handbook Appendix D – Training Program Promotional Materials Appendix E – Curriculum Vitae (Faculty, Adjunct, Advisory Committee) Appendix F – Other Supporting Materials</p>	

Recommendations:

Signature _____ Date _____
 Accreditation Reviewer

APPENDIX I Part B Distance-learning Programs ONLY

Program Name _____ Address _____ _____	Supervisor(s) _____ _____
Program Type Distance Learning <input type="checkbox"/>	Visit <input type="checkbox"/> Review <input type="checkbox"/> Date _____

INSTRUCTIONS: Complete this section ONLY for programs proposing to conduct distance learning. Comments and notes are expected.

Subject Area	Comments
Document the application and interview process, ...to include assessment of readiness for distance learning, ...establishing trainees' identities, ...establishing/documenting relationships with clinical placement sites, and ...developing relationships through technology.	
Describe your experience in distance-learning environments – as trainee, student, facilitator, instructor. Describe how the proposed program design allows for the development of relational community.	
Justify your chosen pattern of synchronous and asynchronous interaction. If your design includes asynchronous interaction, what is your preferred platform? Why?	
Describe your integration of learning opportunities using community resources or based in clinical placement sites into your training plan.	

Describe your expectations for face-to-face interaction over the course of training.	
Describe your measures to confirm trainees’ time in their clinical placements.	
Describe how ethical issues are addressed in compliance with the <i>CPSP Code of Professional Ethics and Principles for Processing Ethical Complaints</i> . In particular, identify how confidentiality of patient data, conversations, trainees’ resources, and trainees’ records are maintained.	
Articulate the process for handling technological interruptions.	

Recommendations:

Signature _____ Date _____

Accreditation Reviewer

APPENDIX J Trainee Unit Verification Form

- J-1.0** General: The Trainee Unit Verification Form is used to document supervisory relationships, as well as trainee participation in training.
- J-2.0** Receipt of Trainee Unit Verification forms is confirmed, in writing, and a permanent record of submissions maintained by the Administrative Coordinator.
- J-3.0** The form is available at http://www.CPSP.org/accreditation_docs.

APPENDIX K Complaints Policy

K-1.0 General: Complaints provide an *ad hoc* insight into the quality and conduct of training programs, an occasion for mentoring and consultation in service to improvement of training, and an assurance that CPSP standards are well and seriously intended to reflect our life guided by The Covenant.

K-2.0 Policy Statement: CPSP-accredited and preaccredited programs are responsible for their ongoing compliance with CPSP standards for accreditation. Trainees have the right to communicate directly with CPSP regarding complaints about non-compliance with accreditation standards.

K-3.0 Purpose: To assign responsibility and prescribe procedures for processing complaints concerning CPSP standards, policies, and procedures, against a CPSP-accredited or preaccredited training program, a program applying for preaccreditation, or CPSP itself.

K-4.0 Applicability and Scope

K-4.1 Applies to all trainees in CPSP programs.

K-4.2 Applies to all certified members conducting clinical pastoral education/training, psychotherapy training, or supervisory training.

K-4.3 Applies to the members of the Governing Council, Executive Chapter, Accreditation Commission, Accreditation Oversight Committee, appeals panels, and staff, in their roles.

K-5.0 Procedures

K-5.1 CPSP-accredited/preaccredited programs, and those with pending applications shall:

K-5.1.1 Maintain ongoing compliance with CPSP standards for accreditation.

K-5.1.2 Inform their trainees of their right to communicate directly with CPSP regarding complaints related to noncompliance with these standards.

K-5.1.2.1 Disclose the contents of this reasonable, internal grievance policy to receive and resolve complaints to trainees in writing at the time of enrollment.

K-5.1.2.2 Inform trainees of the right to contact CPSP with a complaint, furnishing trainees with the e-mail, telephone number, and mailing address of CPSP.

K-5.1.3 Notify CPSP in writing within ten (10) days of any action or complaint filed against it by a governmental agency having regulatory authority over it, furnishing with the notification a copy of the items filed against it.

K-5.2 The Accreditation Oversight Committee shall:

K-5.2.1 Regularly review, and consider in its deliberations, complaints filed against CPSP programs and programs seeking CPSP accreditation.

K-5.2.1.1 Review complaints forwarded from the Complaints Review Subcommittee within 48 hours, in consultation with the General Secretary or their designee.

K-5.2.1.2 Upon noting that a program has three or more complaints closed with merit (full or partial) within a five-year period, refer subsequent complaints filed against the program to the Accreditation Commission for review and action if the Complaint Review Subcommittee recommends that these complaints be closed with merit.

K-5.2.2 Analyze complaints received, not less frequently than once per quarter.

K-5.2.3 Consider complaints received during the application period for initial applicants, and during the most recent accreditation period for accredited programs, including a summary of complaints closed with merit and/or partial merit.

K-5.2.4 Take this information and history into consideration during deliberations regarding the accreditation of programs.

K-5.3 The Chair, Accreditation Oversight Committee, shall:

K-5.3.1 Receive referrals from the “CPSP Complaints” e-mail address (voice@CPSP.org).

K-5.3.2 Designate one member as Chair of the Complaints Review Subcommittee.

K-5.3.3 Designate additional certified members, either currently or previously serving on the Accreditation Oversight Committee, as members of the subcommittee.

K-5.4 The Complaints Review Subcommittee shall:

K-5.4.1 Receive complaints related to CPSP standards, policies, and procedures.

K-5.4.1.1 Complaints may be submitted both orally and in writing, from both identified and anonymous sources.

K-5.1.1.2 Complaints may be submitted by CPSP members, non-members, trainees, and those not participating in training.

K-5.4.2 Review complaints received for an initial determination of their relevance to CPSP standards, policies, and/or procedures within 48 hours of receipt. Forward for Accreditation Oversight Committee consideration (§K-5.2.1) all complaints deemed relevant.

K-5.4.2.1 Determine whether the matter involves CPSP standards, policies, and/or procedures; if not, prepare a written report, consider the matter closed, and notify complainant(s) accordingly. Safeguard the identity of sources who wish to remain anonymous to the degree possible.

K-5.4.2.1.1 Review complaints submitted without attribution based on the information provided in the complaint; if the detail is insufficient to sustain a complaint, prepare a written report, consider the matter closed, and notify complainant(s) accordingly. A copy of the complaint will be provided to the subject.

K-5.4.2.2 Consider timeliness of the complaint in assessing relevance.; absent extenuating circumstances, a complaint must be submitted within two years of the trainee's or employee's separation from the program.

K-5.4.2.3 Determine whether a matter that does involve CPSP standards, policies, and/or procedures should be addressed with or without urgency. A complaint that is well founded, time-sensitive, and involves serious issues – degree of potential or actual harm, the number of individuals impacted, and the past history of the program – calls for expedited resolution.

K-5.4.3 Review information received by CPSP that has been received, not in the form of a complaint, but which indicates that an accredited program may be in violation of CPSP standards, policies, and/or procedures.

K-5.4.3.1 Determine relevance to CPSP standards, policies, and/or procedures.

K-5.4.3.2 If relevant, conduct a due diligence investigation of the matter to determine the credibility of the source and the seriousness of the possible violation. Prepare a written report of the findings, and refer as a complaint. (§K-5.2.1)

K-5.5 Accreditation Oversight Committee processing of complaints without urgency

K-5.5.1 Within seven (7) days of receipt of a complaint, provide written notice to the program summarizing the allegations and citing specific CPSP standards, policies, and/or procedures, using some means that allow determination of the exact time of delivery.

K-5.5.1.1 Provide a copy of the complaint letter, unless the complainant has specifically requested anonymity.

K-5.5.1.2 Direct the program to respond in writing to the allegations, and demonstrate its efforts to resolve the complaint (if appropriate). This response is required within ten (10) calendar days from the date the program receives official notification from CPSP.

K-5.5.2 The Complaints Review Subcommittee reviews the program's response to determine whether

K-5.5.2.1 The complaint has been resolved by the program. [Action: Close complaint.]

K-5.5.2.2 The complaint is being resolved by the program. [Action: Commence monitoring until corrective action is complete.]

K-5.5.2.3 Additional specific action or information is required before a decision can be reached. [Action: Notify the program and continue to monitor to conclusion.]

K-5.5.2.4 The matter is of sufficient seriousness to require processing as a complaint with urgency. [Action: Process as a complaint with urgency. (§K-5.6)]

K-5.5.2.5 If the program fails to respond as directed, the complaint shall be treated with urgency. (§K-5.6)

K-5.5.2.6 Any complaint not resolved within 90 days from its receipt by CPSP shall be deemed a complaint with urgency. (§K-5.6)

K-5.6 Accreditation Oversight Committee processing of complaints with urgency

K-5.6.1 If the Committee determines, in consultation with the General Secretary or her/his designee (§K-5.2.1.1), or counsel, to be a complaint with urgency, they may expedite the processing of the complaint.

K-5.7 Complaints with urgency – Additional Actions

K-5.7.1 The General Secretary or her/his designee, will confer with the President and counsel to determine appropriate action, which may include:

K-5.7.1.1 Further reducing the notice and response periods and proceeding as in other cases.

K-5.7.1.2 Initiating an on-site visit (announced or unannounced) by a team of the number and composition appropriate to the circumstances, to be conducted under established procedures for such visits;

K-5.7.1.3 Issuing an Order for Show Cause under the procedures for show cause.

K-5.7.1.4 Referring the matter to the Accreditation Commission for review and action, as it directs. Any complaint with urgency remaining unresolved 60 days after receipt by CPSP may be referred to the Commission.

K-5.7.2 In the event the program fails to demonstrate substantial progress leading to closure and/or resolution, the Commission shall take up the matter at its next regularly scheduled meeting.

K-5.8 Closure of A Complaint

K-5.8.1 The decision to close a complaint is made by consensus of the Complaints Review Subcommittee or, for cases referred to the Accreditation Commission, by that body.

K-5.8.1.1 A complaint may be closed, specifying that the original allegations were found to be with full merit, partial merit, or without merit.

K-5.8.1.2 A complaint will be closed with partial merit if only some of the original allegations are found to have merit and/or the validated allegation(s) is determined to be minor in nature and scope, with no documented evidence of significant negative impact on trainees or other interested parties.

K-5.8.2 Both the complainant and the program will be notified in writing of the decision, normally within thirteen (13) calendar days of receipt of program's response to the complaint.

K-5.8.2.1 In the case of a complaint referred to the Accreditation Commission, notification will generally take place within thirty (30) days of the that body's decision.

K-5.8.3 If no new or additional information is submitted by the complainant within ten (10) calendar days of receipt of the notification letter, CPSP will consider the complaint to be officially closed. A complaint may be reopened if information warranting such action is received.

K-5.9 On-site review of complaints against CPSP programs and applicant programs

K-5.9.1 The Accreditation Oversight Committee shall provide the following data to the evaluation team on complaints received against a program prior to any on-site evaluation:

K-5.9.1.1 The number of complaints filed against the program.

K-5.9.1.2 The names of complainants.

K-5.9.1.3 The dates of complaint submissions.

K-5.9.1.4 The subject/nature of complaints.

K-5.9.1.5 The CPSP standards, policies, and/or procedures involved.

K-5.9.1.6 The complaint resolution (closed with merit, partial merit, no merit).

K-5.9.2 The Committee shall provide the team, in addition, data on

K-5.9.2.1 Any open complaints for which the program received notice and an opportunity to respond, and

K-5.9.2.2 Any open complaint alleging fraud and/or falsification, if, on initial review, the complaint appears to be well founded.

K-5.9.3 In evaluating the program's compliance with CPSP standards, the team will assess whether the issues raised in the complaint(s) persist, and whether there is any pattern(s) of complaints. If warranted, the team's review of any complaints will be addressed under the relevant CPSP standard(s) in the team report.