



**COAMFTE**

Commission on Accreditation for  
Marriage and Family Therapy Education

# **ACCREDITATION MANUAL: POLICIES AND PROCEDURES**

**Effective January 1, 2018**

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## PREFACE

The *Accreditation Manual* describes the policies and procedures used by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) in the accreditation process of graduate and post-graduate degree training programs in marriage and family therapy.

The *Accreditation Manual* is intended for a variety of audiences:

- Marriage and family therapy programs offering master's degrees, doctoral degrees, and/or post-degree clinical training;
- Programs, Site Visitors, Eligibility Review Committee members, Standards Review Committee members, Commission members, staff, and consultants who have responsibilities in the accreditation process; and
- Organizations, agencies, and individuals who desire information about accreditation in marriage and family therapy and what an educational program must do to achieve accreditation.

Any questions or comments should be addressed to the [Accreditation Office](mailto:coa@aamft.org) at [coa@aamft.org](mailto:coa@aamft.org).

## INTRODUCTION

### Mission

The Commission on Accreditation for Marriage and Family Therapy Education's (COAMFTE) mission is to promote best practices for Marriage and Family Therapy educational programs through the establishment, review and revision of accreditation standards and policies, and the accreditation of graduate and post-graduate educational programs.

### History

The Commission on Accreditation for Marriage and Family Therapy Education ("COAMFTE" or "the Commission") is the accrediting agency for marriage and family therapy education and training. In 1971, the American Association for Marriage and Family Therapy (AAMFT) published a document outlining standards for the approval of training programs in marriage and family counseling. This early review process was gradually formalized into standards for accreditation of graduate degree and post-degree programs which were published as the first *Manual on Accreditation* in 1975. The initial Committee on Accreditation was established by the AAMFT Board of Directors in 1974. In 1978, the Committee was restructured and renamed the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE).

### Recognition

In 1978, COAMFTE gained official recognition as an accrediting agency for graduate degree and clinical training programs in marriage and family therapy by the United States Office of Education, Department of Health, Education, and Welfare. Since 1980, the U.S. Department of Education (USDE) has continued its recognition of the Commission on Accreditation for Marriage and Family Therapy Education as a Title IV accreditor. In the 1990s, USDE changed its regulations rendering COAMFTE ineligible to be recognized under Title IV. COAMFTE applied and was recognized as a non-Title IV (Title VI refers to federal financial aid funds) specialized accrediting agency whose accreditation qualified programs it accredits to take part in non-Higher Education Act programs (see Title 34 of the *Code of Federal Regulations*, Subpart B, section 602.14 (a) (2)). This change in recognition has effectively diminished the benefits of USDE recognition to COAMFTE and its accredited programs. At the November 2012 meeting, COAMFTE determined that the cost of maintaining USDE recognition outweighs the benefits and voted not to pursue renewal of recognition by the USDE, effective April 15, 2013. In making this decision, COAMFTE also determined that such a course of action at that time would not prevent COAMFTE from pursuing such recognition in the future if things changed, such that USDE recognition was determined to be relevant and vital for COAMFTE and its accredited programs. COAMFTE has prepared and published a [white paper](#) that puts forth the rationale for this decision.

COAMFTE is recognized as the provider of quality assurance of higher education in marriage and family therapy. The Commission on Recognition of Postsecondary Accreditation (CORPA), the successor to the Council on Postsecondary Accreditation (COPA), officially granted recognition to the COAMFTE in 1994. In 1997, CORPA was dissolved and the Council on Higher Education Accreditation (CHEA) was created. [CHEA](#) is a non-governmental organization that recognizes accrediting bodies and works to foster and facilitate the role of accrediting bodies in promoting and ensuring the quality and diversity of American postsecondary education. CHEA has recognized COAMFTE since its inception. With the mission that aligns with the purpose and focus of accreditation, CHEA provides accrediting agencies with a system of checks and balances, and creates a process parallel to accreditation that requires accrediting agencies to self-evaluate and improve. COAMFTE benefits from CHEA recognition because it provides external validation and appropriate recognition for COAMFTE as a specialized professional accreditation and agency.

## **Membership**

COAMFTE has been a member of the Association of Specialized and Professional Accreditors ([ASPA](#)) since 1995 and adheres to the ASPA Member Code of Good Practice. ASPA membership ensures that COAMFTE stays current with best practices in accreditation and fosters consistency and innovation in its accreditation processes and procedures.

Under a broad annual mandate from the AAMFT Board, COAMFTE is responsible for establishing standards for competence in clinical education for the profession of marriage and family therapy, and for the review and accreditation of programs successfully meeting these standards. COAMFTE has final authority for the conduct of accreditation activities and determination of accreditation status.

## **PURPOSES**

The Commission recognizes the following specific purposes in performing its function:

- To provide oversight and ensure, on behalf of the Association, quality MFT education through accreditation.
- To stimulate the improvement of professional marriage and family therapy education, including helping training institutions and agencies develop quality programs by fostering ongoing Self-Study and development.
- To establish and maintain standards that will ensure that institutions and agencies meeting them provide students with appropriate learning resources to acquire the requisite skills, knowledge, and ethical sensitivity to be professionally competent.
- To provide an authoritative guide to programs in the field of marriage and family therapy, which deserve public and professional confidence and support, including providing prospective students with a dependable basis for the selection of educational programs and providing state boards which license or certify marriage and family therapists with a list of accredited graduate degree and post-degree programs.

## **GUIDING PRINCIPLES**

COAMFTE is committed to developing standards based on the involvement and perspectives of multiple Communities of Interests, and in doing so, promoting educational standards endorsed by the Marriage and Family Therapy (MFT) profession. To that end, accreditation standards are based on the following guiding principles (COAMFTE Accreditation Standards Version 12,).

1. Programs must prepare professionals for the variety of roles they fulfill in the community and reflect the contemporary professional climate.
2. MFTs have a relational/systemic philosophy and endorse relational/systemic ethics; programs must educate students to have this distinct perspective.
3. Inherent in the relational/systemic perspective is the importance of always considering context and recognizing the value of multiple perspectives; MFTs are multiculturally-informed and consider a global context.
4. Programs must strive for diversity and inclusion.
5. It is important for the growth of the profession for programs educating Marriage and Family Therapists to be embedded in a variety of educational contexts with unique missions.
6. Programs must focus on developing student competency in order to safeguard those served by MFTs.
7. It is necessary for the advancement of the profession and for MFT professionals to serve as leaders in the profession, demonstrating the upmost competency; programs must train professionals

based on state-of-the-art MFT scholarship, infuse a culture of research and establish the importance of research-based education within the profession.

## **GENERAL ACTIVITIES**

To accomplish these purposes the Commission shall:

- Work under policies and procedures approved by the AAMFT Board.
- Develop and implement a process of self-evaluation as a mechanism for program improvement and innovation.
- Set criteria and standards for accreditation while serving as a conduit for moving the profession forward.
- Accredite training programs in marriage and family therapy.
- Provide guidance to programs preparing Eligibility Criteria and Self-Study reports for accreditation or for renewal of accreditation.
- Appoint Site Visit Teams, schedule and conduct visits, and consider and evaluate the report of Site Visit Teams.
- Provide for a review and appeal process when a program believes it has cause to challenge its accreditation status.
- Maintain contact with programs and provide support relative to their accreditation status.
- Review and evaluate substantive changes in programs that might affect accreditation.
- Conduct special inquiries into unusual or critical conditions that may develop in an accredited program.
- Endeavor to stimulate and promote continued improvement of educational programs.
- Regularly examine and revise (where appropriate) standards for education and training.
- Evaluate and determine a program's level of compliance with standards sufficient to warrant accreditation.
- Review and research accreditation practices and review and revise its policies and procedures to ensure compliance with industry standards.
- Participate in continual strategic planning to ensure a stable and vital future for COAMFTE and relevancy among accreditors.

## **SCOPE OF ACCREDITATION**

Master's degree, doctoral degree, and post-degree clinical training programs in marriage and family therapy in the United States and Canada.

**Master's degree** programs provide students with the broad areas of theory and practice in marriage and family therapy. The master's degree is the entry-level educational requirement for independent clinical practice in the field. These programs are designed to prepare individuals for beginning careers in marriage and family therapy by providing didactic and clinical skills and professional socialization.

**Doctoral degree** programs provide students with advanced specialized instruction in marriage and family therapy, emphasizing research, theory, and supervision. In addition to assuring that students have obtained the broad areas of theory and practice in marriage and family therapy, doctoral degree programs prepare individuals for academic careers, research, and advanced clinical practice and supervision.

**Post-degree** clinical training programs provide specialized clinical education in marriage and family therapy to trainees with master's or doctoral degrees in marriage and family therapy or in closely related fields. Although post-degree programs may reflect a variety of structures and orientations, they must ensure that students obtain the requisite broad areas of theory and practice in marriage and family therapy.

## **ROLE AND VALUE OF ACCREDITATION**

Accreditation is a public service that aims to: a) improve the quality of educational programs in marriage and family therapy; b) encourage programs' ongoing self-evaluation, development, and improvement; and c) serve as an indicator that programs continually evaluate themselves in relation to their institution's and program's mission, and meet established standards as measured by their own stated goals, educational objectives and established outcomes.

COAMFTE Accreditation Standards address master's, doctoral, and post-degree programs. The collaborative relationship of COAMFTE and the parent organization, AAMFT, helps to ensure that the Accreditation Standards are related to the current requirements for professional practice.

COAMFTE encourages program improvement by:

- Applying accreditation standards to measure student and graduate achievement of marriage and family therapy programs and to make judgments about the overall quality of programs.
- Requiring all accredited programs to conduct periodic self-evaluations to identify what they do well, to determine areas in which improvement is needed; and to develop plans to make improvements.
- Providing feedback to the programs relative to the Eligibility Criteria, Self-Study and on-site review conducted by Site Visit Team members.
- Providing the established standards to non-accredited programs as specific goals to be achieved.

State licensure boards' educational requirements are often fulfilled by completion of the COAMFTE curriculum.

## **COMMISSION ORGANIZATION**

### *Support*

The work of COAMFTE is supported by Accreditation staff. Funding for COAMFTE activities is provided by a combination of fees from accredited programs and support from its sponsoring organization, AAMFT.

### *Composition*

The Commission shall consist of a minimum of nine (9) members elected under procedures approved by the Board for three-year terms. A minimum of two (2) members shall be public representatives from outside the professional field of marriage and family therapy, and the remaining minimum of seven (7) members shall have demonstrated competence in marriage and family therapy education and training. The final number of members will be determined by the Commission to support its mission and scope of accreditation. Members of the Board shall not serve on the Commission.

Two members employed by the same institution shall not serve on COAMFTE simultaneously. If a COAMFTE member accepts employment at an institution where another member is employed, the member accepting the employment must resign from COAMFTE.

### *Professional Members*

Professional members must be MFT educators or clinicians who meet the following criteria:

- A minimum of five (5) years of professional experience beyond attainment of the graduate professional degree. Professional experience may include program or administrative leadership in the discipline, professional education, research, community and/or independent practice
- Licensed as an MFT, at the level of independent practice (where licensure is regulated)
- AAMFT Approved Supervisor or State Approved Supervisor
- Knowledge of and experience with COAMFTE accreditation standards and policies and procedures
- Experience as a Site Visitor

Professional members are elected through policies and procedures of the AAMFT Elections Council.

### *Public Members*

Public members of the Commission shall represent the general public.

The appointment of Public members is guided by those public interests that can enhance the information base relevant to the discipline, such as knowledge of: (a) accreditation and regulatory processes, (b) education, civil rights, family law, (c) higher education, or (d) specialty areas related to current policy development.

- Public members should have a minimum of five (5) years of professional experience beyond the attainment of the graduate degree within their profession.
- Public members may not be (1) a professional MFT educator, supervisor, practitioner or member of AAMFT; (2) an employee, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that is accredited by COAMFTE or has applied for COAMFTE accreditation; (3) a member of any trade association or membership organization related to, affiliated with, or associated with the COAMFTE; or (4) a spouse/partner, parent, child, or sibling of an individual identified in paragraph (1), (2), (3) of this definition.
- Nominations shall be solicited from state licensing or authorizing agencies, the appropriate accrediting groups, AAMFT membership, education groups, and other relevant public interest groups.
- Nominations shall be submitted to the Commission for review and selection of a candidate. The Commission shall select a Public Member.
- The AAMFT Board shall approve and;
- The AAMFT President shall appoint the selected individual as the Public Member to COAMFTE.

### *Commission Member Term of Office*

Each Commission member shall serve for a three (3) year term which commences the first day of the calendar year. Commission members shall not serve more than two (2) consecutive terms unless a portion of one term was devoted to completing the remainder of an unexpired term of two (2) years or less.

Commissioners interested in serving two consecutive terms on the Commission will need to run for the office while in the third year of their first term. For more information, Commissioners are encouraged to contact the Accreditation staff at [coa@aamft.org](mailto:coa@aamft.org).



### *Participation and Voting*

All Commissioners (Professional and Public members) shall engage in review, deliberation and voting on all program reviews and policy and procedure decisions, unless a conflict of interest applies. Professional members shall serve as subject matter experts in the review and decision-making processes. Public members advise and make recommendations to the Commission regarding issues of fairness, due process, and consistency.

### *Vacancies*

The AAMFT Board of Directors shall appoint a qualified person to fill unexpired terms that have been created by unanticipated vacancies. Individuals appointed to fulfill an unexpired term, who are interested in serving a complete term, must be nominated to COAMFTE and fulfill all nomination and election requirements specified by the Elections Council process.

### *Officers*

1. The officers of COAMFTE shall be a chair and chair elect.
2. COAMFTE members shall elect a new chair elect no later than the Fall Commission meeting. The chair elect shall serve in that office from January through December of the following year, and shall serve a one-year term as chair in the second year. Officers shall not serve more than two terms in the same office.

### *Duties of the Officers*

1. It shall be the duty of the COAMFTE chair to preside over the meetings of the Commission and the Executive Committee, to ensure compliance with AAMFT governance policies, external recognition agencies and organizations where COAMFTE is a member, and other relevant accreditation organization policies and charges, and to oversee the orderly and efficient conduct of COAMFTE business. In collaboration with the chair elect, COAMFTE members, and Accreditation staff, the chair will set the agenda for meetings and ensure that it is followed. The chair shall also perform other such duties that are necessary for the welfare, viability, and continued growth of the accreditation process, including maintaining regular contact with and providing reports to the AAMFT Board.
2. The chair elect shall, in the absence of the chair, preside over COAMFTE meetings. In the case of a permanent vacancy of the chair, the chair elect shall succeed at once to the office of chair and serve for the remainder of her or his current term on COAMFTE.

### *Conduct of Meetings*

- a. Meetings shall be conducted in an efficient, orderly, and respectful manner, and shall follow the agenda. COAMFTE meetings shall be governed by *Robert's Rules of Order*. Deliberation will be fair, open, and thorough, but also relevant to program accreditation.
- b. All COAMFTE meetings shall be staffed by Accreditation staff. Staff shall provide relevant information and administrative support for all COAMFTE activities. Neither the Commission officers, individual COAMFTE members, nor COAMFTE as a whole, however, may independently supervise or direct the activities of Accreditation staff. Questions about staff conduct and interactions are addressed in the Executive Limitation policy on staffing of governance units in the AAMFT Governance Policies.

### *Commission Member Conduct*

- a. Commissioners must discharge their duties in good faith recognizing their fiduciary duty to COAMFTE and with the care that an ordinarily prudent person in like position under similar circumstances would exercise.
- b. Professional members of COAMFTE shall adhere to the Code of Ethics of AAMFT. Public members of COAMFTE shall adhere to the codes of ethics of their respective professions. All COAMFTE members shall abide by AAMFT rules governing the conduct of elected and appointed AAMFT volunteers.
- c. COAMFTE members shall abide by the COAMFTE Conflict of Interest policy and shall not engage in activities which compromise the integrity or confidentiality of the COAMFTE operation or the accreditation process. COAMFTE members must respect the confidentiality of materials submitted in the accreditation process. All materials furnished to COAMFTE for the purpose of accreditation reviews are considered confidential information and the contents of those materials are not to be disclosed except in accordance with established procedures.
- d. COAMFTE members may not communicate with programs under review regarding the status of the review or report or imply the outcome of the review process.
- e. COAMFTE members shall direct all questions related to their programs' accreditation to the general COAMFTE email inbox and shall not address these questions to the Commission or individual Commissioners.
- f. COAMFTE members shall complete and return the AAMFT Conflict of Interest statement and COAMFTE Conflict of Interest Form on an annual basis throughout their terms of service on the COAMFTE and shall comply with all other policies and procedures governing voluntary service on the Commission. COAMFTE members are expected to be present for all scheduled meetings. Barring emergencies, COAMFTE members who miss all or part of two meetings will automatically vacate their seats.
- g. Complaints against an individual Commission member shall be handled under procedures approved by the AAMFT Board in consultation with the Commission.

## **COMMITTEES OF THE COMMISSION**

### *Executive Committee*

The Executive Committee is a committee comprised of three members of COAMFTE: chair, chair elect, and senior public member. The chief accreditation officer and the immediate past COAMFTE chair, if still a member of COAMFTE, are ex-officio members of the Executive Committee. The Executive Committee is empowered to act on special problems requiring immediate action, but may not change standards, policies, grant accreditation or continuation of accreditation or remove accreditation. When reason exists to indicate significant departure from accrediting requirements or to otherwise question a program's compliance with standards of accreditation, the Executive Committee, in the absence of the full Commission, may take any action it deems necessary with the exception of removing a program from the accredited list.

### *Eligibility Review Committee*

The Eligibility Review Committee (ERC), a subcommittee appointed by the COAMFTE chair, is responsible for conducting reviews of Eligibility Criteria and determining when a program has demonstrated, through a substantially complete response, that it is prepared to proceed in the accreditation process. The ERC is comprised of marriage and family therapy educators and doctoral students enrolled in COAMFTE-accredited programs, who have a minimum of a master's degree in Marriage and Family Therapy or a related mental health field and familiarity with COAMFTE's accreditation standards, policies and

processes. ERC members cannot be concurrently serving on COAMFTE, any committees of COAMFTE, the AAMFT Board or any committees or task forces of the AAMFT Board. ERC members serve terms set forth by the COAMFTE chair and are eligible for reappointment by the Chair. ERC members are required to complete training before each ERC member begins the first term.

#### Term of Service

The inaugural cohort of ERC members shall serve staggered terms of either two (2) years or (3) years at the Chair's discretion; and all following ERC members shall serve a term of two (2) years.

#### Number of ERC members

COAMFTE Chair appoints a minimum of seven (7) ERC members to address the workload related to the Eligibility Criteria review.

#### *Standards Review Committee*

The Standards Review Committee (SRC), a subcommittee appointed by the COAMFTE chair, is responsible for: (1) implementing procedures for the review process every five (5) years, and (2) providing the COAMFTE with on-going feedback reflecting the state of accreditation standards and interpretations throughout the five-year cycle. The Committee will be comprised of COAMFTE members and senior marriage and family therapy educators not serving currently on COAMFTE.

#### *Ad hoc Advisory Committee*

Ad hoc Advisory Committees may be appointed by COAMFTE to fulfill certain specified tasks. These committees shall serve as consulting bodies to the Commission on specific issues. The Commission must propose a chair, a specific charge, and a timetable for the completion of the ad hoc committee's work, after which the body will be dissolved.

#### *Central Office*

COAMFTE is located at 112 South Alfred Street, Alexandria, VA 22314.

#### *Meetings*

COAMFTE holds regular meetings, usually in Alexandria, VA, to ensure the timely review of applicant programs and conduct accreditation business.

#### *Amendments*

Amendments to this policy manual may be proposed to the AAMFT Board of Directors by two-thirds of the membership of the Commission. The policy manual shall be amended by COAMFTE and made available to the AAMFT Board of Directors to ensure consistency with the policies of the Association.

### **STANDARDS REVISION**

COAMFTE periodically conducts a review of its objectives, standards and interpretations, and policies and procedures. Typically, the review of accreditation standards will occur every five years (or sooner in extenuating circumstances). Programs will be provided ample notification of changes and given numerous opportunities to provide input.

During the fourth year of the review cycle, the Commission initiates the process for a full review of its objectives, standards and interpretations, and policies and procedures. COAMFTE examines SRC Annual Reports to the Commission and any additional public feedback and drafts any necessary revisions.

When the COAMFTE proposes a revision in standards, the following procedures shall be followed:

- The SRC proposes a draft of revisions to the Commission.
- The Commission prepares a draft of the proposed revised standards, with input from legal staff.
- The Commission puts the draft of the standards revision for public comment.
- The Commission solicits public comment. Public comment is solicited through the following avenues:
  - A draft of the proposed standards is circulated for comment to marriage and family therapy educators (from accredited and non-accredited programs), clinicians, COAMFTE site visitors, members of regulatory boards, students, and other appropriate individuals.
  - The proposed standards are published in appropriate publications with a request for comments, due at a time determined by the COAMFTE.
  - The draft is presented, for further comment, at a public hearing.
- The Standards Review Committee summarizes the written comments and feedback from the public hearing and develops recommendations for the Commission. The Commission then considers all the information given to the Committee in the development of final standards. The Commission may seek additional comment before finalizing the standards, should it be warranted.
- The final revised standards are published with a date of implementation.

COAMFTE will establish procedures for notifying and soliciting feedback from various communities of interest consistent with the best practices in accreditation.

### **CONSULTATION**

The Accreditation staff is available to answer questions regarding policies and procedures for accreditation and to provide additional information regarding marriage and family therapy education. Programs shall not contact individual Commissioners with questions regarding accreditation standards, policies and procedures, or other accreditation related activities.

A list of consultants is available from the Accreditation Office. Consultants do not represent the Commission and the use of their services does not guarantee accreditation of the program. Consultants may not serve as members of a Site Visit Team to a program for which they have acted previously as consultants. Commission members cannot serve as consultants while on the Commission. All arrangements, including fees, must be made between the consultant and the program.

### **INTERAGENCY COOPERATION**

The Commission will, upon request, share with other appropriate recognized accrediting agencies and recognized state approval agencies information about the accreditation status of a program and any adverse actions it has taken against an accredited program.

The Commission recognizes the interdisciplinary origins of the profession of marriage and family therapy. The Commission has traditionally accredited marriage and family therapy programs in various academic departments as long as those programs have demonstrated their integrity through a clear commitment to marriage and family therapy as a profession. This integrity has been maintained through the accredited programs' demonstration of autonomous functioning, clear and substantial coursework, supervised practice in marriage and family therapy, and administrative structures that support the profession of marriage and family therapy.

The Commission is committed to interdisciplinary cooperation and to the avoidance of duplication of accreditation scopes with other accrediting bodies recognized by the United States Department of Education and/or the Commission on Higher Education Accreditation.

### **REGARD FOR DECISIONS OF OTHER AGENCIES**

The COAMFTE respects the actions of the state postsecondary review entities, other accrediting bodies, and other state regulatory agencies. Specifically:

- When deciding whether to grant initial accreditation or renewal of accreditation, COAMFTE will take into consideration adverse actions by recognized institutional accrediting agencies and state agencies.
- COAMFTE will not award accreditation status or renew accreditation during a period in which the program or institution a) is the subject of an interim action by a recognized institutional accrediting agency potentially leading to the suspension, revocation, or termination of accreditation; b) is the subject of an interim action by a state agency potentially leading to the suspension, revocation, or termination of the institution's legal authority to provide postsecondary education; c) has been notified of a threatened loss of accreditation by a recognized agency, and the due process procedures required by the action have not been completed; or d) has been notified by the state of a threatened suspension, revocation, or termination of the institution's legal authority to provide postsecondary education. If such actions named above occur during the program's accreditation term, the COAMFTE will promptly review the program's accreditation status and take action if warranted.
- COAMFTE will promptly review the accreditation status of a dually accredited program or institution when another recognized agency takes adverse action against the program or institution.

### **DISTANCE EDUCATION**

#### *Definition for Distance Education*

Distance education is defined as a method of instruction where the faculty and/or supervisors and the student engage in the teaching/learning process without being in the same physical location. Distance education cannot be the program's sole method of teaching.

The Commission may determine whether any program utilizes distance education.

All programs that indicate that their program utilizes distance education on the *SS1 – Application Form* must submit a completed *SS1B-Distance Education Form*.

### **ACCREDITATION PROCESS**

#### *Accreditation*

Programs interested in seeking accreditation should begin collecting data two years prior to submitting their application for accreditation. This will assist programs in accreditation process, as well as, will help to ensure availability of student and graduate achievement data that all accredited programs are required to publish on their public websites.

To initiate the accreditation process, all programs seeking initial or renewal of accreditation must submit a letter of intent specifying their intent to seek accreditation and an application for accreditation. If the application for accreditation is accepted, a program will be invited to submit its documents demonstrating compliance with the Eligibility Criteria. All programs seeking accreditation (initial and renewal) are

required to confirm eligibility for accreditation. Once the program confirms its eligibility to seek accreditation, a self-study and a site visit are required to assist the Commission in the evaluation of the program's compliance with Accreditation Standards. Subsequently, accreditation is awarded to programs that evidence compliance with accreditation standards. The Commission can also award accreditation with stipulations to programs that have minor deficiencies and require that these stipulations are addressed within two years of the accreditation date. Initial Accreditation is granted for a period of six (6) years. Renewal of Accreditation is granted for seven (7) years. Shorter periods of accreditation may be awarded at the discretion of the Commission.

### **LETTER OF INTENT**

Letter of intent is the program's notification to COAMFTE of its intent to seek accreditation. Programs must submit a letter of intent specifying their intent to seek accreditation (initial or renewal) six months prior to the submission of the Eligibility Criteria. The letter of intent must include a projected date for submission of the Eligibility Criteria consistent with the schedule of the submission deadlines; provide evidence of support from the institutional administration and program faculty; be on institution letterhead; and be signed by the Program Director.

The letter of intent does not need to include any evidence of program compliance with eligibility criteria and/or accreditation standards. A program wishing to make a formal application for accreditation should do so only after studying the eligibility criteria and accreditation standards, accreditation process, policies and procedures, and having discussion with the chief accreditation officer regarding requirements and application deadlines. All programs applying for initial accreditation are required to have a representative attend a COAMFTE accreditation training prior to the submission of an Eligibility Criteria.

### **FEES**

Application fees vary depending upon the number of programs applying from the same institution and the status of the applicant program(s). Application fees are nonrefundable unless a program withdraws its application within the specified period of time (see Voluntary Withdrawal). Programs may submit fees via check (made payable to AAMFT), or via credit card.

### **PUBLIC NOTIFICATION AND CALL FOR COMMENT**

COAMFTE will publish on its public website a list of programs that intent to seek initial accreditation or renewal of accreditation and provide the opportunity for comment prior to accreditation decision. When engaging in an accreditation review of a non-US program, COAMFTE will notify an appropriate governmental and non-governmental entity of the program's intent to seek initial accreditation or renewal of accreditation and provide the opportunity for comment prior to accreditation decision. Additionally, programs are directed to notify members of their own communities of interest of their intent to seek initial accreditation or renewal of accreditation and provide an opportunity for comment. All comments should be addressed to COAMFTE and directed to the Accreditation Office. Third Party Comments may not be anonymous and will be shared with the program to provide an opportunity for response.

### **ELIGIBILITY CRITERIA PROCESS AND DOCUMENTATION**

Each eligibility criterion in the Version 12 Accreditation Standards describes a structural expectation that is a required foundational aspect of an accredited program. Accreditation standards I-V build upon this foundation. Programs seeking accreditation should review all accreditation standards and be prepared to demonstrate consistency with specific inputs that occur across eligibility criteria and accreditation standards. Programs applying for renewal of accreditation must submit their Eligibility Criteria materials

two years prior to the expiration of their accreditation cycle. Programs applying for initial accreditation are encouraged to discuss the accreditation timeline with the COAMFTE staff.

### *Eligibility Criteria Document Organization and Submission*

Programs submitting Eligibility Criteria materials must refer to the Accreditation Process available on the COAMFTE website for instructions. Eligibility Criteria materials that are incomplete or do not follow the appropriate format and submission requirements will be returned with explanation to the program.

### **REVIEW OF THE ELIGIBILITY CRITERIA DOCUMENT**

- Eligibility Criteria materials received by the submission due date will be reviewed by Accreditation staff for completeness and compliance with Organization and Submission requirements.
- Eligibility Criteria materials that are incomplete or do not meet the Organization and Submission requirements will be returned to programs with explanation and timeline for resubmission.
- Complete Eligibility Criteria materials will be forwarded to the Eligibility Review Committee (ERC) for review.
- A primary and a secondary reviewer will be assigned to review the Eligibility Criteria materials.
- When the ERC has determined that a program has submitted a substantially complete response to the Eligibility Criteria, addressing all foundational aspects of an accredited program, the program will be invited to proceed with the accreditation process by submitting a Self-Study to COAMFTE.
- If the ERC determines that the response to Eligibility Criteria is not substantially complete, the program will need to address the deficiencies and submit the revisions by the next submission deadline published on COAMFTE's website. If the revisions do not demonstrate a substantially complete response, the matter will be referred to the Commission for review at its next meeting. Programs will need to demonstrate compliance with all the Eligibility Criteria before submitting a Self-Study.
- The Commission will review the referred program's Eligibility Criteria materials and respond in one of the following ways: (1) the Commission may defer action on the Eligibility Criteria and request additional information from a program or (2) the Commission may deny or revoke accreditation. A decision to deny or revoke accreditation will be subject to reconsideration and appeal, as set forth in the COAMFTE Policies and Procedures.

### **SELF-STUDY PROCESS AND DOCUMENTATION**

#### *Purpose of Self-Study*

Programs that meet the requirements of Eligibility Criteria will be invited to submit their Self-Study document. The Self-Study is a program's comprehensive analysis of its educational resources and effectiveness in relation to its stated mission and program goals. A program should already have in place a mechanism to ensure that its mission and goals are continually pursued, and its outcomes are achieved. This broad-based planning process should include all the constituencies that it seeks to serve: institutional officers, program administrative staff, teaching faculty, clinical faculty, students, and other significant groups. The COAMFTE accreditation standards and process provide a structure to facilitate that effort.

The Self-Study process should not detract from the broad-based planning process already in place by the program to ensure continued improvement. This process is on-going and should be continually reviewed, evaluated and revised, if needed. Although a program has considerable latitude in conducting its self-evaluation, the Commission views the involvement of all constituent groups as essential.

The purpose of a Self-Study is to help programs become more effective by clarifying their goals, assessing achievements, identifying problems, and implementing needed changes. Accreditation staff is available for consultation regarding the Self-Study process.

#### *Preparation of the Self-Study Document*

The Self-Study document is the written product of a program's self-evaluation. It is submitted to the COAMFTE by programs seeking accreditation. The Self-Study is the program's opportunity to describe how it meets and/or exceeds COAMFTE accreditation standards and is used by the Commission and Site Visit Team to assess the program's compliance with the COAMFTE accreditation standards. All Self-Study documents must be in the English language.

Applicants for Initial Accreditation or Renewal of Accreditation must demonstrate in the Self-Study document how the program meets and/or exceeds the accreditation standards.

#### **Instructions for Preparation of the Self-Study Document and Required Supporting Documentation** *Self-Study*

Self-Study materials must be prepared in accordance with accreditation standards in effect at the time of the Self-Study. A program submitting a Self-Study must:

- Provide a narrative response to each Key Element describing program's compliance (NOTE: 'program meets this key element' is NOT an acceptable response)
  - Describe how the program is meeting the requirements of the Key Element
  - Respond to each component of Key Element
- Include appendices/exhibits as supporting evidence for the narrative (Note: 'evidence will be provided during site visit' is NOT an acceptable response)
  - Include aggregated data
  - Do not include raw data
  - Provide examples of surveys
  - Include contextual explanation for all supporting documentation
- Complete and submit all required forms

#### *Self-Study Organization*

Programs submitting a Self-Study must refer to the Accreditation Process for instructions. The Self-Study submission cannot exceed 30 MB. Self-Study submissions that exceed 30 MB will not be accepted and will be returned to the program.

Self-Study documents that are not complete or do not follow the appropriate format and submission requirements will be returned with explanation to the program.

#### **STUDENT ACHIEVEMENT**

Programs applying for Initial Accreditation or Renewal of Accreditation are required to demonstrate that students and graduates achieve a sufficient level of knowledge and skill to be deemed competent therapists. Programs demonstrate compliance through a combination of Program Goals, Student Learning Outcomes, COAMFTE-established Student Achievement Criteria and adherence to a combination of Professional Marriage and Family Therapy Principles selected by each program.



## ❖ PROFESSIONAL MARRIAGE AND FAMILY THERAPY PRINCIPLES

Professional Marriage and Family Therapy Principles include: AAMFT Core Competencies, AAMFT Code of Ethics, AMFTRB Examination Domains, Task Statements, Knowledge Statements, and respective state licensing regulations.

Programs accredited under the COAMFTE Version 11 Standards may also choose to include the MFT Educational Guidelines as part of the Professional Marriage and Family Therapy Principles.

## ❖ STUDENT ACHIEVEMENT CRITERIA

Accredited programs are expected to have met and continue to meet, throughout their accreditation term, the COAMFTE Student Achievement Criteria (SAC). The SAC will be established by COAMFTE and may include, where appropriate, Graduation Rates, AMFTRB National and/or State Exam Pass Rates, and MFT State Licensure Rates. COAMFTE may periodically revise the Student Achievement Criteria based on actual rates. COAMFTE may establish separate thresholds for master's, doctoral, and post-degree training programs.

- Master's degree programs applying for initial accreditation must have graduates, and data related to student/graduate achievement.
- Doctoral degree programs applying for initial accreditation must have students who have completed the advanced curriculum, the advanced experience component, and must have data related to student achievement.
- Post degree programs applying for initial accreditation must have graduates, and data related to student/graduate achievement.

Note: Accredited programs are required to publish the Student Achievement Criteria (SAC) data on their program's website (see Disclosure Requirements). It is recommended that programs interested in seeking COAMFTE accreditation begin collecting data two (2) years prior to submitting their application for accreditation.

The current COAMFTE Version 12 Standards Student Achievement Criteria are as follows:

Program Type	Student Achievement Criteria I	Student Achievement Criteria II	Student Achievement Criteria III
Master's	Graduation Rates for, advertised length of time* for each cohort	Job Placement Rates for each cohort	Licensure Exam Pass Rate: Programs must demonstrate 70% pass rate on the licensure MFT exam for each cohort
Doctoral	Graduation Rates for advertised length of time* for each cohort	Job Placement Rates for each cohort	<i>Licensure Exam Pass Rate not required, but programs are encouraged to report on each cohort</i>
Post-Degree Programs	Graduation Rates for, advertised length of time* for each cohort	<i>Job Placement Rates not required, but programs are encouraged to report on each cohort</i>	<i>Licensure Exam Pass Rate not required, but programs are encouraged to report on each cohort</i>

\* Advertised length of time is how long the program is designed to complete as written.

Programs are required to collect and publish data on all of the required Student Achievement Criteria set by the Commission per cohort on an annual basis on the landing page of their program's website (refer to SAC Disclosure Form).

*The only benchmark set by the Commission is the Licensure Exam Pass Rate for Master's Programs. The other Student Achievement Criteria require data (rates per cohort) to be published.*

### **REVIEW OF THE SELF-STUDY DOCUMENT**

- Self-Studies received by the submission due date will be reviewed by Accreditation staff for completeness and compliance with Format and Submission requirements.
- Self-Studies that are incomplete or do not meet the Format and Submission requirements will be returned to programs with explanation and timeline for resubmission.
- Complete Self-Studies will be forwarded to COAMFTE for review.
- A primary and a secondary reviewer will be assigned to review the Self-Study submitted. A public member may also be assigned as a reviewer to assure consistency of the review process.
- Reviewers will examine a Self-Study and determine whether a program provided sufficient information to recommend a site visit.

### **RESPONSE TO THE SELF-STUDY DOCUMENT**

COAMFTE responds to Self-Study documents submitted for accreditation in one of three ways. It may:

1. Accept the Self-Study materials and recommend a site visit. In some cases, additional documentation may be requested.
2. Indicate that the Self-Study materials are incomplete and require submission of an Addendum. Recommend that a site visit be deferred until the review and acceptance of an Addendum.
3. Reject the Self-Study materials and recommend that a site visit be denied. This action is taken when it appears from examination of the Self-Study document that:
  - a. the program seeking accreditation does not meet the standards; or
  - b. the program seeking initial accreditation status does not meet standards and cannot be expected to achieve compliance with the standards within two years.

### **NOTIFICATION OF COAMFTE DECISION**

Following the COAMFTE review of a program's Self-Study, the Accreditation staff will prepare and send a Self-Study Review Letter to the Program Director indicating whether a site visit has been recommended and include a detailed review of the program's Self-Study. The purpose of the Self-Study Review Letter is to assist programs in preparing for the COAMFTE Site Visit. The Self-Study Review Letter indicates areas of deficiencies identified during the Self-Study Review. It is highly recommended that programs strive to address these areas prior to the Site Visit.

In a case where a site visit has been recommended, the Site Visit Team will receive all of the program's accreditation materials, including the Self-Study Review Letter. In a case where the recommendation was to defer or deny a site visit, a program may request that a site visit be conducted despite the COAMFTE's recommendation. To continue in the accreditation process, a program must provide a response to the Self-Study Review Letter by the stated deadline.

### **SITE VISIT**

#### *Purpose*

The purpose of an accreditation site visit is to determine the accuracy and completeness of the Self-Study document and gain an understanding of those aspects of a program which cannot be fairly and adequately evaluated from documentation alone.

### *Selection of Site Visit Team*

Accreditation Site Visit Teams generally consist of three to four qualified site visitors, for single and dual programs respectively. The number of site visitors may vary depending on program size, complexity, and special needs. Every effort is made to ensure that site visitors have appropriate background, knowledge, and experience with regard to the type of program being visited. Composition of Site Visit Teams also make every effort to be sensitive to issues of ethnicity, gender, and other diversity concerns. Site visitors who cannot assure the Commission of their objectivity due to a potential conflict of interest will not be selected (see Conflict of Interest policy). Staff will appoint a chair of the Site Visit Team. A Commission representative (usually Accreditation staff member) may accompany a Site Visit Team.

### *Site Visitor Qualifications*

Qualifications for Site Visitors:

- Minimum of five (5) years of advanced experience as a licensed MFT practitioner and/or educator/researcher in the field of marriage and family therapy (which includes but is not limited to: experience in a university, clinical, or related setting)
- Experience in performing supervisory administrative duties
- Current knowledge of the standards for marriage and family therapy education
- Successful completion of COAMFTE Site Visitor Training
- AAMFT Clinical Fellow and licensed marriage and family therapist
- Current knowledge and experience in the profession of marriage and family therapy
- Participation in a site visit or site visitor refresher training every two (2) years to maintain 'active' status

New site visitors must participate in a site visit within two years from completing the site visitor workshop. Continuing site visitors who do not participate in a site visit or complete a site visitor refresher training every two years will be considered inactive and must retake and successfully complete the site visitor workshop prior to participation in a site visit.

Qualified site visitors who are ineligible to participate in site visits due to other AAMFT organizational service shall retake and successfully complete the site visitor training prior to participation in a site visit. COAMFTE members who satisfy the Site Visitor Qualifications during their terms as Commissioners shall retain their "active" site visitor status for their terms of service and for the two years immediately following the completion of their terms of service.

Site Visitors employed by a program hosting a COAMFTE Site Visit are ineligible during the cycle in which their program is hosting a Site Visit.

### *Preparation for Site Visit*

Site Visits are generally scheduled in the Spring, March 15 – May 15, and in the Fall, September 15 – December 15, and occur over a two-day period, Monday and Tuesday (travel days are Sunday and Wednesday). Preparation materials, including a program's Self-Study document, Self-Study Review Letter, and any additional documentation submitted by the program, are sent to Site Visitors for their review prior to the site visit.

- Programs seeking accreditation must submit a site visit date request, a conflict of interest, and a confidentiality forms by the noted deadline.
- The Accreditation staff will select potential site visitors and designate a chair, taking into account the conflict of interest information provided by the program. Programs are responsible for

updating their conflict of interest forms and informing the Accreditation Office prior to the selection of the team of any existing conflicts of interest with potential Site Visitors.

- The programs are responsible for submitting to the Accreditation Office, by the noted deadline, a tentative Site Visit Agenda and Site Visit Logistics. Accreditation staff will forward the tentative Site Visit Agenda to the Site Visit Team chair for review and approval. The staff and chair will review and modify the Site Visit Agenda, in consultation with the Program Director, as appropriate. The Program Director must inform the faculty, administrators, students, and all others who will participate in the site visit of the nature and purpose of the site visit and explain their involvement in the process.
- The programs are responsible for providing all documents requested by the Site Visit Team prior to and during the visit.

### *Conduct of the Site Visit*

- At the beginning of each site visit cycle, the Accreditation staff will conduct a 'Refresher' to inform the site visitors of any recent developments relative to accreditation or COAMFTE policies and procedures. All site visitors participating in site visits during the cycle must attend a Refresher.
- Prior to each site visit, the Site Visit Team will discuss their review of the program's materials and identify any additional documents that the program will need to provide prior to or at the time of the site visit.
- The chair of the accreditation Site Visit Team will convene an organizational conference with the accreditation Site Visit Team on the eve of the team's arrival to the program. The purpose of the meeting is to review pertinent materials and plan the team's work and division of labor. All team members must review all of the program materials thoroughly prior to arrival.
- During the site visit, the site visitors will:
  - review the physical facilities;
  - discuss the academic and clinical program with the staff;
  - confer with the institution's administrators on attitudes toward, and plans for, the program;
  - conduct meetings with students and graduates of the program;
  - review materials and records of the clinical program;
  - review records of current students' academic and clinical experience, including educational achievement and progress in meeting degree or certificate requirements;
  - review formal student complaints and grievances;
  - review records of recent graduates to determine their educational achievement and completion of all degree or certificate requirements;
  - review public documents related to the program's representations, including disclosure of admission policies, academic offerings, graduation rates and requirements, and student achievement; and gather information relative to deficiencies noted by the COAMFTE regarding the Self-Study.

Prior to the end of the visit, the team will complete the process of information gathering and verification of the evidence and prepare a preliminary Site Visit Report. Once that is completed, as a courtesy, the Site Visit Team chair will provide Closing Remarks to the Program Director and any others the Program Director wishes to include. That prerogative does not include legal counsel. The closing remarks provide a summary expression of the Site Visit Team's findings up to that point. Closing Remarks are a courtesy on behalf of the Site Visit Team and are not a mandatory part of the visit. The Site Visit Team chair, in collaboration with Site Visit Team members, determines what information will be shared with the program. It is not a conversation or a dialogue. Only the chair

delivering Closing Remarks speaks during the meeting. The Site Visit Team does not offer an evaluation, make recommendations, suggest changes, or function in a consultative manner. The Site Visit Team provides a brief overview of items the Site Visit Team was able to verify and items the Site Visit Team was not able to verify on-site. Site Visit Team members must refrain from attempting to anticipate or suggest the potential response of the Commission.

- Site visitors are expected to maintain the strictest confidentiality regarding all aspects of the site visit (see Confidentiality and Disclosure).
  
- **For Programs Utilizing Distance-Based Technology in their Program or During Site Visits:**
  - It is the Program Director's responsibility to ensure that the Site Visit Team has adequate opportunity to engage in all of the meetings listed above.
  - The Program Director should prepare, ahead of time, all technological necessities to ensure that the Site Visit Team meets with the bodies of individuals as cited above and for all documentation reviews.
  - Additionally, the Program Director is to prepare contingency plans in case of unforeseeable technological difficulties including power loss or other acts of nature.
  - If for any reason the Site Visit Team is not provided with the opportunity to hold these meetings, or if the individuals requested are not in attendance sufficient to adequately assess the program, the Commission may refuse the Site Visit Report and another site visit will be scheduled at cost to the program. For further clarification please contact the chief accreditation officer.
  - Inability to communicate with the individuals due to technological barriers will be viewed negatively by the Site Visit Team and ultimately by the Commission, thereby potentially resulting in non-acceptance of the Site Visit Report. For further clarification, please contact the chief accreditation officer.
  - Site visits for programs utilizing distance education must also provide a meeting related to instructional technology that includes a lay explanation of methods used in delivery of course content and in supervision as well as the opportunity for Site Visit Team members to participate in a brief educational or training experience.

### *Expenses*

The program is responsible for a site visit fee that covers all costs related to the site visit (travel, hotel, meals, administrative costs associated with preparation of the Site Visit Report, phone calls pertinent to the conduct of the site visit, etc.). Site visitor expenses are reimbursed in accordance with the AAMFT Reimbursement Policy. The Program Director may contact the chief accreditation officer to discuss the cost of a site visit. All changes made to the site visit that result in additional costs as a result of the program's action in violation of COAMFTE policies will be at the program's additional expense and additional service charges may apply. COAMFTE may reschedule a site visit for reasons beyond its control.

## **SITE VISIT REPORT**

The Site Visit Team will prepare a preliminary written report before leaving the applicant program. The Site Visit Report will be forwarded to the Program Director and Chief Executive Officer of the institution within forty-five (45) days of the site visit completion, consistent with the following schedule.

- The Site Visit Team Chair will forward the report to the Accreditation office for final preparation within fifteen (15) days of the visit.
- The final report will be forwarded to the Program Director and the Chief Executive Officer of the institution within thirty (30) days of receipt of the preliminary report.

The written report serves as one of the bases of the Commission's decision and provides officials and administrators of the program with an impartial guide to the qualitative and quantitative aspects being evaluated. Accreditation Site Visit Reports address only accreditation standards and do not include recommendations or advice to the program.

## **PROGRAM'S RESPONSE TO THE SITE VISIT REPORT**

Upon receipt of the final report, the program must prepare a written response and or submit pertinent supplemental materials to the Accreditation office. The purpose of the Response to the Site Visit Report is to allow the Program Director to demonstrate how the program is in compliance with COAMFTE Accreditation Standards and to address the concerns noted in the Site Visit Report by the Site Visit Team. It is the program's responsibility to demonstrate clearly that it is in compliance with accreditation standards.

### *Instructions for Preparing and Submitting a Response to Site Visit Report*

- Program's response should address the On-Site Observations as they relate to each of the Accreditation Standards and each of the Key Elements. If the program does not have additional information to provide, please note "The program concurs with the Site Visit Team's findings."
- Programs may provide additional information as supporting evidence of the program's response.
- Program's responses may reference the original Self-Study, or any documentation included in the original Self-Study only when the information was already provided. A specific location of the documents within the Self-Study must be provided.
- Program's response containing Site Visit Report Response Template and any supporting documentation must be in one document, in a PDF format with bookmarks linked to the individual components.
- Program's response must be submitted within thirty (30) days of receipt of the Site Visit Report. Extensions can only be granted in case of emergencies.
- Program's response must be submitted to the Accreditation Office, via e mail at [coa@aamft.org](mailto:coa@aamft.org).
- PDF files may not exceed 30 megabytes.

## **COAMFTE ACTIONS**

Both the Primary and Secondary Reviewer will carefully examine the Self-Study, the Site Visit Report, the program's response to the Site Visit Report, and any additional documentation submitted by the program. The Primary and Secondary Reviewer will complete a review that (1) documents areas of compliance and non-compliance with accreditation standards; (2) indicates deficiencies and what program must do to

correct them; (3) states a recommendation regarding the decision on accreditation. The reviews containing recommendations will be made available to the entire Commission for review prior to the meeting. During the Commission deliberations, all Commissioners, except those with a conflict of interest, will have access to all of the program's documents/records to make an accreditation decision, including but not limited to the program's Self-Study and supporting documentation furnished by the program, the report of the on-site review, the program's response to the report, and any other appropriate information from other sources to determine whether the program complies with the COAMFTE accreditation standards. The Primary and Secondary reviewers will present and discuss their reviews with the entire Commission at the meeting. The Commission, by a majority vote of members present, will take one of the actions described below.

#### *Award Accreditation*

The Commission will award initial accreditation or renewal of accreditation to programs evidencing substantial compliance with accreditation standards. Initial accreditation shall be granted for a period not to exceed six (6) years. Renewal of accreditation shall be granted for a period not to exceed seven (7) years. (Shorter periods of accreditation may be awarded at the discretion of the Commission.)

A program with deficiencies may be awarded accreditation with stipulations provided they can be corrected within a specified period of time. COAMFTE will specify "stipulations" that must be addressed in an interim report, due at a time determined by COAMFTE, or by an interim site visit to be conducted at a time determined by COAMFTE.

#### *Denial of Accreditation*

Denial of initial accreditation or renewal of accreditation indicates that a program does not meet accreditation standards. A program denied initial accreditation or renewal of accreditation, or a program whose accreditation has been revoked, must wait one (1) year before reapplying.

#### *Revoke Accreditation*

The Commission may revoke a program's accreditation at any time if:

- a. the program fails to demonstrate that it has maintained compliance with the standards for accreditation,
- b. the program violates Commission policies and procedures for provision of required information, or
- c. the program fails to pay fees after adequate notice.

Prior to the revocation of accreditation, the Commission may request a "Show Cause" as to why the accreditation status of a program should not be removed. A program whose accreditation has been revoked must wait one (1) year before reapplying.

#### *Defer Decision*

In the event that the Commission requires additional information to complete its review of a program, it may defer rendering a decision. A deferment may not exceed six (6) months.

#### *Corrective Actions Policy*

The following measures will be enforced, as illustrated, to those programs incurring stipulations and upon those programs failing to comply with COAMFTE Standards of Accreditation. In cases where a program receives accreditation with stipulations, an Action Letter with Corrective Actions will be sent to the Program Director and CEO of the institution.

### *Timeline for Corrective Action*

Programs must clear all stipulations within two (2) years of receiving them. Programs that fail to clear all stipulations within the two-year period may have their accreditation revoked. Programs receiving stipulations from the COAMFTE's first meeting of the calendar year will be required to submit their first response by January 31<sup>st</sup> of the following calendar year. Programs receiving stipulations from the COAMFTE's second meeting of the calendar year will be required to submit their first response by July 31<sup>st</sup> of the following calendar year.

Regardless of the date of the stipulation, programs may elect to submit their response earlier, for an interim review, to clear their stipulations. The interim response can only be submitted during the first year of the Corrective Action Policy. Following the interim response, programs will continue to report on the established timeline. Programs interested in submitting an interim response should contact COAMFTE staff to confirm the submission deadlines.

### *Year 1 (beginning) – Impose Stipulations*

Programs that receive stipulations must:

- Submit a compliance report addressing deficiencies by the noted deadline
- Review accreditation materials and consult with Accreditation staff

Programs are recommended to:

- Attend Accreditation Training
- Seek consultation from an external consultant (list of consultants can be obtained from the Accreditation Office)

Programs have the option to:

- Submit a compliance report addressing deficiencies at the reporting deadline immediately following the notice of being granted accreditation with stipulations

### *If optional compliance report submitted - Year 1 (midpoint) – Continue Stipulations*

Programs that fail to clear all stipulations must:

- Submit a compliance report addressing deficiencies by the noted deadline
- Review accreditation materials and consult with Accreditation staff

Programs are recommended to:

- Attend Accreditation Training
- Seek consultation from an external consultant (list of consultants can be obtained from the Accreditation Office)

### *Year 2 - Place on Probation*

Programs that fail to clear stipulations in their first year of carrying stipulations will be placed on probation for a period of time not to exceed one year. During the probation, programs must:

- Submit a compliance report addressing deficiencies by the noted deadline
- Host a focused site visit scheduled by COAMFTE at the expense to the program
- Submit Response to Site Visit Report

### *Year 3*

- Programs that clear stipulations will be considered accredited for the remainder of the accreditation term originally granted
- Programs that fail to clear stipulations may have their accreditation status revoked



## **EFFECTIVE DATE OF ACCREDITATION**

The effective date of accreditation (initial and renewal) shall be May 1<sup>st</sup> or November 1<sup>st</sup>.

## **NOTIFICATION TO PROGRAM OF COAMFTE ACTIONS**

The Accreditation Office will provide written notification of COAMFTE decision to the Chief Executive Officer of the institution and the Program Director no later than thirty (30) days after the final decision. The program must agree in writing to any stipulations for accreditation before status can be conferred. In the case of an adverse decision, the program will be notified of the reasons for that action, informed of the right to request reconsideration by the Commission, and informed of filing procedures.

## **PUBLIC NOTIFICATION OF COAMFTE DECISIONS AND ACTIONS**

The Commission will provide written notice of all final actions to the Council for Higher Education Accreditation (CHEA), the appropriate State regulatory entity, the relevant accrediting bodies, and the public to: a) award or deny initial accreditation, b) award or deny renewal of accreditation, c) revoke accreditation, or d) to place a program on probation or equivalent status within 24 hours of its final notice to the program. The Commission will provide written notice to CHEA, the appropriate State regulating entity, the relevant accrediting bodies, and upon request, the public of decisions by programs to voluntarily withdraw their accreditation or to let their accreditation status expire within 30 days of notification or date on which accreditation lapses. Commission action to award accreditation to a program will not be publicized until receipt of the program's written agreement to the terms of its accreditation. In the case of an adverse action, public notice may occur only after completion of the Request for Reconsideration and Appeal Procedures. If the program chooses not to request reconsideration or appeal, the decision will be final, and public notice will occur within thirty (30) days. Within sixty (60) days after a final decision, the COAMFTE will make available to CHEA, the appropriate State regulatory entity, appropriate accrediting bodies, and the public upon request, a statement summarizing the reasons for the COAMFTE decision to deny or revoke accreditation, and the comments, if any, that the affected program may wish to make with regard to that decision. Mechanisms for providing public notice may include publishing the list of accredited programs, publication in appropriate professional journals, use of the COAMFTE Website and notice to CHEA, State regulatory entities, other accrediting bodies, and other organizations.

The Commission will publish a list of accredited programs on its website and, upon request, provide a copy of its updated list of accredited programs annually to CHEA and relevant accrediting bodies and state agencies.

## **REQUEST FOR RECONSIDERATION**

A program may make a request for reconsideration, that is, ask the Commission to conduct a review of its adverse decision to deny or revoke accreditation. In doing so, the program seeks to provide evidence that: a) the Commission committed an error or violated its procedures, b) the Commission made an oversight in its decision-making process, or c) newly discovered evidence concerning program's compliance with COAMFTE's eligibility criteria or standards that with reasonable diligence could not have been discovered at the time of the Commission's decision to deny or revoke accreditation. The burden for establishing the grounds for reconsideration rests with the program.

During the reconsideration procedure, the program retains its accreditation status.

### *Filing of Request*

A Request for Reconsideration must be made before an appeal is filed (see Appeal Procedures).

The Request for Reconsideration must be submitted to the chief accreditation officer within fifteen (15) days of receipt of the adverse decision. It shall state clearly the program's reasons for seeking a reversal or modification of the COAMFTE's decision. If the program does not notify the Commission within fifteen (15) days, the right to the reconsideration is waived, and the decision of the Commission is final.

### *Documentation*

The program must submit written documentation to support its contention that the COAMFTE should reverse its initial adverse decision. The information provided by the program must include a statement that discusses in detail the matters cited in the Request for Reconsideration. It should be accompanied by any documents that would support the program's statement.

The supporting documentation must be sent to the chief accreditation officer and received within thirty (30) days after filing the Request for Reconsideration. The information must be submitted electronically as one document in PDF format with bookmarks linking to individual components of the document. The information must be sent to [coa@aamft.org](mailto:coa@aamft.org). Files may not exceed 30 MBs.

### *Review by the Executive Committee*

The Request for Reconsideration will be reviewed by the Executive Committee of the COAMFTE no later than the Commission's next scheduled meeting. Any member of the COAMFTE Executive Committee who has served as reviewer for the program or has a conflict of interest may not participate in the Executive Committee's deliberations. The next most senior professional or public member will serve on the Committee for that particular program only. The Executive Committee may request additional data from the program. The program will be notified within thirty (30) days of the decision by the Executive Committee to approve or deny the Request for Reconsideration.

If the Executive Committee's decision is to approve the Request for Reconsideration, the program will be reviewed by the Commission no later than its next scheduled meeting. If the Executive Committee denies the request, the Program Director and Chief Executive Officer of the institution will be informed of the right to appeal.

Programs may request that oral testimony be given at the Commission meeting during which the Request for Reconsideration will be heard. The Executive Committee of the COAMFTE has the sole discretion to grant or deny oral testimony. The Executive Committee will notify the program of the decision within fifteen (15) days following the request for an oral hearing. If the request is granted, the program will be notified of the date, time, and location of the oral hearing as soon as it is scheduled. The COAMFTE does not cover any costs associated with oral testimony.

### *Review by the Commission*

The Commission will consider the program's Request for Reconsideration, written statement, and all supporting documentation in rendering its decision by majority vote.

### *Decision on Reconsideration*

Within thirty (30) days after the meeting in which the Request for Reconsideration is reviewed, the Program Director and the Chief Executive Officer of the institution will be notified of the COAMFTE's decision to affirm, modify, or reverse its initial decision. The Commission also may take other action,

which it believes appropriate for remaining concerns. If the decision is to affirm the initial decision to deny, withhold, or revoke accreditation, notice of the right to appeal and procedures for doing so will be sent with the decision letter.

## **APPEALS PROCEDURES**

### *Basis for Appeal*

A program may request an independent Appeal Panel to formally review an adverse decision of the Commission. The appeal procedure is available to a program when the Commission has: a) affirmed its initial adverse decision following review of the Request for Reconsideration, or b) denied the program's Request for Reconsideration. A program may appeal the Commission's final decision to deny or revoke accreditation if the Commission: a) disregarded its standards, b) did not follow its stated procedures, or c) did not consider available evidence that was favorable to the program. The appeal shall be made on the record that was considered by the Commission at the time of its reconsideration decision. No new information may be introduced during the appeal (e.g., developments, plans, or improvements made after the Commission review and action).

The accreditation of a program prior to an adverse decision by the COAMFTE will continue until the appeal is decided.

### *Notice of Appeal*

A program desiring to appeal an adverse decision by the Commission must notify the chief accreditation officer of the intent to appeal. Written notification must take place within fifteen (15) days of receipt of the Commission's decision to: a) deny the Request for Reconsideration, or b) reaffirm the initial adverse decision following review of the Request for Reconsideration. If the program does not notify the Commission within fifteen (15) days, the right to appeal is waived, and the decision of the Commission is final.

### *Documentation*

The program must state in writing the specific reasons for the appeal within thirty (30) days of the notice of intent to appeal. All supporting materials must accompany the statement.

### *Selection of Appeal Panel*

The chair of the Commission will supply the program with a list of five (5) names of individuals eligible to serve on a three-person Appeal Panel. The members of the Appeal Panel will have a working knowledge about and experience with Commission accreditation policies and procedures. Persons who present a conflict of interest with the appellant program will not be selected to serve on the panel (see Conflict of Interest). Panel members must not: a) have served as site visitors to the appellant program, b) be current members of the COAMFTE, c) be employees of the AAMFT, or d) be a current member of the AAMFT Board.

The program must notify the chair of the Commission if it disapproves of any of the listed individuals with cause, and it may indicate a rank of preference. The program may not disapprove of more than two of the five people listed without cause. The three-member Appeal Panel will be appointed by the chair of the Commission from the list of names reviewed by the program. The Appeal Panel will select one of its members to be chair.

### *Appeal Panel Procedures*

The Commission staff, in consultation with the program and the Appeal Panel, shall establish the date, time, and location of the hearing. The hearing shall be held within forty-five (45) days after the Appeal Panel is appointed. The Program Director and the COAMFTE will be notified in writing thirty (30) days prior to the hearing date. The Appeal Panel will consider only the facts and information in the record at the time of the Commission's decision. Prior to the hearing, the Appeal Panel will receive: a) all materials in the record at the time of the COAMFTE's adverse decision, including the decision letter that was sent to the program; and b) the program's request for the appeal and all supporting materials provided by the program. The Appeal Panel has jurisdiction only over whether or not the COAMFTE has appropriately adhered to its policies, procedures, and standards. The panel will not address the merits of an established COAMFTE standard or procedure.

At the hearing, the chair of the COAMFTE and the appellant Program Director shall have the right to attend the hearing or send a designated representative to present a statement or argument in support of or in opposition to the appeal. In such a case, the appellant program shall be afforded a thirty (30) minute opportunity to be heard first. Then, the COAMFTE representative shall be afforded a thirty (30) minute opportunity to be heard. Finally, the appellant program shall be afforded fifteen (15) minutes to present a closing statement. The Appeal Panel may question the program and COAMFTE representatives regarding facts presented. The chief accreditation officer also will be present to answer questions from the panel.

### *Appeal Panel Decisions*

The Appeal Panel reaches its decisions in private by majority vote. The Appeal Panel may decide to: a) uphold the COAMFTE's decision, or b) remand to the Commission for reconsideration if the Appeal Panel determines that the Commission has violated its own policies, procedures, and/or standards.

The chair of the Appeal Panel shall advise the appellant program, the Chief Executive Officer of the institution, and the COAMFTE of its decision in writing within fifteen (15) days of the appeal hearing. This notification will contain the basis on which the decision was made.

If the Appeal Panel upholds the decision of the Commission, the action of the Appeal Panel is final. When a decision to deny or remove accreditation is final, the program, if accredited, is removed from the list of COAMFTE accredited programs. The program and all appropriate federal and state agencies will be notified at the same time and within thirty (30) days of the decision.

If the Appeal Panel remands the case to the Commission for further consideration, the matter shall be deemed to be finally disposed of when the Commission takes final action on remand, unless the Commission's action on remand is based upon grounds which have not been reviewed by the Appeal Panel. In that event, a program may make an appeal of the Commission's action on remand, but must limit its appeal to those grounds that the Appeal Panel has not previously reviewed.

### *Expenses of Appeal*

The program requesting an appeal will be assessed a standard fee to cover expenses for the appeal and will be responsible for travel expenses of its own representatives. The fee must be submitted with the program's request for appeal.

If a program desires to have an official transcript of the proceedings of the hearing, it will arrange and pay for a transcriber to be present. The program will supply one (1) copy of the transcript to the Commission at appellant's expense.

## **MAINTENANCE OF ACCREDITATION**

### *Maintenance Criterion*

Each accredited program must demonstrate its continuing compliance with COAMFTE standards through the submission of reports related to the maintenance criterion and an annual report. Each maintenance criterion describes a standard that accredited programs must meet to demonstrate ongoing compliance with accreditation. Programs that have been awarded accreditation are encouraged to review these criteria, so they can adequately prepare to comply with the standards.

### *Annual Report*

The purpose of the annual report is to document the continuing development of accredited programs, noting any changes that have occurred since the last annual report or, for new programs, the Self-Study. Programs are encouraged to include student and graduate achievement data in the Annual Report prior to their initial date of accreditation. If the annual report indicates that the program is in violation of the standards, one or more of the following actions will be taken:

- The Commission will impose stipulations and require that programs clear them according to the *Timeline for Corrective Actions Policy*.
- The Commission may order a complete or partial Self-Study to be completed within a reasonable period of time set by the Commission. Failure to respond within the time specified will result in the initiation of the accreditation revocation process.
- The Commission may require an interim site visit. The program is responsible for all expenses related to an interim site visit.
- The Commission may revoke accreditation if the program has failed to address concerns cited by the Commission from previous annual reports (see Revocation of Accreditation).

Programs that do not submit the annual report prior to or on the program's report due date will be found in non-compliance, assessed a Late Fee, and placed on notice. Failure to submit an annual report within thirty (30) days of the due date may result in an interim site visit, at the program's expense, to determine compliance with accreditation standards. Failure to allow an interim site visit will result in the initiation of the accreditation revocation process. The Program Director and Chief Executive Officer of the institution will be notified of the delinquent status of the report and the requirement of a site visit.

Programs must submit an annual report for all years of accreditation on their regular schedule of submission, including the year in which a Self-Study is due.

### *Annual Sustaining Fee*

Programs are required to submit an Annual Sustaining Fee prior to or on the due date. Programs that fail to submit an Annual Sustaining Fee by the noted deadline will be assessed a Late Fee.

### *Special Reports*

Programs that have deficiencies in their Annual Report will be required to submit a Special Report by the next submission deadline or as required by COAMFTE. In a case where a program's Annual Report and Special Report are not approved, COAMFTE will impose Stipulations. Programs with Stipulations are required to follow and comply with the *Corrective Action Policy*.

### *Special Report Fee*

Programs are required to submit a Special Report Fee prior to or on the submission date of their Special Report. Programs that fail to submit a Special Report Fee by the noted deadline will be assessed a Late Fee.

### *Response to Stipulations*

Programs that do not demonstrate continued compliance with COAMFTE accreditation standards and have stipulations attached, are required to submit their Response to Stipulations consistent with the *Timeline for Corrective Actions Policy*.

### *Commission Procedures for Handling Maintenance of Accreditation Documents*

Both the Primary and Secondary Reviewer will carefully examine the program's maintenance of accreditation documents. The Primary and Secondary Reviewer will complete a review that (1) documents areas of compliance and non-compliance with accreditation standards; (2) indicates deficiencies; (3) states a recommendation. The reviews containing recommendations will be made available to the entire Commission for review prior to the meeting. During the Commission deliberations, all Commissioners, except those with a conflict of interest, will have access to all of the program's maintenance documents. The Primary and Secondary will present and discuss their reviews with the entire Commission at the meeting. The Commission, by a majority vote of members present, will take one of the actions described below.

## **COAMFTE ACTIONS**

### *Annual Report*

COAMFTE can respond to the program's Annual Report in one of the following ways:

- accept the annual report;
- defer acceptance of the annual report and request a Special Report;
- reject the annual report and require a program to submit a new annual report by the stated date.

Programs will be notified of response to annual report, stipulations/conditions, and corresponding due dates for response and compliance with identified stipulations/conditions within thirty (30) days of the Commission's decision.

### *Special Report*

COAMFTE can respond to the program's Special Report in one of the following ways:

- accept the special report and previously deferred annual report;
- reject the special report and previously deferred annual report and impose stipulations on the corresponding standards where the program is out of compliance. Programs with Stipulations are required to follow and comply with the *Corrective Action Policy*.

### *Response to Stipulations*

COAMFTE can respond to the program's Response to Stipulations in one of the following ways:

- accept the response to stipulations and remove stipulations;
- reject response to stipulations and continue stipulations.

### *Notification of Changes*

All relevant/substantive program changes in the program must be reported to the COAMFTE in writing (see Substantive Change Policy).

## **SUBSTANTIVE CHANGE**

Accredited programs are required to notify the Commission (in writing) of any substantive change and receive COAMFTE approval prior to including that change in the accredited program. Programs submitting a Substantive Change must follow the format and submission requirements posted on the COAMFTE website. Substantive change is defined as:

The following require approval of the Commission prior to implementation:

- a. any change in the fundamental program or institutional mission;
- b. a change in the definition of the Program Director Role;
- c. the addition of courses or programs that represent a significant departure, in terms of content or method of delivery, from those that were offered when the program was awarded accreditation or those that were approved by COAMFTE in an annual or interim report;
- d. the addition of courses or any changes in tracking course time, including a change from clock to credit hours or vice versa; a substantial increase in the number of clock or credit hours awarded for successful completion of the program; or a change in the length of the program;

The following changes require notification to the Commission:

- a. A change in Program Director;
- b. any change in the legal status or form of control of the institution (e.g., for-profit status, changes in Institutional Accreditation/Oversight, etc.);
- c. any loss of or change in Institutional Accreditation/Oversight status (e.g., loss of regional accreditation)
- d. any change in number of core faculty;
- e. any change to program administrative structure, not including changes to the Program Director role noted above.

### **ADMINISTRATIVE PROBATION**

As a condition of accreditation, all accredited programs are expected to submit all reports and fees on or before the indicated deadlines.

COAMFTE may place on Administrative Probation any accredited program that fails to submit, with due notice, any report or fee by the indicated deadline. Programs that fail to submit a required report and/or fee by the noted deadline will receive a notice of Administrative Probation. Programs that fail to comply with the notice will be put on the next scheduled COAMFTE meeting's agenda. At that Commission meeting, the Commission will review the program's circumstance and may vote to place the program on Administrative Probation. Programs placed on Administrative Probation will receive notice of this action within 30 days of the action by the Commission along with specific instructions on what report(s)/fee(s) need to be submitted and the next steps in the Administrative Probation process.

All programs placed on Administrative Probation will be listed on COAMFTE's public website.

A program may be placed on Administrative Probation for no longer than one year before accreditation is revoked. Once placed on Administrative Probation programs must submit the indicated report(s)/fee(s) as soon as possible. If any delay or failure to submit a report and/or fee is a result of extenuating circumstances, the program may submit a letter to the Commission outlining this circumstance with supporting documentation. The letter must be signed by the Program Director. At the regularly scheduled COAMFTE meeting following a program being placed on probation, the Commission will vote to either remove the program from Administrative Probation or revoke the program's accreditation. A program will be removed from Administrative Probation if the program submitted the necessary report(s)/fee(s). A program's accreditation will be revoked if the program has not submitted the report(s)/fee(s) listed in the program's Administrative Probation notice.

All programs will receive notice of the action taken by the Commission within 30 days of the action by the Commission. Programs removed from Administrative Probation will be removed from the list of programs

on Administrative Probation on the COAMFTE public website. If the Commission revokes an accredited program's accreditation under the Administrative Probation process the program will receive information on the Request for Reconsideration/Appeal processes. Programs may use the Request for Reconsideration and/or Appeal process for accreditation revocation taken under the Administrative Probation policy. A program's accreditation will be maintained through the duration of the Request for Reconsideration/Appeal process.

Applicant programs that are not currently accredited will be considered voluntarily withdrawn from the accreditation process if they fail to submit, with due notice, any report or fee by the indicated deadline.

### **ACCREDITATION RENEWAL**

Notification will be forwarded to the Program Director by the Accreditation Office six (6) months before the program's Eligibility Criteria document is due. This notification includes: a) a renewal notice indicating the date of expiration of accreditation, due date of the Eligibility Criteria document and renewal fee; b) a list of requirements for renewal of accreditation process; and c) a list of resources to assist programs in the renewal of accreditation process.

Programs seeking accreditation renewal will need to meet the requirements of Eligibility Criteria. Programs that meet Eligibility Criteria will be invited to submit a Self-Study. Such programs have the same responsibility to demonstrate compliance with eligibility criteria and accreditation standards, as do programs seeking initial accreditation. The program must follow the outlined procedures for format and submission of the Eligibility Criteria and Self-Study documents and submit the accompanying fees.

If, for any reason, a program cannot submit its Eligibility Criteria or Self-Study documents by the due date indicated by COAMFTE, the program must submit a written request for an extension of the deadline. The written request should be sent to the chief accreditation officer and should outline the reason(s) for the extension request. A program failing to submit the Eligibility Criteria or Self-Study documents by the expiration date of the extended time will relinquish its accreditation status at the end of the extension period. Failure to request an extension will also result in relinquishment of accreditation.

If the Commission is unable to complete its re-evaluation and render a decision prior to the expiration date, the program's accreditation status will continue until a final decision is rendered.

### **EXTENSION POLICY**

Requests for extension of document submission will only be considered in the case of extenuating circumstances. All requests for extension shall be put in writing, submitted electronically in PDF format to [coa@aamft.org](mailto:coa@aamft.org), and must be received no less than 30 days prior to the document submission deadline. All requests must specify the extenuating circumstances and rationale, including but not limited to the following situations:

1. Sudden leadership change
2. Institutional disruptions/financial issues
3. An occurrence over which a program has no control over (natural disasters)

Extensions for submission of documents for Renewal of Accreditation (ex. Eligibility Criteria, Self-Study, etc.) shall not exceed six (6) months. Extensions for submission of documents for Maintenance of Accreditation (ex. Annual Reports, Special Reports, and Response to Stipulations) shall not exceed thirty (30) days. In instances where the program's renewal cycle has been extended, COAMFTE will grant renewal of accreditation for a shorter period than the normal seven (7) years.



### *Procedure for Review of Extension Requests*

Request for Extension will be reviewed by the chief accreditation officer who will forward the request with a recommendation to COMFTE Primary and Secondary Reviewers. Primary and Secondary Reviewers will review the request and recommendation and make the decision. In the event that Primary and Secondary Reviewers are not available, a Request for Extension and a recommendation from the chief accreditation officer shall be forwarded to the Executive Committee. The Executive Committee will make the decision.

### **VOLUNTARY WITHDRAWAL OF APPLICATION AND ACCREDITATION**

Applicant programs may voluntarily withdraw their application for accreditation at any time prior to the Commission's final review of the program's application without prejudice. Accredited programs may withdraw from accreditation at any time.

All programs withdrawing their application for accredited status must notify the chief accreditation officer in writing of their intent to withdraw. The written notification must specify the date the withdrawal is to become effective and include a statement describing a mechanism by which current and prospective students will be apprised of the program's change in application or accreditation status. All notifications must be sent electronically in PDF format to [coa@aamft.org](mailto:coa@aamft.org).

Application fees will be refunded as long as the program notifies the COAMFTE in writing of its intent to withdraw within ten (10) days of submission of the Self-Study document. Site visit fees will be refunded as long as the program notifies the COAMFTE in writing of its intent to withdraw within ten (10) days of receiving the dates of the site visit.

### **FINANCIAL OBLIGATIONS OF THE PROGRAM**

Accredited programs are responsible for all applicable fees and expenses. The COAMFTE reserves the right to change all fees as necessary. Programs will be notified of these changes in advance of their implementation.

### **CONFLICT OF INTEREST**

#### *Commission Members*

A conflict of interest occurs when loyalty to one interest would impel a course of action different from that impelled by another interest; or bias the nature or direction of organizational functions and services; or influence a volunteer's decision or behavior with respect to setting organizational policies or programs and services. All individuals addressed in this document who find themselves in an actual, potential, or perceived conflict of interest, as described herein, must exercise their duty of disclosure as soon as a conflict becomes apparent.

- It is the duty of volunteers acting for or on behalf of the COAMFTE to be aware of the possibility of a conflict of interest between their responsibilities to the COAMFTE and to another entity. All volunteers have a fundamental responsibility to refrain from participating in decision-making when a competing interest precludes or inhibits the exercise of the volunteer's independent professional judgment on behalf of the COAMFTE, or when the nature of the competing interest is such that the volunteer's continued participation would unreasonably jeopardize the integrity of the decision-making process.
- A Commission member shall not participate in discussions or vote where the potential for a conflict of interest exists or if the member feels that his or her personal bias or interest might influence his or her vote.

Areas of possible conflict of interest include but are not limited to:

- A close personal, professional or financial interest, or other special relationship (including those of a negative nature), in any program in question.
- A position, whether paid or voluntary (or a candidate for a position), current or within the past 5 years, to or for the institution in question. This includes positions as a consultant, advisor, or faculty member (including clinical or adjunct).
- A candidate to the program within the past five years.
- A current or former student or graduate, or parent of a current or former student or graduate of the program in question.
- The Program Director or other key personnel of the applicant program graduated from the program of the Commission member.
- Programs where the Commission member served as a site visitor (in the immediate prior accreditation cycle), consultant or on an Appeal Panel for the program prior to his or her term as Commission member.
- A residence and/or place of employment in the same state or in close proximity to the institution in question. Close proximity is determined by geographic, educational and economic spheres (communities of interest) of influence rather than strict political boundaries. In addition, the state in which the institution is incorporated the case of on-line programs.
- Programs where the Commission member served as a member of the ERC in the immediate prior accreditation cycle.
- Where two members employed by the same institution or institutions incorporated in the same state shall not serve on COAMFTE simultaneously. If a COAMFTE member accepts employment at an institution where another member is employed or at an institution incorporated in the same state as another member's institution, the member accepting the employment must resign from COAMFTE.

#### *Process for addressing Commission Members Conflict*

COAMFTE members shall complete and return the AAMFT Conflict of Interest statement and COAMFTE Conflict of Interest Form on an annual basis throughout their term of service on the COAMFTE and shall comply with all other policies and procedures governing voluntary service in the Association.

The decision regarding whether a member should be recused from participating in a specific decision belongs to the full Commission. However, if a member decides, on the member's own volition, to recuse him/herself, the Commission will honor the member's decision and the recusal will be noted in the minutes. If it is determined that there is an actual or potential conflict of interest regarding a Commission decision, the member will be recused during discussion and decision-making.

Any member of the Commission who becomes aware of circumstances that he or she believes pose a conflict of interest for another Commission member should:

1. Inform the Chair of the underlying facts and her or his assessment of the appropriate resolution of the potential or actual conflict.
2. If the issue is not resolved to the satisfaction of all parties, the Chair presents the issue to the Commission for decision.
3. If the Commission determines that there is an actual or potential conflict of interest, the Member will be recused from all discussion and decision-making in the matter. The minutes will reflect a

decision to recuse at any step in the process and will reflect any Commissioner decisions not to recuse.

#### *Eligibility Review Committee (ERC) Members and Site Visitors*

Areas of possible conflict of interest for ERC members and Site Visitors include but are not limited to the following:

- Previously seeking employment with the applicant program within the past five years.
- Prior professional or personal relationship with the applicant program (e.g., consultant on accreditation to the program, marriage, kinship, supervisor-supervisee, business partner, co-authors, Commission members, etc.).
- The Program Director or other key personnel of the applicant program graduated from the program of the ERC member or the site visitor.
- All ERC members and site visitors will be required to complete a conflict of interest form.

#### *Staff*

COAMFTE staff adheres to conflict of interest guidelines for site visitors.

#### *Appeal Panel*

Any of the described conflicts of interest above will disqualify an individual from serving as an Appeal Panel member.

#### *Applicant Program*

The chief accreditation officer will make a concerted effort to avoid selection of a Site Visit team member who has a conflict of interest with the applicant program. If upon receipt of the Site Visit Roster, however, the program recognizes a team member who presents a conflict of interest as defined above, the program has the right to request dismissal of a site visitor at no additional financial expense if the program has previously noted its conflict of interest with the site visitor. Programs that failed to identify a conflict of interest will be charged an additional service fee for replacing the Site Visitor.

If the program wishes to request dismissal of a site visitor who was not previously identified as having a Conflict of Interest, the Program Director must notify the chief accreditation officer in writing within ten (10) days of receipt of the Site Visit Roster. The request must outline the reasons for requesting a dismissal. Declining a visitor for reasons of race, ethnicity, religion, gender, or sexual preference is considered discrimination and is in violation of accreditation procedures. The chief accreditation officer, in consultation with the chair of the Commission, will review the request and either grant or deny the program's request. If a visitor is dismissed, she or he will be informed in writing and immediately replaced on the Site Visit Team. Programs will be assessed an additional service fee to replace the Site Visitor.

## **CONFIDENTIALITY AND DISCLOSURE**

The COAMFTE seeks to maintain the integrity of the accreditation process with the program by providing essential information to protect or assist prospective students and the public, yet at the same time respecting the confidentiality of information provided by the program. The COAMFTE abides by the reporting and notification requirements of CHEA. The following guidelines have been established relative to confidentiality and disclosure of accrediting information.

### *Information Published and Disseminated by the COAMFTE*

- Scope of COAMFTE accreditation
- COAMFTE accreditation standards and procedures
- Notice of application for initial accreditation or renewal of accreditation and request for public comment
- Names of programs whose application for initial accreditation or renewal of accreditation were denied
- List of all accredited programs including dates of next review
- Names of accredited programs for which accreditation has been revoked by the COAMFTE and programs that have voluntarily withdrawn their own accreditation status
- A statement summarizing the reasons for the Commission's decision to grant accreditation or grant accreditation with stipulations; to deny or revoke accreditation of a program, along with the comments, if any, that the affected program may wish to make with regard to that decision. (Available on the COAMFTE website for a period of one year from the date of the publication)
- Aggregate Accredited program enrollment and faculty demographics
- Aggregate Accredited program national licensure exam pass rates
- Aggregate Accredited program graduation rates

### *Information Published in the List of Accredited Marital and Family Therapy Training Programs*

- Name, address, phone number, and director of the program
- Terms of accreditation
- Degree(s) offered

### *About Programs*

- Name and address of the institution
- Accredited status of programs
- Level of offerings (master's, doctoral, post-degree)
- Mode of delivery (on-line, campus-based)
- Institution's character (e.g., university, teaching hospital)
- Dates of accreditation expiration and next scheduled review

### *About COAMFTE*

The academic and professional qualifications of COAMFTE members, site visitors, and staff.

### *Information Necessary to Correct Misrepresentation*

If a program releases information that misrepresents or distorts any action by COAMFTE with respect to the accreditation process or its accreditation status, the Program Director and the Chief Executive Officer of the institution will be notified and informed that corrective action must be taken. If the misrepresentation or distortion is not promptly corrected, COAMFTE may release a public statement in such a form as it deems necessary to provide the correct information.

*Information not Available for Dissemination Under Any Circumstances*

Site visitors, Commission members, and staff may not disclose any aspect of a program's application, site visit, and review to fellow professionals, faculty of the program, or other site visitors. However, public information, as listed in the above sections, may be disclosed.

Information that may come into the hands of COAMFTE or Site Visit Team that is protected under law, such as may result from a relationship between a marriage and family therapist and patient(s), will remain confidential.

*Record Keeping Requirements*

COAMFTE shall retain its last full accreditation review of each program for the most recent accreditation cycle, including:

- Self-Study and Addendums
- Site Visit Report
- Program Response to Site Visit Reports
- Annual Report and Interim Reports
- COAMFTE Action Letters; and
- Program correspondence

COAMFTE shall retain records of all accreditation decisions made throughout a program's affiliation with COAMFTE regarding the accreditation of the program, including:

- Any reports of special reviews conducted between regular reviews
- Substantive Changes
- All correspondence that is significantly related to those decisions

**PROGRAM DISCLOSURE**

Accredited programs that wish to advertise their status with the COAMFTE must be clear, comprehensive, and indicate the specific program that is accredited. The Commission has authorized the use of the following statement for accredited programs:

The Marriage and Family Therapy Program at \_\_\_\_\_ is accredited by the Commission on Accreditation for Marriage and Family Therapy Education ([COAMFTE](http://www.coamfte.org)), 112 South Alfred Street, Alexandria, Virginia 22314, (703) 838-9808, [coa@aamft.org](mailto:coa@aamft.org).

All representations of accredited programs must be adequate and accurate. No public statement may be misleading to prospective students or the public.

Accredited programs must routinely provide reliable information, on a website or in printed documents, to the public on their performance, including:

- a) admissions policies
- b) criteria for entering the clinical program
- c) successful transfer of credit
- d) academic offerings
- e) policies with respect to satisfactory academic progress
- f) student achievement
- g) attrition and retention rates
- h) employment and achievement of alumni

- i) fees and other charges, and refund policies

Programs must provide up to date COAMFTE student achievement information to the public on their program's website landing page/homepage utilizing the format provided by the Commission.

COAMFTE student achievement information disclosure must be consistent with the Commission's current Student Achievement Criteria policy requirements.

COAMFTE's scope of authority is over the conduct of accreditation activities and determination of accreditation status. COAMFTE-accredited programs may use COAMFTE logo on their promotional materials upon receiving approval from the Accreditation Office. COAMFTE-accredited programs may not use the AAMFT name, corporate logo, and/or the abbreviated initials, AAMFT. Programs not accredited by COAMFTE are not permitted to use COAMFTE or AAMFT name, corporate logo, and/or the abbreviated initials.

If a program releases information that misrepresents or distorts any aspect of its program or accreditation status, the Commission will take appropriate action (see Confidentiality and Disclosure).

### **POLICY ON BRANCH LOCATIONS**

COAMFTE recognizes that institutions of higher education have expanded options for delivering curricular offerings and programs to students. Some of these options may include branch locations. If a COAMFTE accredited program offers their entire program at a separate location, the program may be accredited as a branch location. Branch location/campus is defined as a location that is geographically separate from the primary accredited program site, but dependent on it where:

- a) the Program Director must be the same for the main campus and all branch locations (the program must demonstrate control and consistency from the main campus program across all sites);
- b) the branch location shares faculty with main location;
- c) the program curriculum, topical content and degree requirements are the same;
- d) there are substantially equivalent clinical practice and supervision experience;
- e) students have appropriate access to student support services;
- f) students obtain the majority of coursework required for the degree.

Programs applying for accreditation (Initial and Renewal) of main campus and branch locations at the same time must submit an application form designating each program location and a separate application fee for each location. The program must submit one Self-Study document that contains information for the main campus and each branch location. The main campus and each branch location will be required to host a site visit, a site visit fee will be assessed for each location. The Site Visit Team will produce one Site Visit Report that includes information for each location. The main site and each branch location must submit a separate Annual Report. A separate Annual Sustaining Fee will be charged for each branch location.

Programs applying for accreditation of branch locations after the main campus has received accreditation, may do so as early as 18 months prior to the official start date of the branch location. Programs are required to submit an Application for Accreditation of Branch Campus Form demonstrating that the location seeking accreditation meets the definition of the 'Branch Location' as defined above in (a)-(f) and provide additional evidence of the following for each branch location seeking accreditation.

- a) institutional approval for the branch location;
- b) official start date of branch location;
- c) appropriate physical space;
- d) sufficient fiscal resources to support the new location;
- e) description of how the curriculum will be delivered at the new location (methodology, faculty, etc.); and
- f) operational impact the new location has or will have on existing location(s).

An application fee for branch campus must be submitted at the time of the application.

Both the Primary and Secondary Reviewers for the main campus will examine the program's Application for Accreditation of Branch Campus Form. The Primary and Secondary Reviewer will complete a review that (1) documents areas of compliance and non-compliance with accreditation standards and the branch campus policy; (2) indicates deficiencies; (3) states a recommendation. The review containing recommendations will be made available to the entire Commission within 30 days from the time the reviewers received the Application for Accreditation of Branch Campus Form. The Primary and Secondary Reviewers will present and discuss their review with the entire Commission at which point the Commission will vote on approval of the branch campus location. All COAMFTE actions on Branch Locations will be disseminated to the public.

Branch campus locations, if awarded accreditation, will follow the accreditation cycle and schedule of the main program thereafter.

Once branch campuses have been established, the Commission will deem the main campus program and all branch locations as one program with regard to deficiencies. Unresolved deficiencies of any branch location will be the responsibility of the main campus and will affect the accreditation status of the main campus.

At any time, the Commission may re-evaluate a branch location to determine if it is meeting the key elements of a branch location or if it must apply as an independent program.

#### **TREATMENT OF PROGRAMS UTILIZING A VIRTUAL BRANCH CAMPUS**

The Commission defines a Virtual Branch Campus as a program that utilizes distance education instructional methods and that meets the Commission's Branch Location policy. A program utilizing a Virtual Branch Campus must either:

- Apply for and maintain accreditation for the main program and the Virtual Branch Campus
- Or
- Provide sufficient evidence of the differentiation between the accredited and non-accredited degree or certificates awarded by the institution.

For a program utilizing a Virtual Branch Campus, non-compliance issues affecting either the program or its Virtual Branch Campus will affect the program as a whole.

#### **COMPLAINT PROCEDURES**

Complaints against an accredited program from other institutions, students, faculty, or the public shall be detailed in writing by the complainant and submitted to the chief accreditation officer via email to [coa@aamft.org](mailto:coa@aamft.org). Complaints are not anonymous and will be shared with the program for response. The complainant shall provide the chief accreditation officer with any necessary releases before further action

can be taken on the complaint.

To be considered by COAMFTE, the complaint must allege, directly or indirectly, some violation of accreditation standards under which the program was accredited. Complainants can access the accreditation standards, policies and procedures on the COAMFTE website to assist them in the formal presentation of a written complaint.

The chief accreditation officer will acknowledge the complaint in writing within ten (10) days of receipt of the complaint. The chief accreditation officer shall notify the Commission of all complaints.

The chief accreditation officer shall refer the complaint to the Executive Committee of the Commission for review. The program shall be notified of the complaint in writing and be given the opportunity to respond in writing to the Executive Committee concerning the allegations in the complaint. The Executive Committee shall render a decision concerning the complaint no later than 120 days after receiving it.

The Executive Committee may take any of the following actions:

- dismiss the complaint,
- seek further information or documentation from the complainant, or
- determine that the complaint is justified and recommend that the full Commission take appropriate action.

When the complaint is referred to the Commission, they may decide to:

- require an interim site visit (at the program's expense),
- impose stipulations on the program, or
- revoke accreditation.

The complainant, the Chief Executive Officer of the institution, and the Program Director shall be notified in writing of the Executive Committee's or Commission's decision and the reasons for the decision within thirty (30) days.

If the decision is to revoke accreditation, the Program Director and the Chief Executive Officer will be informed of the right to request reconsideration by the Commission and of the procedures by which to do so (see Request for Reconsideration).

If the Commission upholds its decision to revoke accreditation following the Request for Reconsideration review, the Program Director and the Chief Executive Officer will be notified of the right to appeal (see Appeals Procedures).

#### **PROCEDURES FOR COMPLAINTS AGAINST COAMFTE**

Complaints against the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) shall be detailed in writing by the complainant and submitted to the chief accreditation officer. To be considered by the Commission the complaint must relate to COAMFTE standards, criteria, or procedures.

The chief accreditation officer will acknowledge the complaint in writing within ten (10) days of receipt of the complaint and request appropriate releases and supporting materials from the complainant. Upon receipt of this information, the chief accreditation officer will advise the COAMFTE Executive Committee of the complaint. Immediately following being advised of the complaint, the COAMFTE Executive



Committee shall have 60 days to resolve the problem(s) raised in the complaint. If the matter is so resolved, the COAMFTE Executive Committee will be informed in writing by the COAMFTE chief accreditation officer that no further action is necessary by the Commission.

In the event the complaint cannot be resolved as specified above, the COAMFTE Executive Committee shall refer the complaint to the entire COAMFTE. The COAMFTE shall be notified of the complaint in writing and shall attempt to resolve the complaint. The COAMFTE shall render a decision concerning the complaint no later than 90 days after receiving it.

The COAMFTE may take any of the following actions:

- dismiss the complaint
- seek further information or documentation from the complainant, or
- determine that the complaint is justified and take appropriate action.

### **PROGRAMS THAT ARE CLOSING**

A program which intends to close, or which, in the Commission's judgment, may lack sufficient financial resources for the proper operation of the program and discharge of obligations to students, may be required to submit a comprehensive plan for closure. The plan for closure must contain, at a minimum, the following items:

1. a listing by name of all students in the program(s) and their estimated completion dates;
2. a disposition of all student records, including educational, billing, accounting and financial aid records, in an accessible location and in accordance with applicable legal requirements in the event that the program (institution) closes;
3. an explanation, accompanied by appropriate supporting documentation and timelines of how the school would notify students in the event of closure;
4. a demonstration that the delivery of training and services to students will not be materially disrupted and that obligations to students will be timely met; and
5. in the event of an actual program closure, a proposed teach-out agreement for each student currently enrolled in the program.