



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

COMMISSION ON ACCREDITATION

5-Year Summary Report

FOR 2016-2020



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FOR 2016–2020

Office of Program Consultation and Accreditation

Education Directorate

American Psychological Association

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INTRODUCTION

The APA provides this report that summarizes the Commission on Accreditation (CoA) decisions and actions during the 5-year period between 2016 and 2020. It includes summary information on

- Characteristics of accredited programs, and
- Initiated and implemented policy and procedure changes.

As described, the CoA implemented the *Standards of Accreditation for Health Service Psychology (SoA)*, which became effective on January 1, 2017, following APA Council of Representatives approval in 2015. The SoA demonstrates a shift in education in which greater emphasis is placed on the development of competencies and on student outcome achievement within education for the health service psychology profession.

To promote the voluntary practice of accreditation, the CoA supports review of and by peers, for which this report is an example. The report is designed to:

- present a historical perspective by extending information provided in previously published 5-year reports (i.e., 2006-2010, 2011-2015),
- offer summary data on programs awarded accredited status between 2016 and 2020, and
- provide a digest of policy and procedural changes developed by the CoA in this time frame.

The office of program consultation and accreditation hopes that this information is useful. The accreditation research office is available to respond to questions about this document.

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OVERVIEW OF ACCREDITED PROGRAMS AND PROGRAM REVIEW STATISTICS: 2016–2020

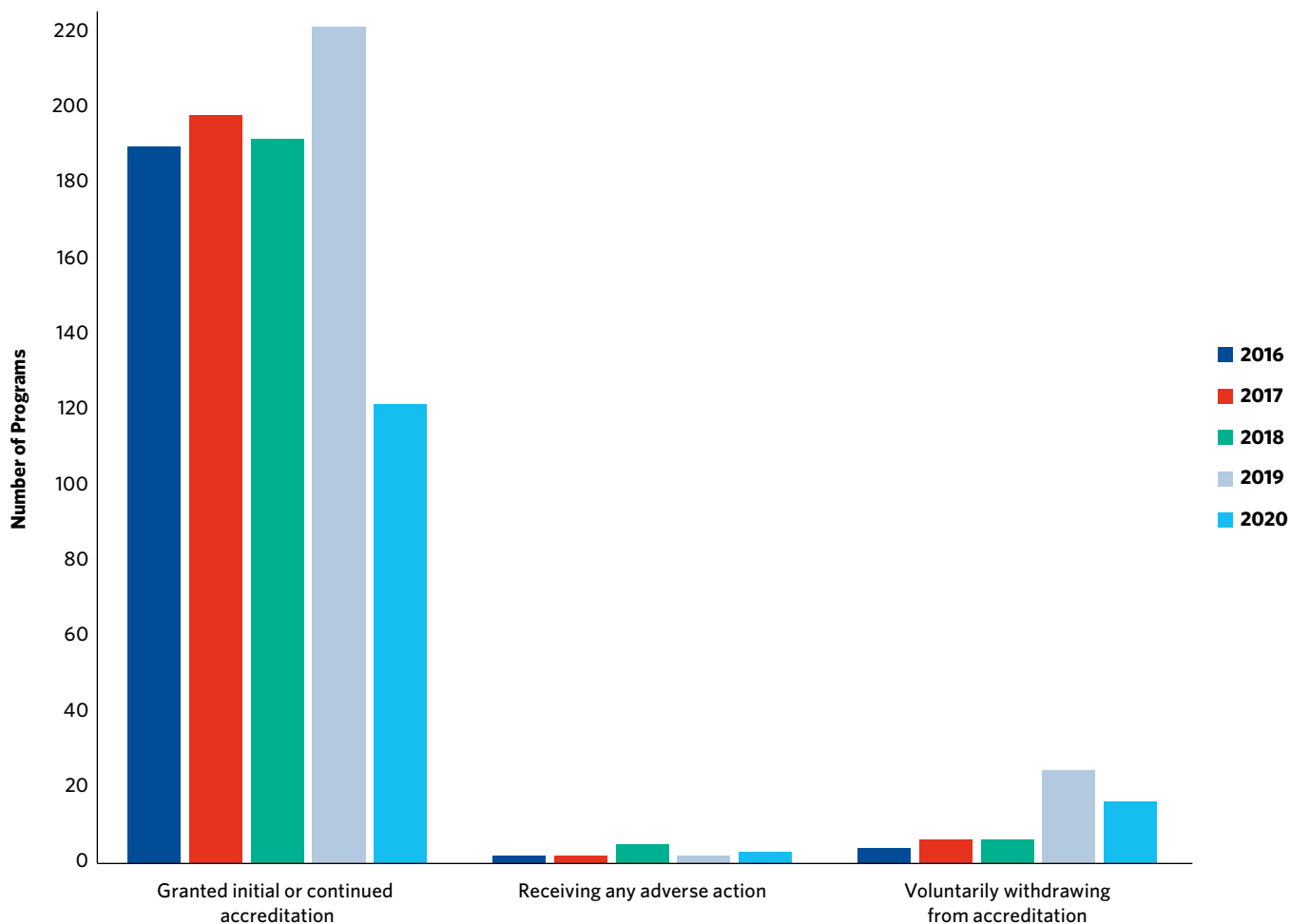
Overview of All Accredited Programs by Program Type: 2016–2020

LEVEL/TYPE	2016	2017	2018	2019	2020
Doctoral	379	390	398	399	406
Clinical PhD	172	173	174	174	175
Clinical PsyD	64	67	68	67	71
Counseling PhD	64	66	67	66	65
Counseling PsyD	6	7	8	9	9
School PhD	58	59	61	61	61
School PsyD	6	8	8	9	10
Combined PhD	6	6	8	8	8
Combined PsyD	3	4	4	5	7
Internship	525	546	600	618	635
Postdoctoral	114	119	127	144	163
Clinical psychology	65	71	77	86	92
Clinical child psychology	7	7	7	7	7
Clinical health psychology	9	9	9	9	12
Clinical neuropsychology	23	23	25	32	39
Forensic psychology	1	1	1	1	1
Geropsychology	2	2	2	2	3
Rehabilitation psychology	7	6	6	7	9
TOTAL	1018	1055	1125	1161	1204

Program Review Statistics

Accreditation Decisions: 2016–2020

The CoA conducts program review three times per year, with 50–100 programs typically reviewed at each meeting. This graph represents the overall breakdown of final decisions made during 2016–2020.

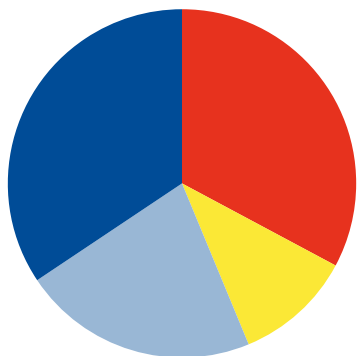


^a*Adverse actions*, as defined in Section 4.2 of the November 2019 revision of the Accreditation Operating Procedures, include “accredited, on probation,” “revocation of accreditation,” “denial of accreditation,” and “denial of a site visit.” In 2021, the definition had been revised and approved to remove “accredited, on probation.”

Of the programs that were granted initial or continued accreditation during 2016–2020, the proportions of each level (doctoral, internship, postdoctoral) that received accreditation up to 10 years are shown here with a periodic review after accreditation.

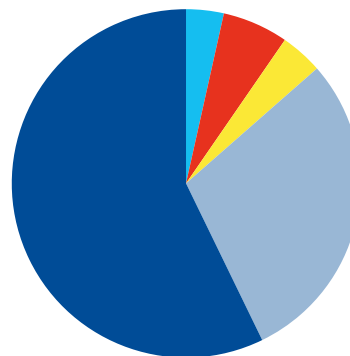
DOCTORAL: INITIAL ACCRED

3 Years 5 Years 7 Years 10 Years



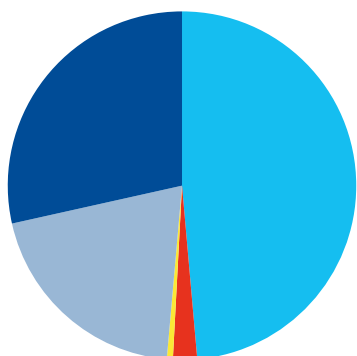
DOCTORAL: CONTINUED ACCRED

1 Year 3 Years 5 Years 7 Years 10 Years



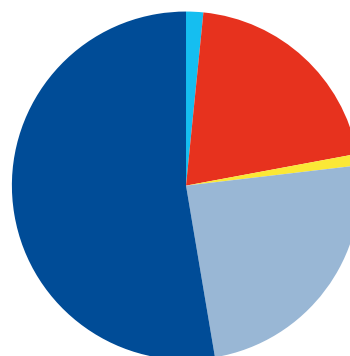
INTERNSHIP: INITIAL ACCRED

2 Years 3 Years 5 Years 7 Years 10 Years



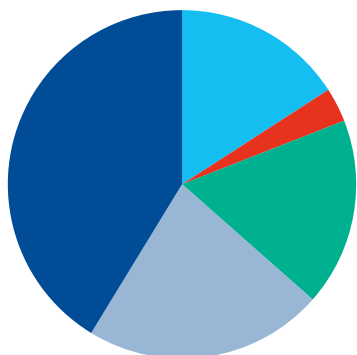
INTERNSHIP: CONTINUED ACCRED

1 Year 3 Years 5 Years 7 Years 10 Years



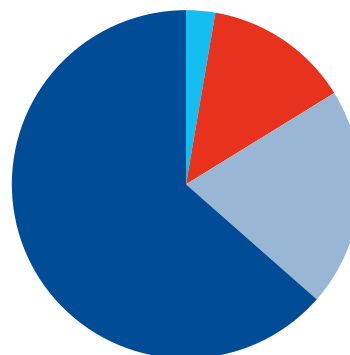
POSTDOCTORAL: INITIAL ACCRED

2 Years 3 Years 4 Years 5 Years 7 Years 10 Years



POSTDOCTORAL: CONTINUED ACCRED

1 Year 3 Years 5 Years 7 Years 10 Years



PROGRAM ANNUAL REPORT SUMMARY: 2016–2020

Figures 1–19 present descriptive data based on the doctoral, internship, and postdoctoral residency programs that submitted reports to the Annual Report Online (ARO) between 2016 and 2020.

The purpose of this report is to provide select summary data in graph form to highlight the trends over this 5-year period. Simple descriptive statistics form the basis of the graphs; however, data tables with detailed statistics (e.g., sample size, mean, median, standard deviation, and minimum–maximum) are available on the APA Accreditation website ([accreditation.apa.org](https://www.accreditation.apa.org)).

Since 2006, the annual data submitted by programs each year have been used by the CoA to monitor program adherence to quality assurance standards during the years the program is not engaged in periodic review. We would like to provide to you—accredited programs and various accreditation publics—an overview of some of the key measurements since the previous report in 2015.

For doctoral programs, each graph presents a select metric by program and degree type: clinical PsyD, clinical PhD, counseling, school, and combined programs. The last three groups (counseling, school, and combined) include both PhD and PsyD degrees.

For internship programs, the current report presents data overall; however, the online data tables break out each metric by program setting type, such as university counseling center, community mental health center, Department of Veterans Affairs medical center, state or county hospital, and so on.

For postdoctoral residency programs, graphs report each metric by the type of practice area: clinical child psychology, clinical health psychology, clinical neuropsychology, clinical psychology, geropsychology, and rehabilitation psychology. Because only one program has been accredited as a forensic psychology residency, the report includes this program in the traditional clinical psychology category instead.

Select metrics presented in the report include:

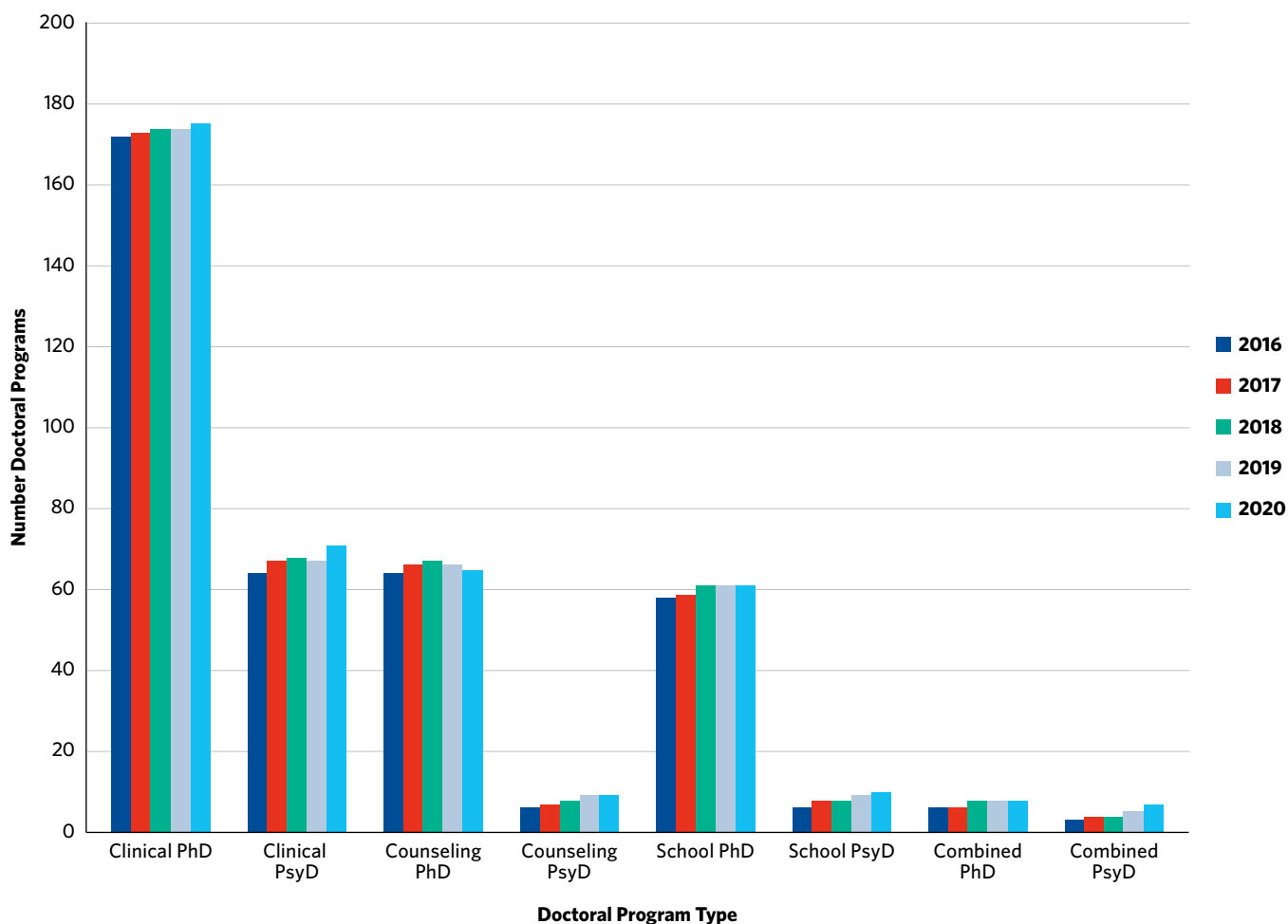
SELECT DATA POINT	DOCTORAL	INTERNSHIP	POSTDOCTORAL RESIDENCY
Number of programs	✓	✓	✓
Number of students	✓	✓	✓
Percentage of programs and students	✓	✓	✓
Percentage of female faculty and female students	✓	✓	✓
Percentage of minority faculty and minority students	✓	✓	✓
Percentage of admission offers	✓		
Mean time to degree completion	✓		
Percentage of attrition	✓		
Percentage of students obtained APA-accredited internships	✓		
Median annual stipend for full-time interns/residents		✓	✓

Continued from 2015, the annual data have been used by the CoA in its annual review and have also been disseminated publicly on the APA Accreditation website (www.accreditation.apa.org/data-and-research/aro) each year in aggregate form. As usual, specific requests for additional research need to be submitted to and approved by the CoA, and the aggregate results of such analyses will be made available to the public through the APA Accreditation website (see Implementing Regulation E.1-3(a): Use of Data and Research Personnel Resources).

Doctoral Programs

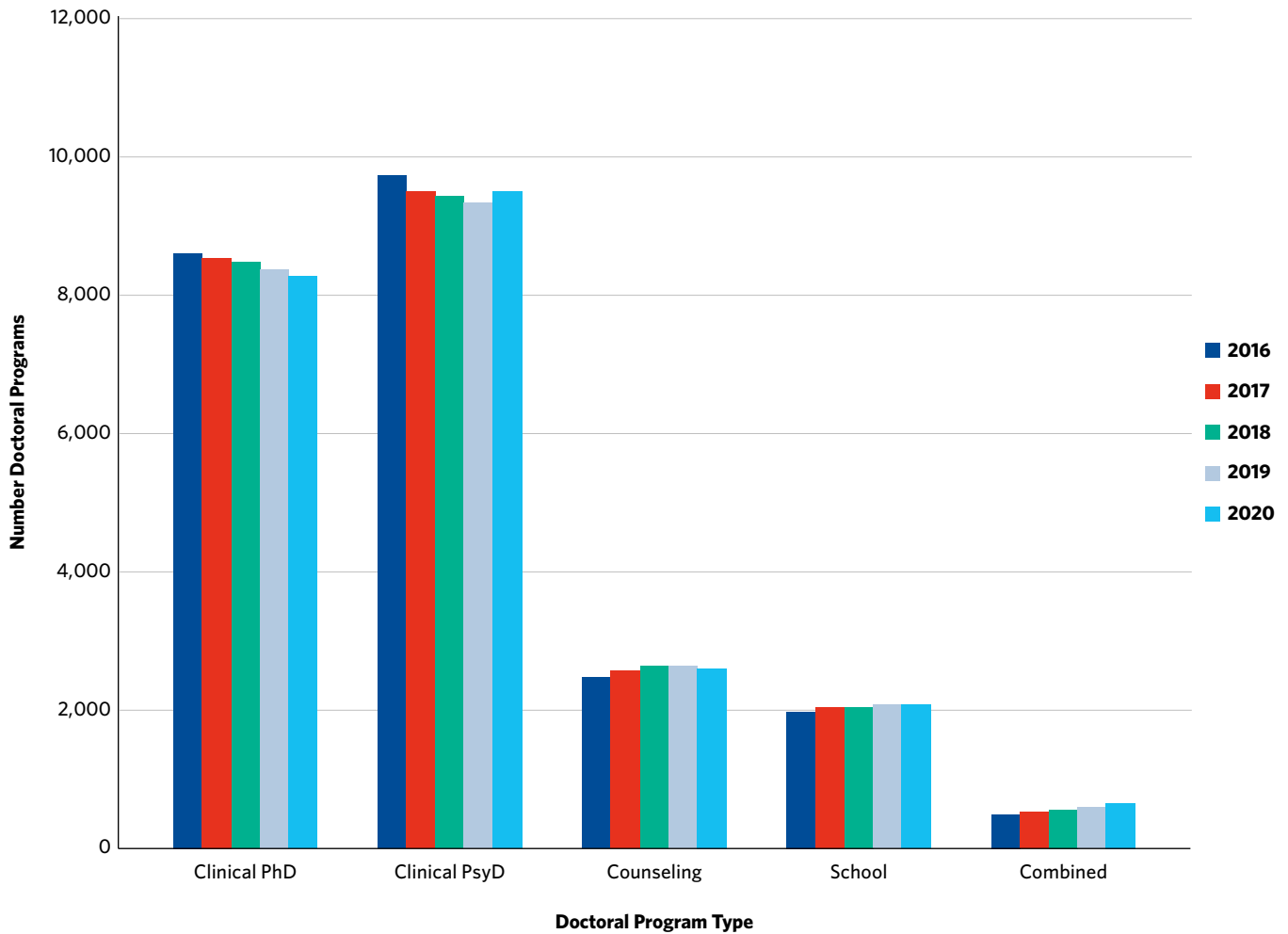
FIGURE 1

NUMBER OF ACCREDITED DOCTORAL PROGRAMS BY PROGRAM TYPE



The proportion of programs submitting annual data each year was 100% of all accredited doctoral programs, and the number of programs by program type remained constant overall during the 5-year period. By the end of 2020, there were 175 clinical PhD programs, 71 clinical PsyD programs, 74 counseling programs (65 PhD and nine PsyD), 71 school programs (61 PhD and 10 PsyD), and 15 combined programs (eight PhD and seven PsyD).

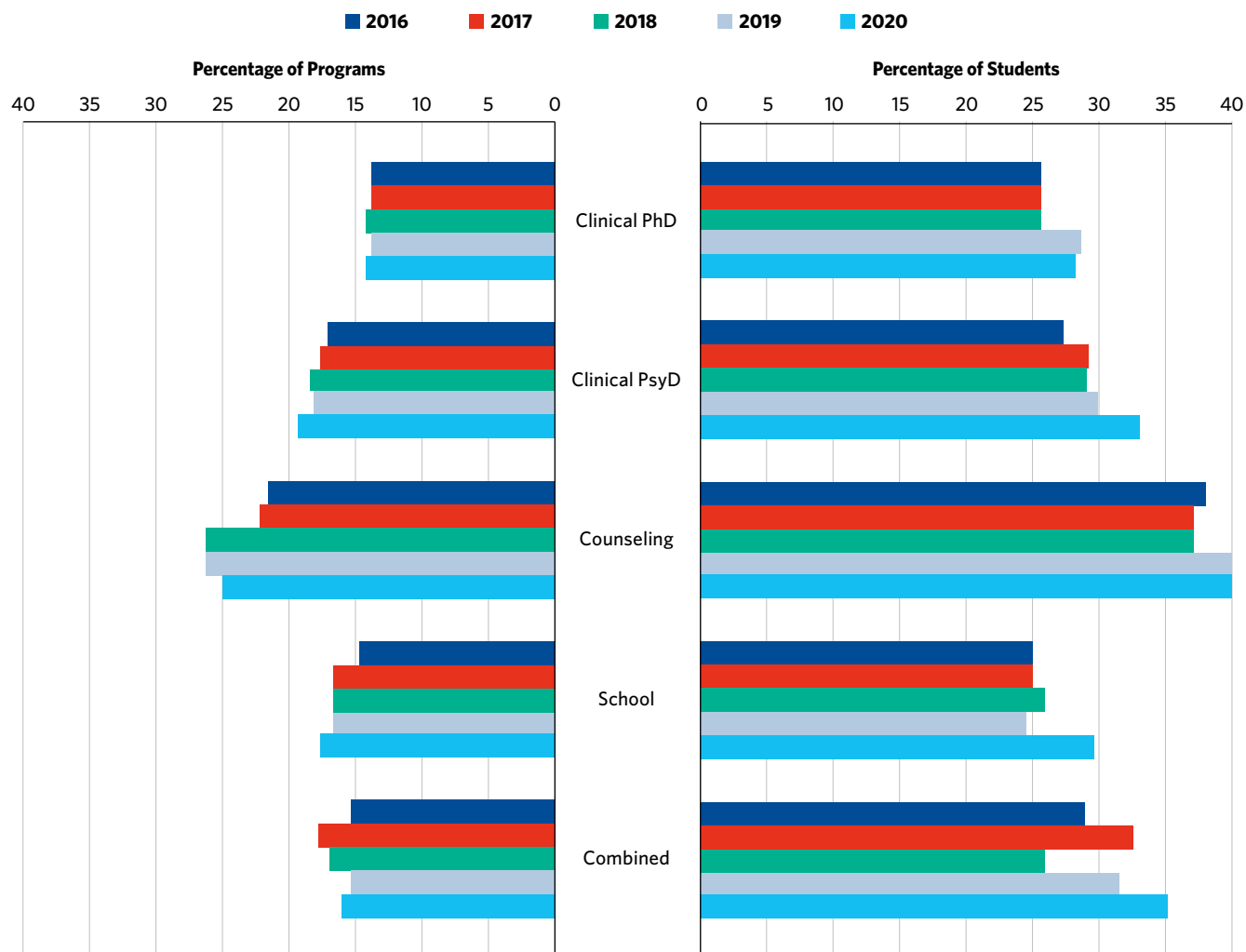
FIGURE 2

NUMBER OF DOCTORAL STUDENTS BY PROGRAM TYPE

The total number of students enrolled in all accredited doctoral programs declined by 0.65% between 2016 and 2020, with declines seen in the clinical area. A 4% (8,567 in 2016 to 8,252 in 2020) decrease was noted in students enrolled in clinical PhD programs, while a 2% (9,675 in 2016 to 9,464 in 2020) decrease was seen in clinical PsyD program enrollments. However, increases were seen in other program types. A 5% (2,485 in 2016 to 2,601 in 2020) increase in the number of enrolled students was seen in counseling programs (PhD and PsyD), a 5% (1,988 in 2016 to 2,083 in 2020) increase in school programs (PhD and PsyD), and a 32% (513 in 2016 to 677 in 2020) increase in combined programs (PhD and PsyD).

FIGURE 3

PERCENTAGE OF DOCTORAL PROGRAMS AND STUDENTS BY PROGRAM TYPE

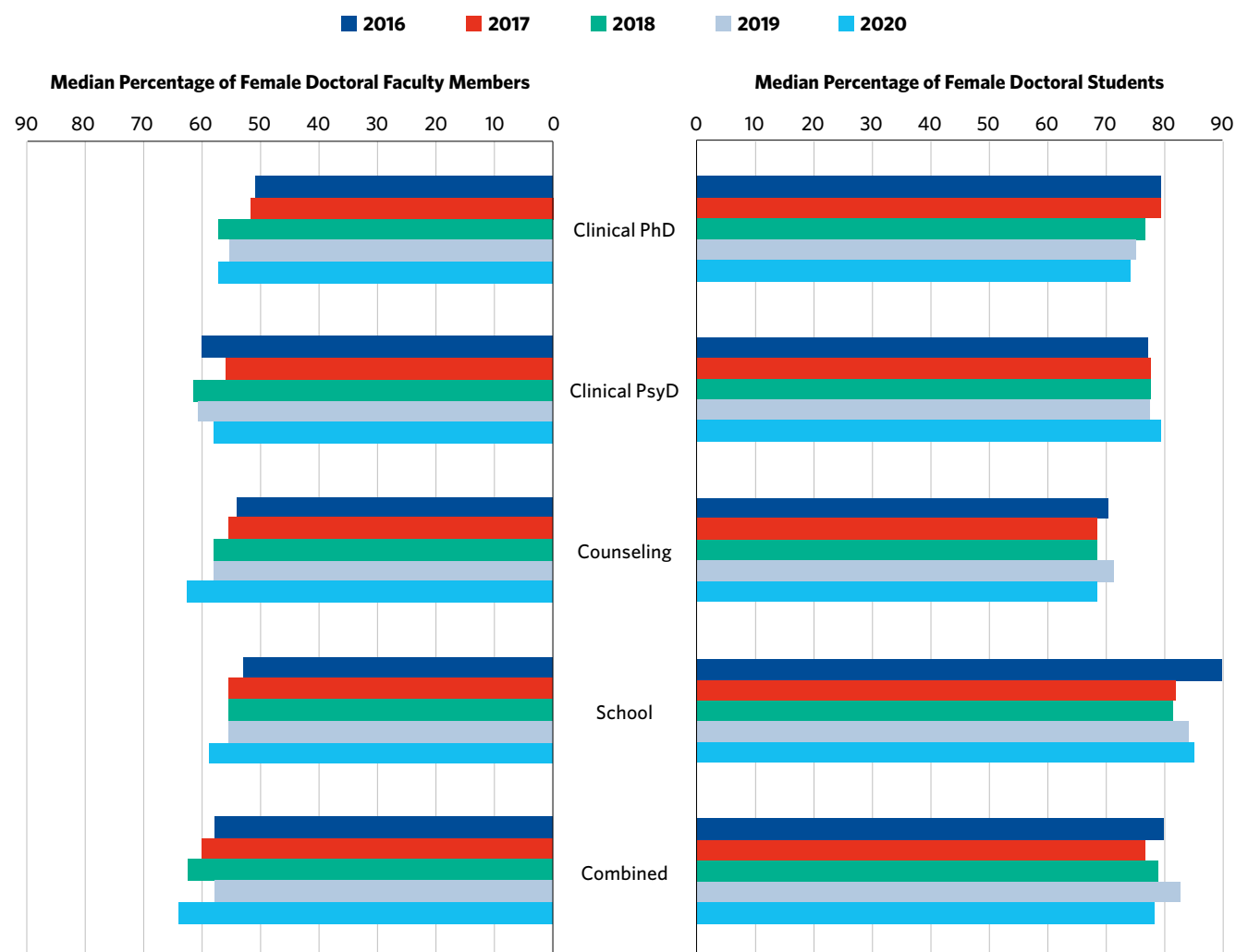


The horizontal bars on the left represent the percentage of accredited doctoral programs by program type between 2016 and 2020, and the bars on the right represent the percentage of doctoral students by program type during the same years. Holding steady across the 5-year period, clinical PsyD programs accounted for around 17% ($n = 71$) of all accredited doctoral programs, counseling programs for 18%–19% ($n = 74$) and school programs for 16%–17% ($n = 71$). The mean percentage of combined programs increased from 2% (15/379) of all doctoral programs in 2016 to 4% (15/406) in 2020, while the mean percentage of clinical PhD programs decreased from 45% (172/379) to 43% (175/406) in the 5-year period.

In terms of the proportion of doctoral students from 2016 through 2020 in various program types, students from clinical PhD, clinical PsyD, counseling, and school programs composed roughly 36% (8,252/23,077), 41% (9,464/23,077), 11% (26,01/23,077), and 9% (2,083/23,077), respectively, of all students across the years. Combined programs reported a higher percentage of students by 2020 (3% [677/23,077] in 2020 to 2% [513/23,228] in 2016).

FIGURE 4

MEDIAN PERCENTAGE OF FEMALE FACULTY MEMBERS AND FEMALE STUDENTS BY PROGRAM TYPE



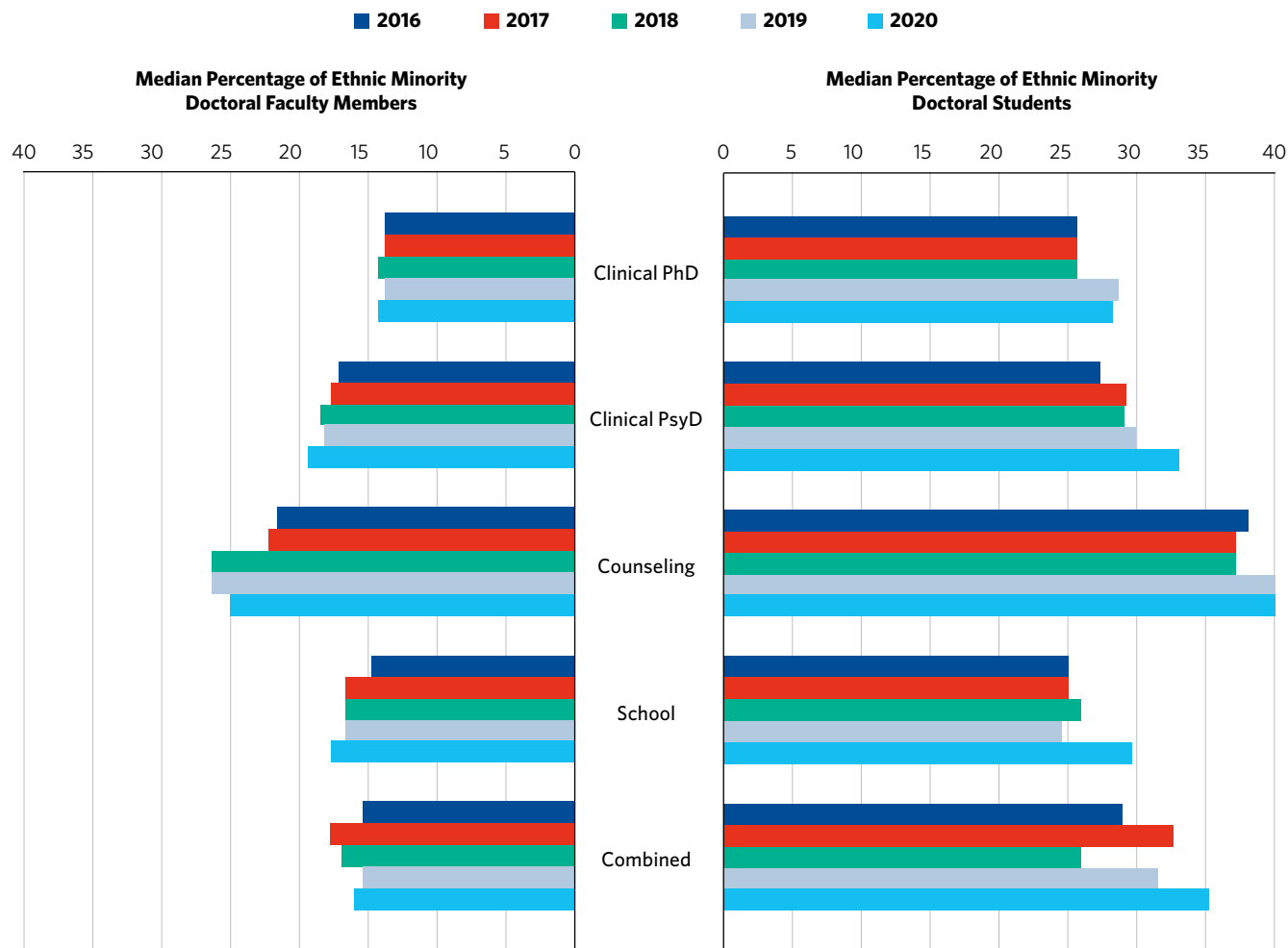
The horizontal bars on the left represent the percentage of female doctoral faculty members by program type between 2016 and 2020, and the bars on the right represent the percentage of female doctoral students by program type during the same period. Female status is based upon self-report by doctoral faculty and doctoral students. Faculty includes both core and other faculty classifications.

Clinical PhD, counseling, school, and combined programs experienced increases in female faculty during the 5-year period. The median percentage of female faculty rose from 50% in 2016 to 57% in 2020 for clinical PhD programs and from 54% in 2016 to 63% in 2020 for counseling programs. The median percentage of female faculty rose from 53% in 2016 to 59% in 2020 for school programs and from 58% in 2016 to 64% in 2020 for combined programs. The median percentage of female faculty members decreased slightly from 60% in 2016 to 58% in 2020 for clinical PsyD programs.

Clinical PsyD programs reported a slight increase in the proportion of female doctoral students during the 5-year period. The median percentage of female students rose from 77% in 2016 to 80% in 2020. Clinical PhD, counseling, school, and combined programs experienced decreases. The median percentage of female students dropped from 80% in 2016 to 74% in 2020 for clinical PhD programs and from 70% in 2016 to 67% in 2020 for counseling programs. The median percentage of female students dropped from 92% in 2016 to 85% in 2020 for school programs and from 80% in 2016 to 78% in 2020 for combined programs.

FIGURE 5

**MEDIAN PERCENTAGE OF ETHNIC MINORITY FACULTY MEMBERS AND ETHNIC MINORITY STUDENTS
BY PROGRAM TYPE**

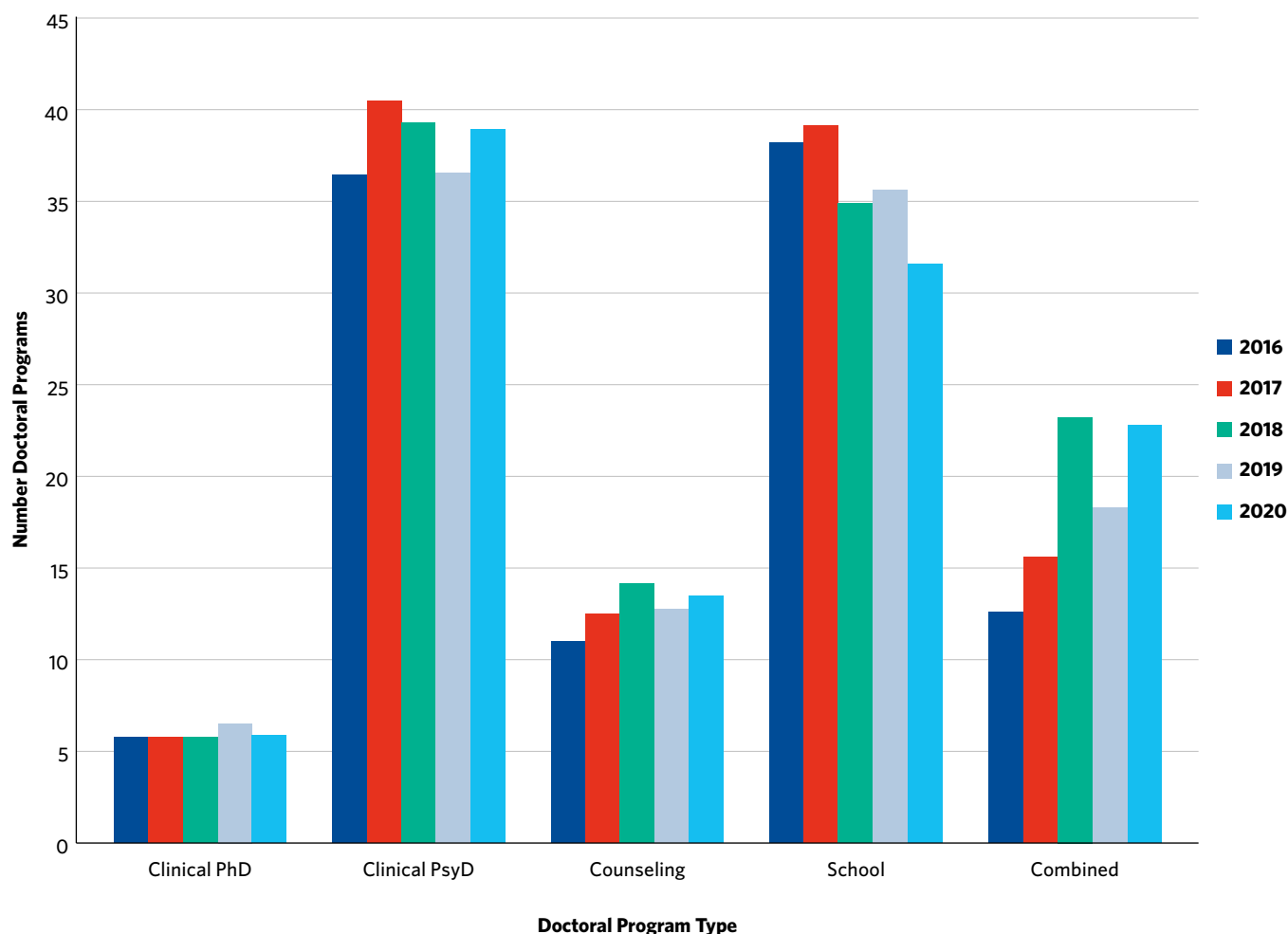


The horizontal bars on the left represent the percentage of ethnic minority doctoral faculty members by program type between 2016 and 2020, and the bars on the right represent the percentage of ethnic minority doctoral students during the same time period. Ethnic minority status is self-reported by doctoral faculty and doctoral students, and faculty includes core and other faculty classifications.

Doctoral programs reported gains in the median percentage of ethnic minority faculty members by 2020. Overall, counseling programs have the highest proportion (at 25% ethnic minority doctoral faculty), while clinical PhD programs typically have the lowest percent (at 14%). In 2020, the median percentage of ethnic minority faculty was 19% for clinical PsyD programs, 18% for school programs, and 16% for combined programs.

Doctoral programs reported gains in the median percentage of ethnic minority students by 2020. Counseling programs had the highest proportion of ethnic minority doctoral students across all 5 years, hovering between 38% and 40% each year. Clinical PhD programs ranged from 26% to 28%, clinical PsyD programs ranged 27% to 33%, combined programs ranged from 29% to 35%, and school programs ranging from 25% to 29%. Counseling programs had the highest proportion of ethnic minority doctoral students across all 5 years, hovering between 38% and 40%.

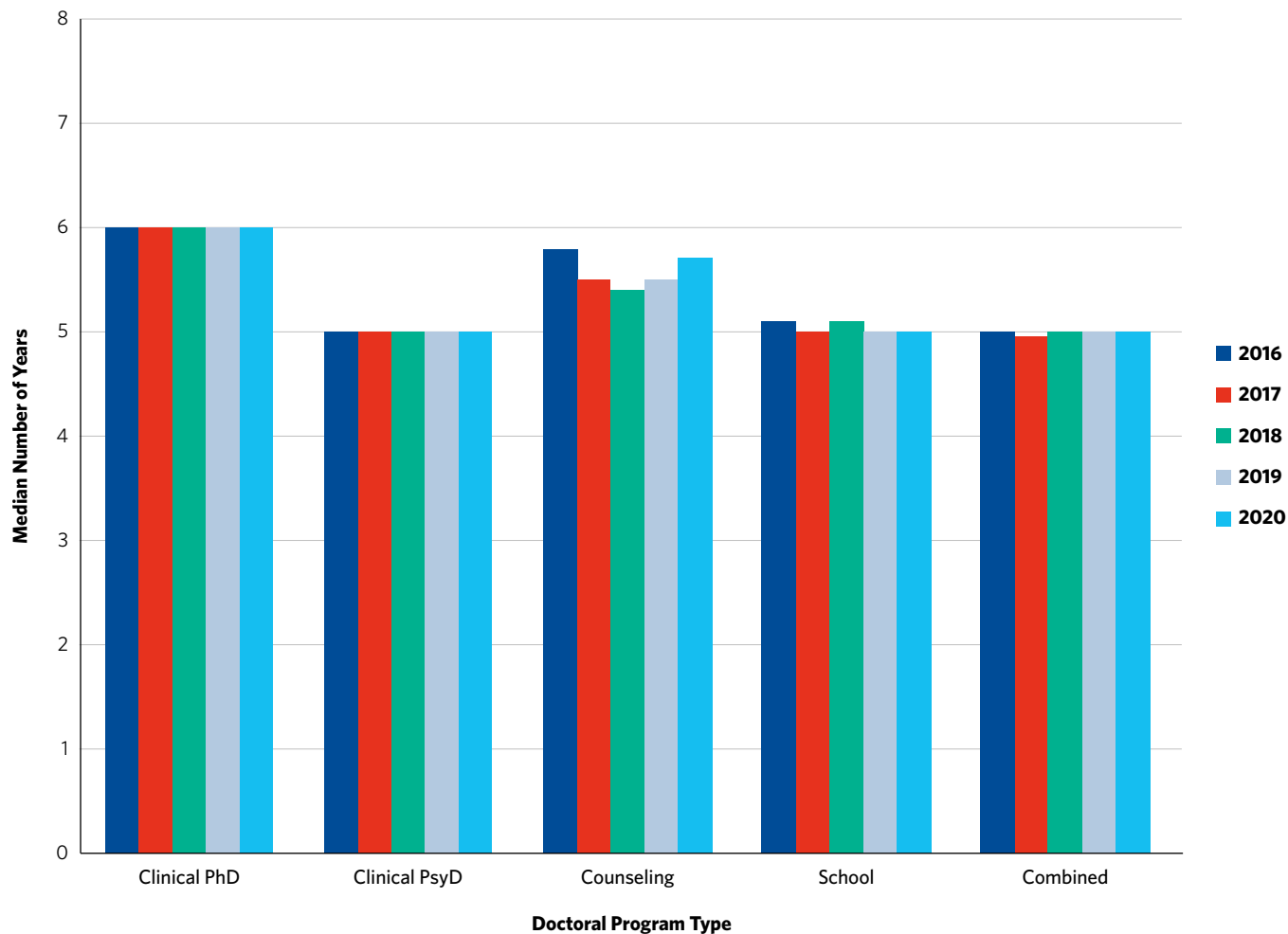
FIGURE 6

MEDIAN PERCENTAGE OF ADMISSION OFFERS BY PROGRAM TYPE

The median percentage of applicants offered admission by doctoral programs varied by type of program. Overall, clinical PsyD programs had the highest proportion of doctoral admissions offers each year, ranging from 36% in 2016 to 39% in 2020, while clinical PhD programs had the lowest, at 6% during the 5-year period. School programs reported a decrease in admission offers (from 38% to 32%) during that time. The median percentage admission offers increased from 13% to 23% for combined programs and 11% to 13% for counseling programs.

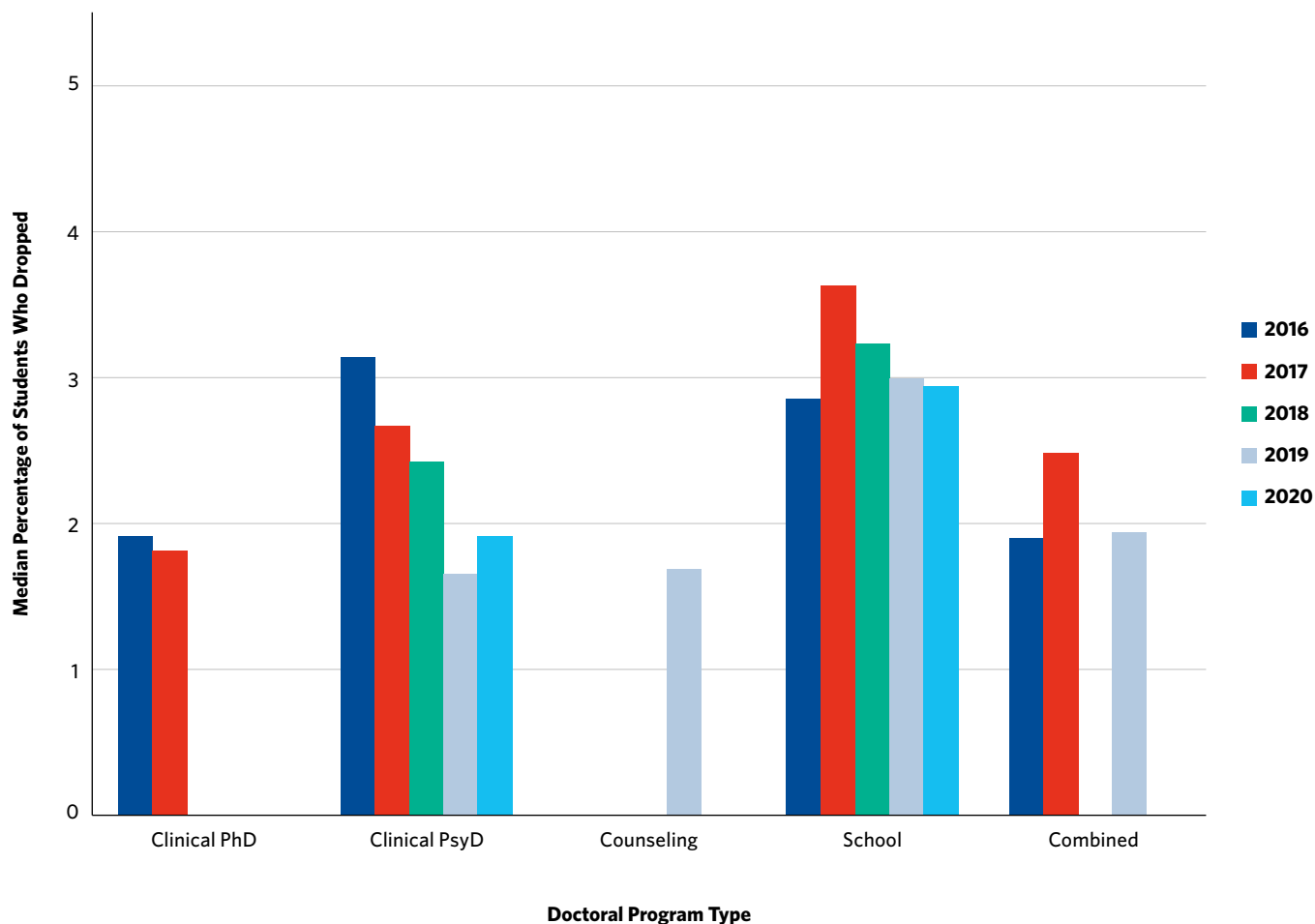
To place these findings in context, we measured the mean number of total students and the mean number of total applications per program type each year. (The data table can be found online at <https://www.accreditation.apa.org/data-and-research/aro>.) The average size of the student body for clinical PhD programs decreased slightly, from approximately 50 in 2016 to 47 in 2020. The mean number of total applications also decreased slightly from 196 in 2016 to 194 in 2020. The mean number of students in clinical PsyD programs decreased from 151 in 2016 to 133 in 2020, but there was an increase in the mean number of applications received (from 167 in 2016 to 168 in 2020). The mean number of counseling psychology students hovered near 35 each year, while the mean number of applications decreased from 85 (2016) to 79 (2020). School programs had an average of 29–31 students per year, with an average of 33–34 total applications in 2016 and 2020. The average number of students in combined programs decreased from 2016 to 2020 (57 to 45); the mean total number of applications decreased as well, from 127 in 2016 to 104 in 2020.

FIGURE 7

TIME TO DEGREE COMPLETION BY PROGRAM TYPE

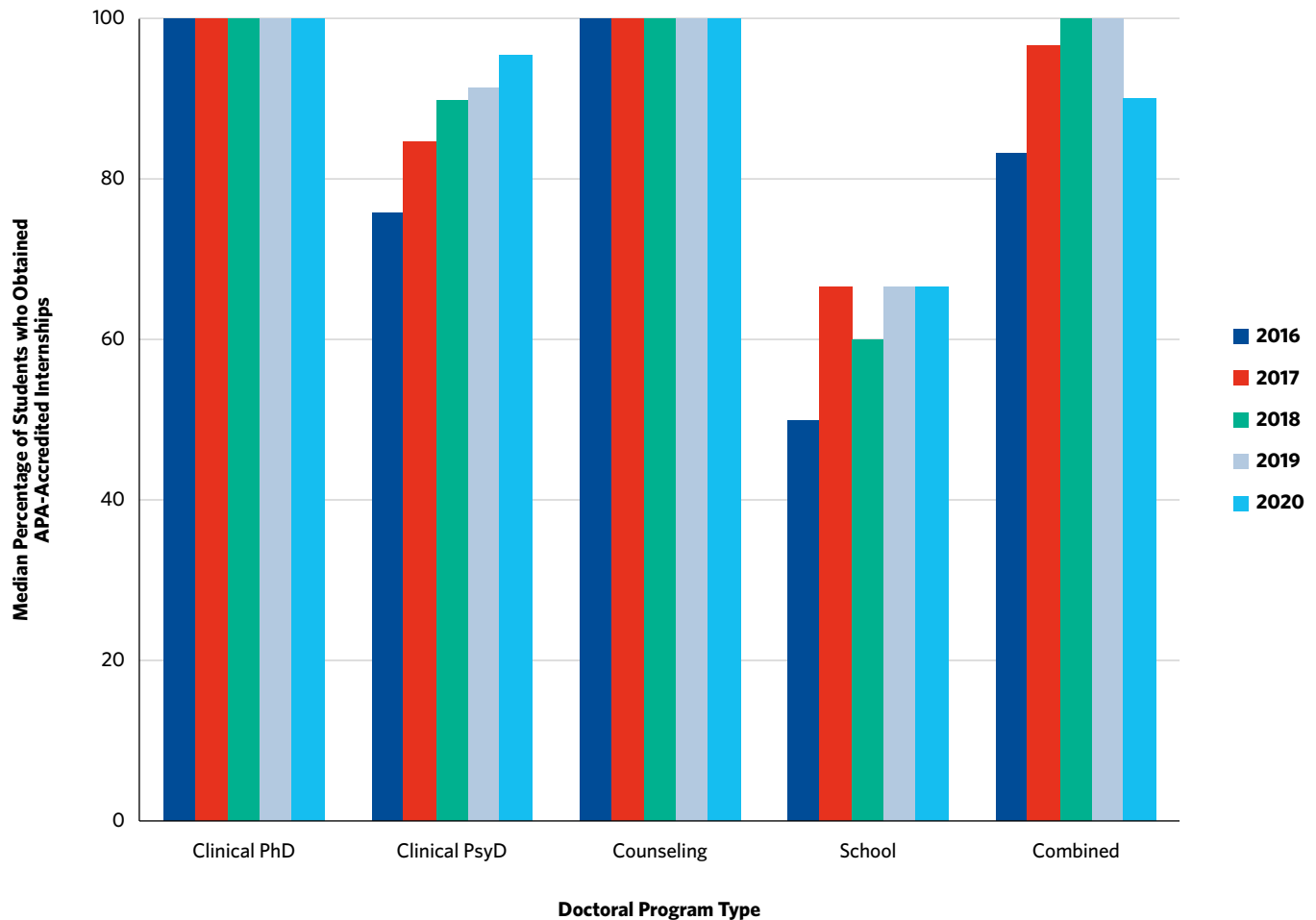
Median time-to-degree was calculated for all students (with prior bachelor's or master's degrees) admitted into doctoral programs. Median time-to-degree held steady every year at 6 years for clinical PhD programs and 5 years for clinical PsyD programs. School and combined programs also remained consistent in the median time-to-degree hovering at approximately 5 years. Counseling programs reported a slight decrease from 5.8 years in 2016 to 5.7 years in 2020.

FIGURE 8

MEDIAN PERCENTAGE OF ANNUAL ATTRITION BY PROGRAM TYPE

Attrition, or leaving the program before successfully graduating, was calculated across all active students each year. By 2020, median attrition rates had decreased for clinical PhD, clinical PsyD, and combined programs except counseling and school programs. Median percentage decreases were as follows: from 1.92% in 2016 to 0% in 2020 for clinical PhD programs; from 3.14% in 2016 to 1.91% in 2020 for clinical PsyD programs; and from 1.9% to 0% for combined programs. The median attrition rate for school programs increased from 2.86% to 2.94% in the 5-year period. The median attrition rate for counseling programs remained consistent at 0% in the 5-year period.

FIGURE 9

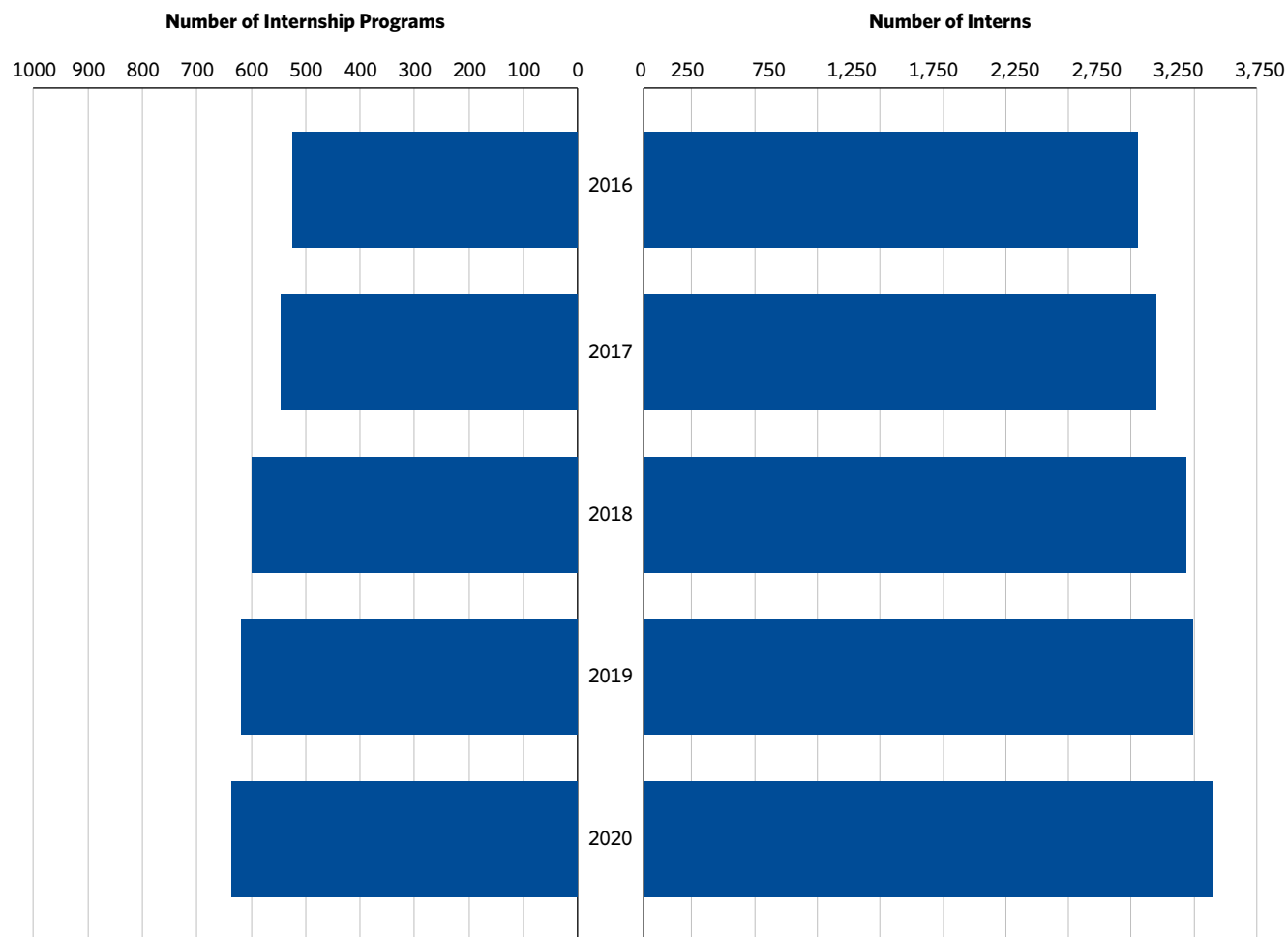
MEDIAN PERCENTAGE OF STUDENTS OBTAINED APA-ACCREDITED INTERNSHIPS BY PROGRAM TYPE

Students who applied and obtained an APA-accredited internship for the following training year was calculated across all active students each year. By 2020, the median percentage of students who obtained an APA-accredited internship had increased for clinical PsyD, school, and combined programs. Median percentage increases were as follows: from 76% in 2016 to 95% in 2020 for clinical PsyD programs; from 50% in 2016 to 67% in 2020 for school programs; and from 83% to 90% for combined programs. The median percentage of students obtaining an APA-accredited internship for clinical PhD and counseling programs remained consistent at 100% in the 5-year period.

Internship Programs

FIGURE 10

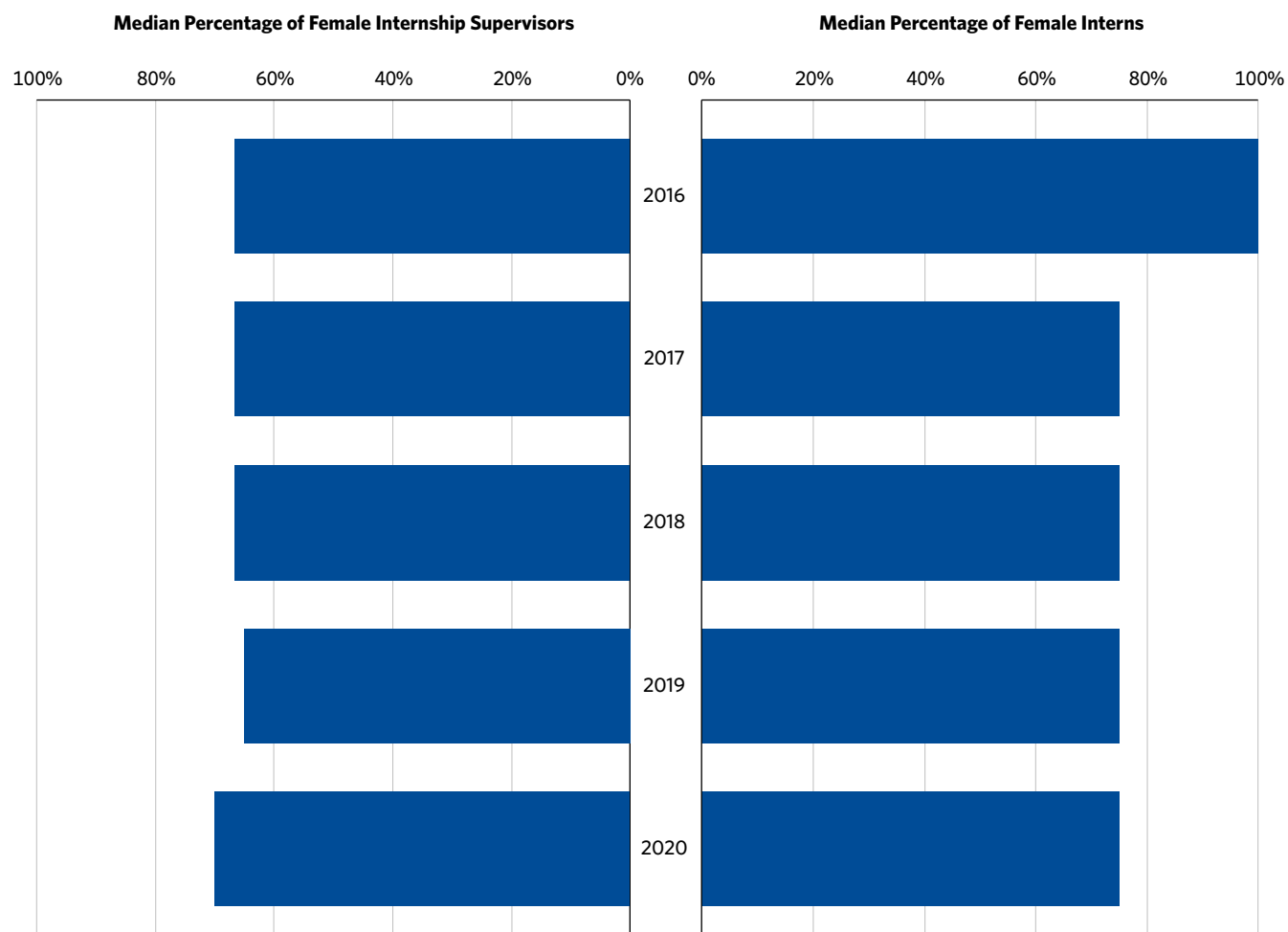
NUMBER OF ACCREDITED INTERNSHIP PROGRAMS AND INTERNS



The horizontal bars on the left represent the number of accredited internship programs that submitted annual data each year, and the bars on the right represent the number of interns in these accredited programs. The number of accredited internship programs with annual data was 525 in 2016, 546 in 2017, 600 in 2018, 618 in 2019, and 635 in 2020. The number of interns in these programs increased yearly from 3,024 in 2016 to 3,136 in 2017, 3,318 in 2018, 3,362 in 2019, and 3,486 in 2020.

FIGURE 11

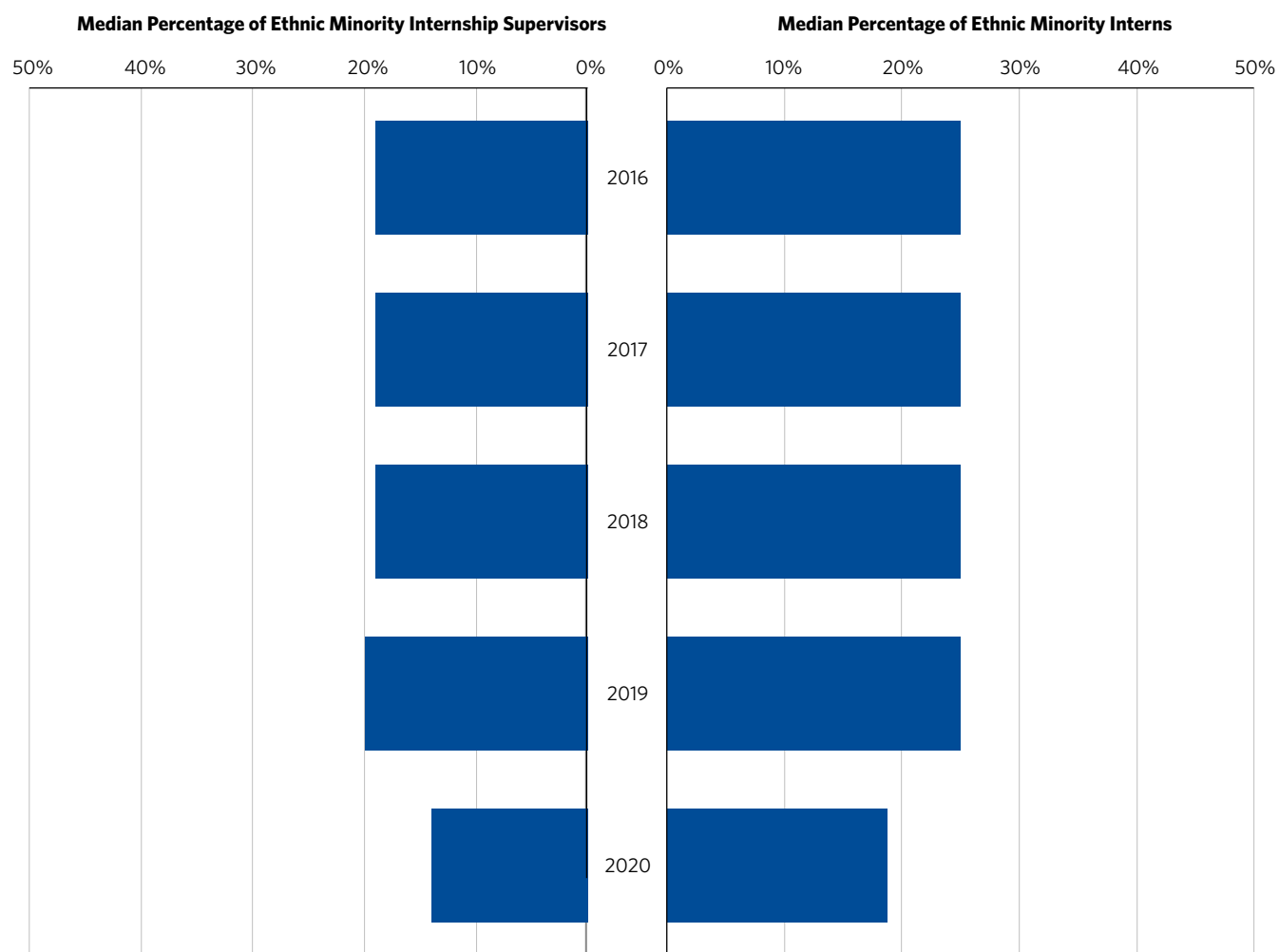
MEDIAN PERCENTAGE OF FEMALE SUPERVISORS AND FEMALE INTERNS



Female status was reported by internship supervisors and interns, and supervisor includes core and other training classifications. The median percentage of female supervisors increased slightly from 67% in 2016 to 70% in 2020, about a 3% increase overall. The median percentage of female interns was 100% in 2016 then dropped and remained consistent at 75% for the next four years.

FIGURE 12

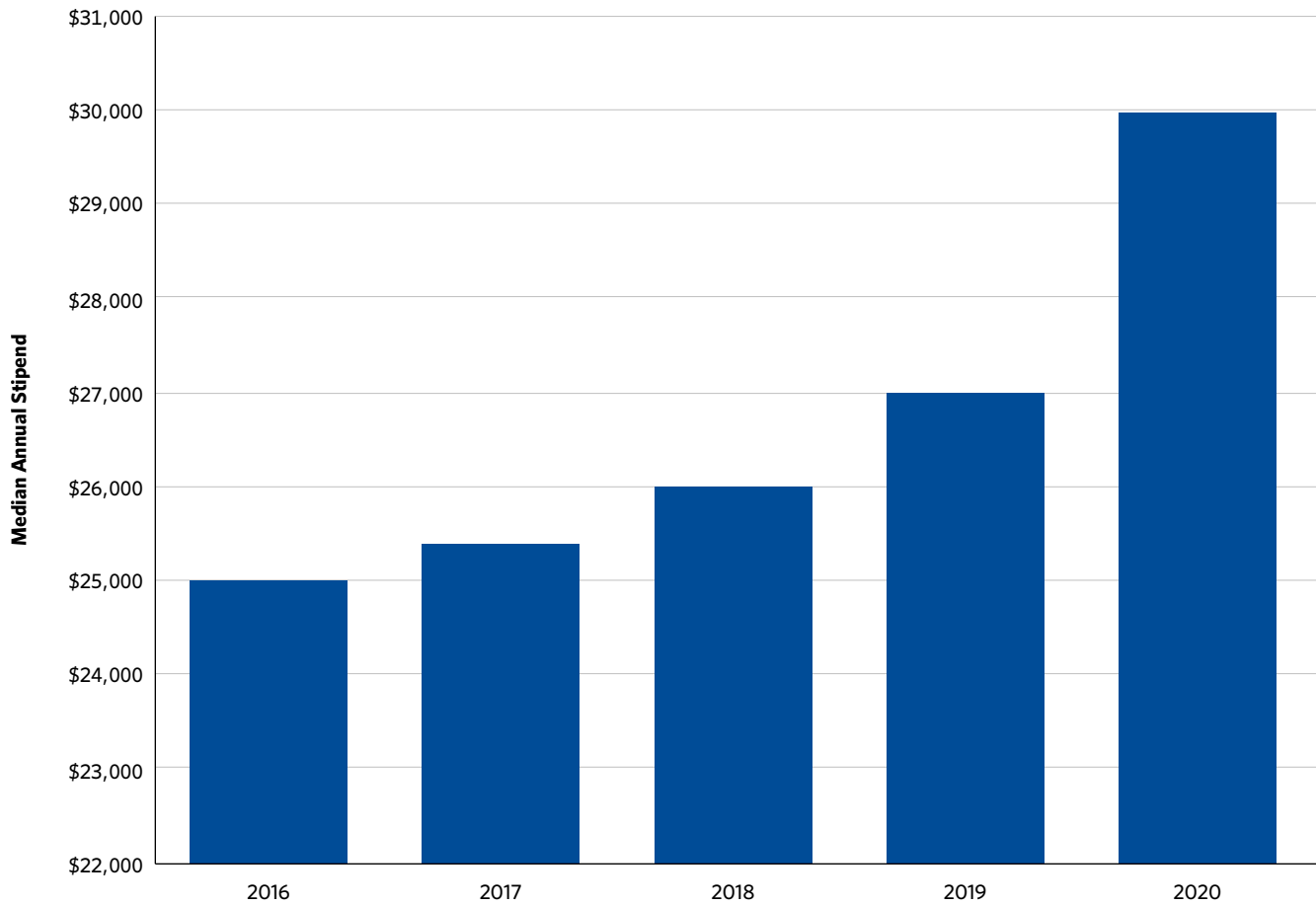
MEDIAN PERCENTAGE OF ETHNIC MINORITY SUPERVISORS AND ETHNIC MINORITY INTERNS



Ethnic minority status was reported by internship programs for supervisors and interns. Median percentage of ethnic minority internship supervisors decreased from 19% in 2016 to 14% in 2020. The median percentage of ethnic minority interns decreased to 18.75% in 2020 after staying at 25% during the beginning of the 5-year period.

FIGURE 13

MEDIAN ANNUAL STIPEND FOR FULL-TIME INTERNS

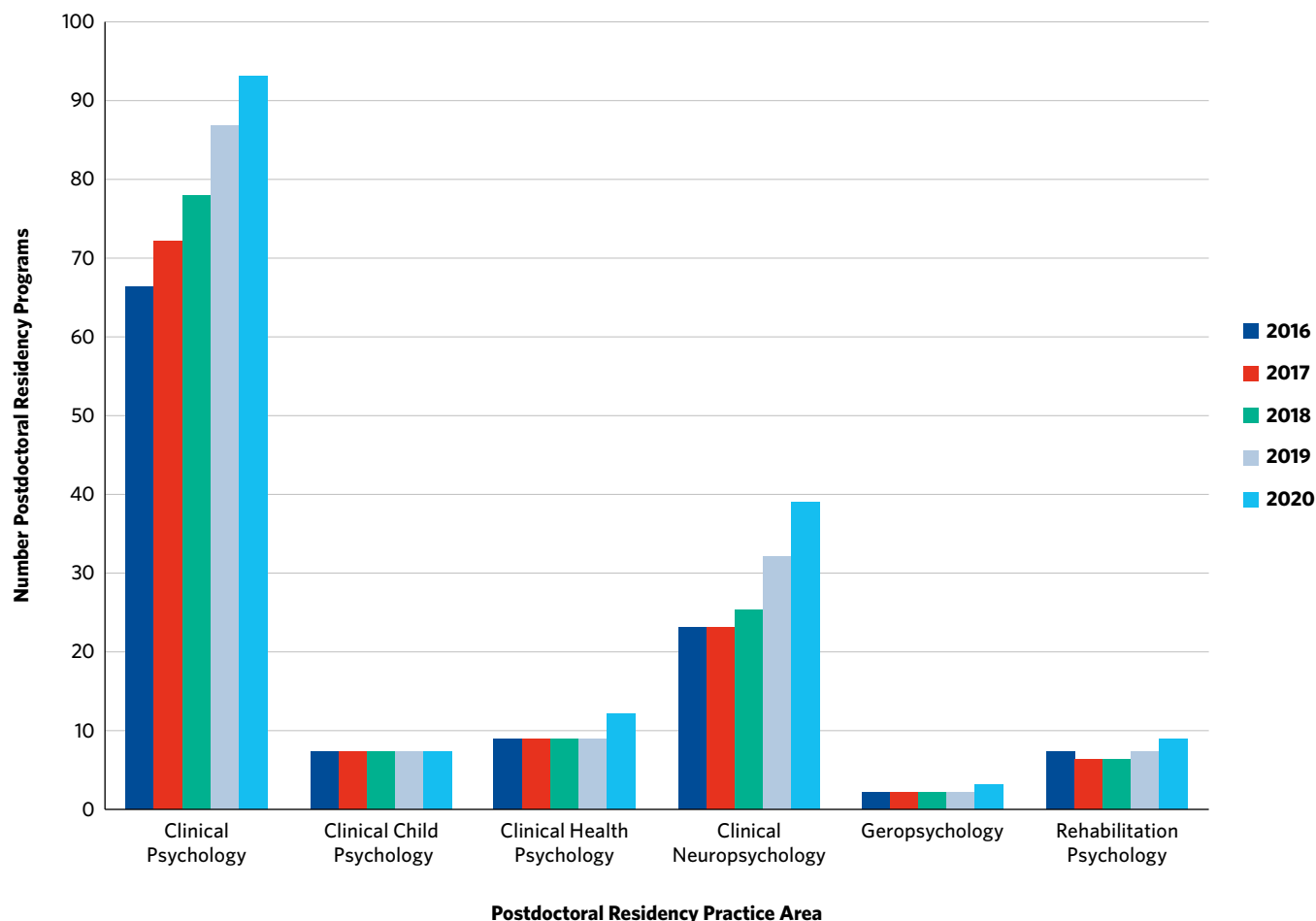


The median annual stipend increased from \$25,000 in 2016 to \$29,951 in 2020—about a 20% increase during the 5-year period.

Postdoctoral Programs

FIGURE 14

NUMBER OF ACCREDITED POSTDOCTORAL PROGRAMS BY PRACTICE AREA



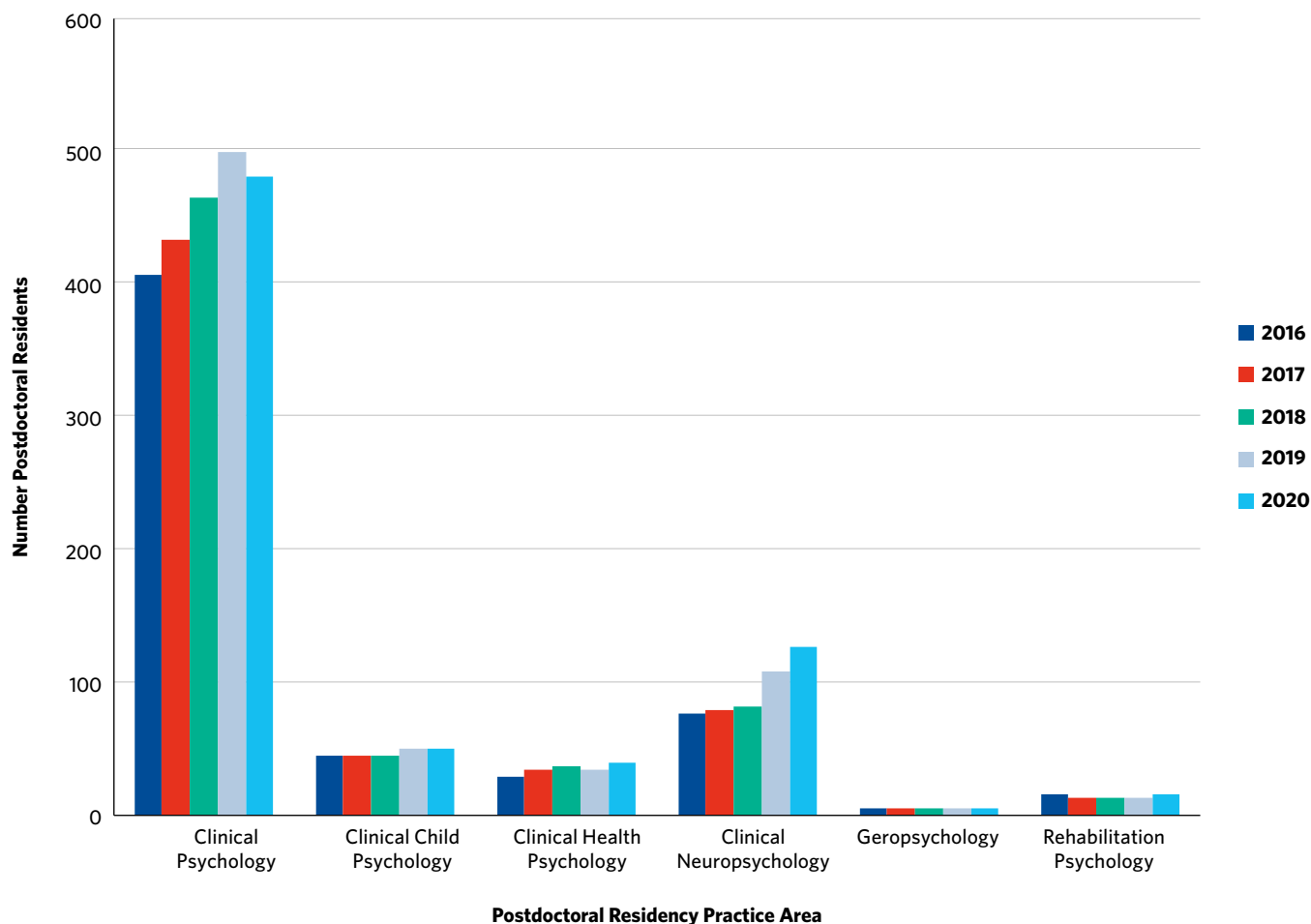
The number of accredited postdoctoral residency programs that completed the annual report each year is shown here. The proportion of accredited programs with annual data was 100% in each year from 2016 to 2020.

An important caveat is noted:

Because there was one accredited forensic psychology program during 2016 to 2020, annual data from this program is reported in the clinical psychology category and not reported individually.

Clinical psychology programs account for well over half of all accredited postdoctoral residency programs during the 5-year period: 66 in 2016 and 93 in 2020. The number of clinical neuropsychology programs increased from 23 in 2016 to 39 in 2020. Clinical health psychology programs increased from nine in 2016 to 12 in 2020. Geropsychology programs increased from two in 2016 to three in 2020. Rehabilitation psychology programs increased from seven in 2016 to nine in 2020. Clinical child psychology programs remained consistent at seven during the 5-year period.

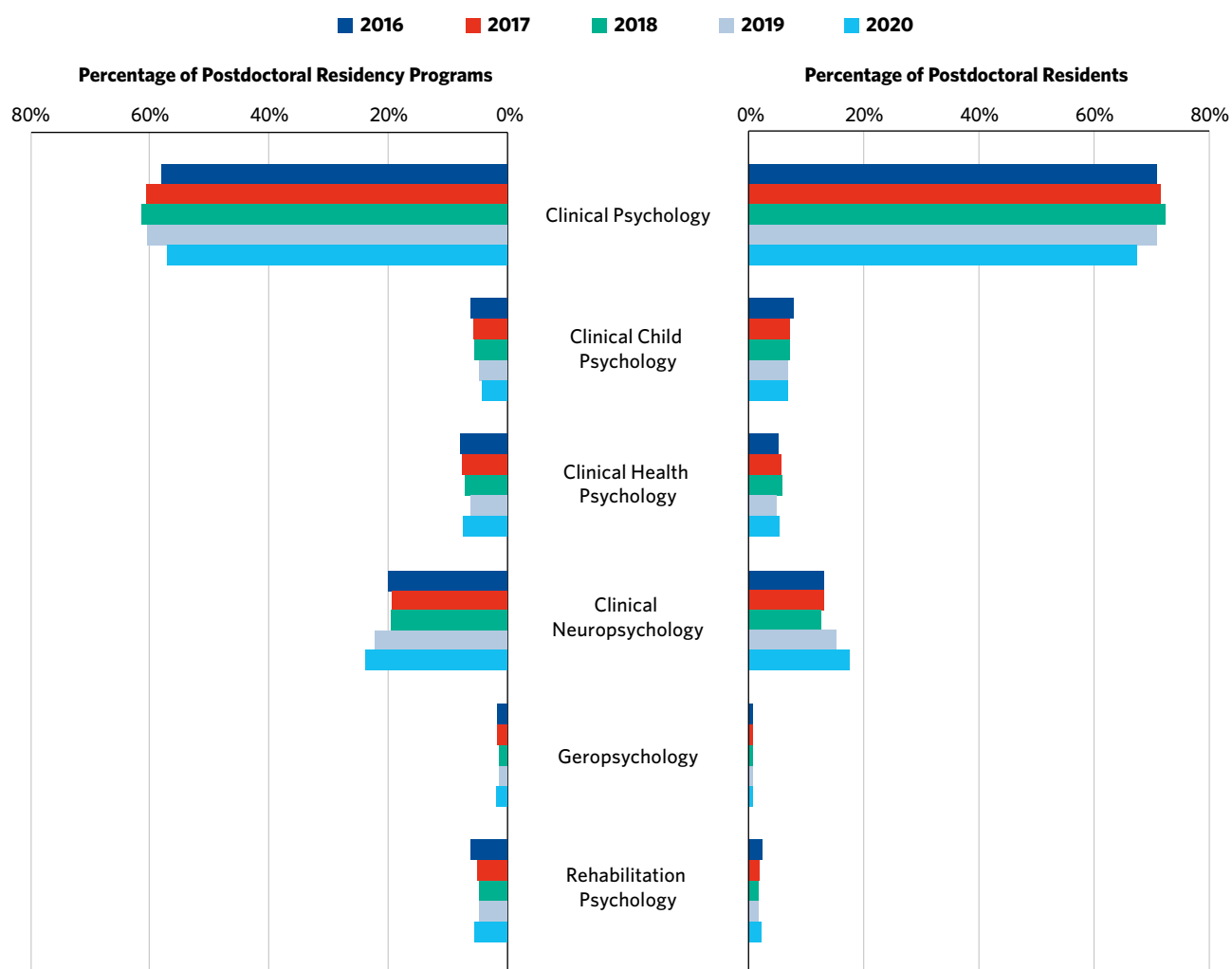
FIGURE 15

NUMBER OF POSTDOCTORAL RESIDENTS BY AREA

This graph shows the number of postdoctoral residents per year by practice area. The bulk of residents are from clinical programs, ranging from 405 (71% of all residents) in 2016 to the peak of 481 (67% of all residents) in 2020. The number of residents in clinical neuropsychology programs increased from 75 (13% of all residents) to 125 (18% of all residents) in 2020. The number of residents in clinical health programs increased from 29 (5% of all residents) in 2016 to 39 (5% of all residents) in 2020. The number of residents in clinical child programs increased from 45 (8% of all residents) in 2016 to 49 (7% of all residents) in 2020. The number of residents in geropsychology programs increased from four (0.7% of all residents) in 2016 to five (0.7% of all residents) in 2020. The number of residents in rehabilitation programs increased from 14 (2% of all residents) in 2016 to 15 (2% of all residents) in 2020.

FIGURE 16

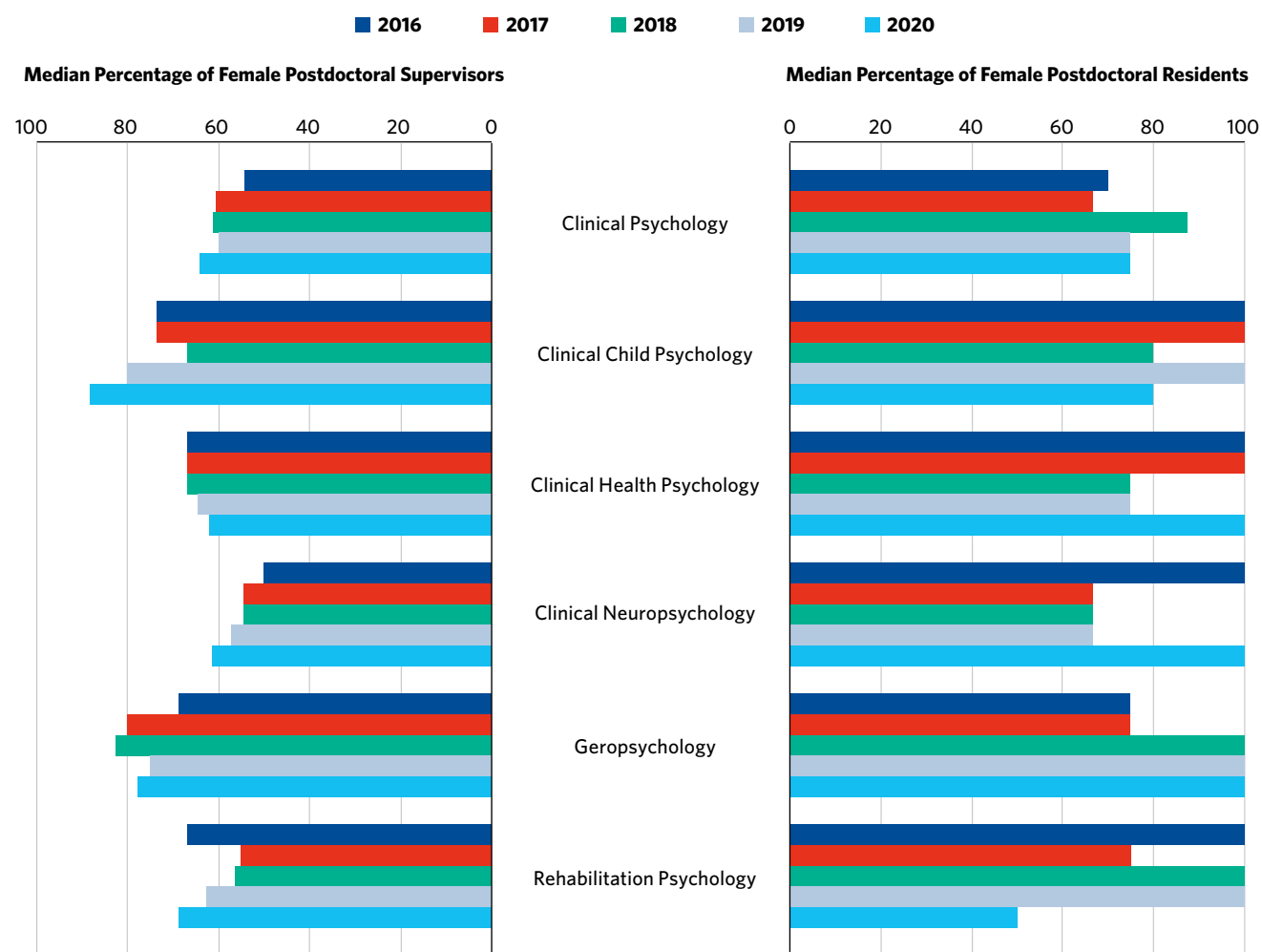
PERCENTAGE OF POSTDOCTORAL RESIDENCY PROGRAMS AND RESIDENTS BY AREA



The horizontal bars on the left represent the percentage of accredited postdoctoral residency programs by practice area from 2016 to 2020, and the ones on the right represent the percentage of postdoctoral residents by practice area in the same years. The percentages of traditional clinical psychology postdoctoral programs and the associated percentages of residents have slightly decreased after an initial increase during this 5-year period (from 58% [66/114] to 57% [93/163] for programs, and from 71% [405/572] to 67% [481/714] for residents). The percentage of clinical neuropsychology programs and the associated percentages of residents increased (from 20% [23/114] to 24% [39/163]) and from 13% [75/572] to 18% [125/714] for residents). The percentage of clinical health programs decreased slightly (from 8% [9/114] to 7% [12/163]); there was minor change overall in the proportion of residents training in this practice area. The percentage of clinical child programs and the associated percentages of residents decreased (from 5% [7/114] to 4% [7/163]) and from 8% [45/572] to 7% [49/714] for residents). The percentage of rehabilitation psychology and geropsychology programs remained relatively the same after an initial decrease during the 5-year period.

FIGURE 17

MEDIAN PERCENTAGE OF FEMALE SUPERVISORS AND FEMALE RESIDENTS BY PRACTICE AREA



Female status is reported by postdoctoral residency supervisors and postdoctoral residents, and the data on supervisors includes core and other training classifications. Median percentages are based on the total number of supervisors in each practice area. Because of the small sample size of total supervisors in some practice areas, there is greater variability across the years. The median percentage of female supervisors rose from 54% in 2016 to 64% in 2020 in clinical programs. The median percentage of female supervisors increased from 50% in 2016 to 62% in 2020 in clinical neuropsychology programs. The median percentage of female supervisors decreased from 67% in 2016 to 62% in 2020 in clinical health programs. The median percentage of female supervisors increased from 73% in 2016 to 88% in 2020 in clinical child programs. The median percentage of female supervisors increased from 69% in 2016 to 78% in 2020 in geropsychology programs. The median percentage of female supervisors increased from 67% in 2016 to 69% in 2020 in rehabilitation psychology programs.

Due to the small sample size of total residents in some of the practice areas, there is greater variability of sample sizes across the years. The median percentage of female residents in clinical psychology programs increased from 70% in 2016 to nearly 75% in 2020. The median percentage of female residents in clinical neuropsychology and clinical health programs remained relatively the same at 100% after a slight drop during the 5-year period. The median percentage of female residents in clinical child programs decreased, from 100% in 2016 to 80% in 2020. The median percentage of female residents in geropsychology programs increased from 75% in 2016 to nearly 100% in 2020. There was a decrease in the median percentage of female residents in rehabilitation psychology programs after remaining consistent during the 5-year period, from 100% in 2016 to 50% in 2020.

FIGURE 18

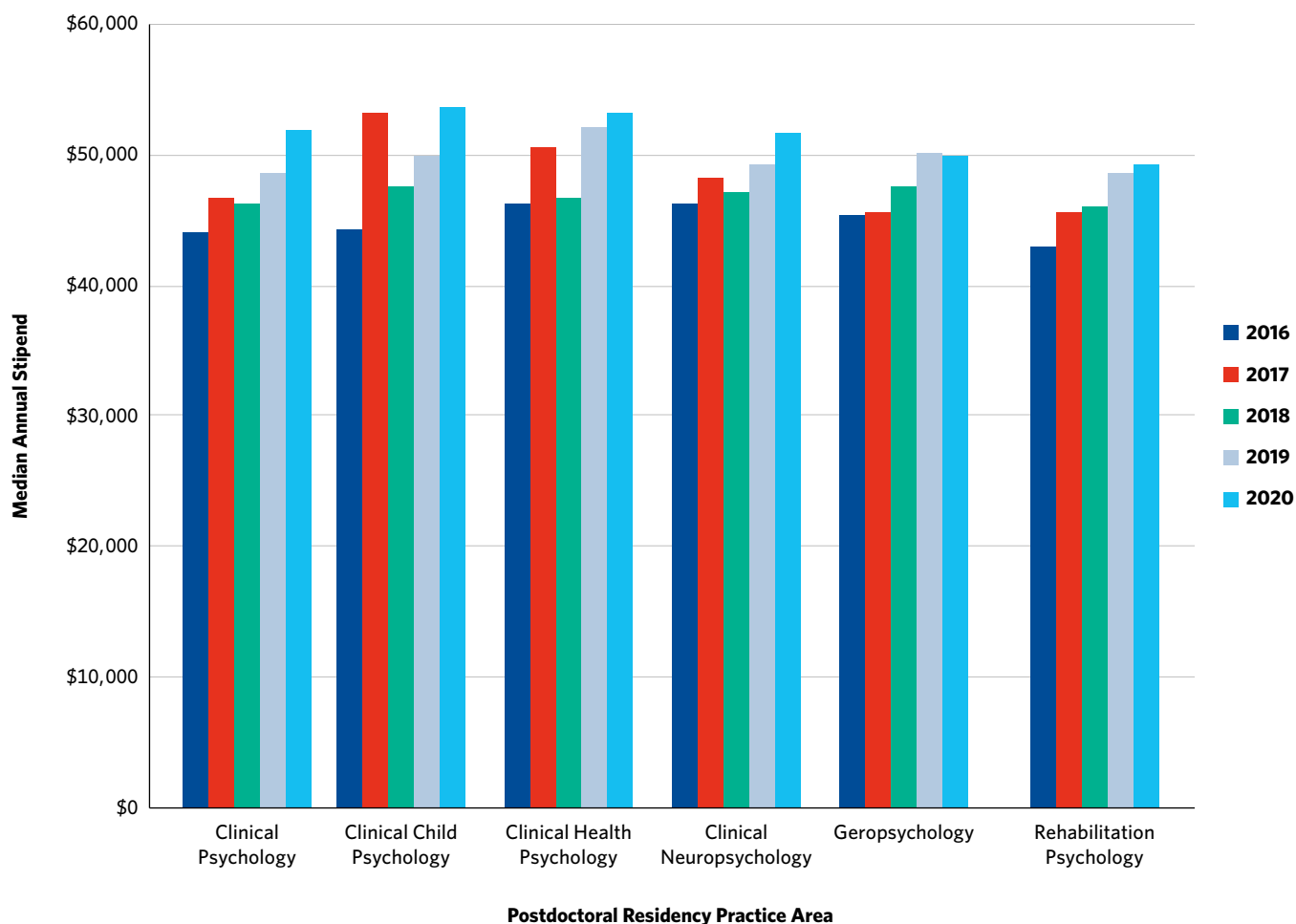
MEDIAN PERCENTAGE OF MINORITY SUPERVISORS AND MINORITY RESIDENTS BY PRACTICE AREA



Ethnic minority status is reported by postdoctoral residency supervisors and postdoctoral residents, and the data on supervisors includes core and other training classifications. Median percentages are based on the total number of supervisors in each practice area. Because of the small sample size of total supervisors in some practice areas, there is greater variability across the years. The median percentage of ethnic minority supervisors rose from 17% in 2016 to 20% in 2020 in clinical programs. Likewise, the median percentage of ethnic minority supervisors increased overall from 13% in 2016 to 18% in 2020 in clinical child programs; from 8% in 2016 to 14% in 2020 in clinical health programs; and from 8% in 2016 to 19% in 2020 in rehabilitation psychology programs. However, in clinical neuropsychology programs the median percentage of ethnic minority supervisors slightly decreased overall despite an initial increase, from 17% in 2016 to 15% in 2020. There was also a decrease in geropsychology programs from 6% in 2016 to 0% in 2020.

There is greater variability across the years due to the small sample size of total residents in some of the practice areas. The median percentage of ethnic minority residents rose from 20% in 2016 to 25% in 2020 in clinical programs. Likewise, the median percentage of ethnic minority residents increased overall from 0% in 2016 to 20% in 2020 in clinical child programs; and 0% in 2016 to 33% in 2020 in clinical health programs. However, there was also a decrease in geropsychology program residents who identified as an ethnic minority from 25% in 2016 to 0% in 2020. In clinical neuropsychology programs the median percentage of ethnic minority residents remained the same despite an initial decrease.

FIGURE 19

MEDIAN ANNUAL STIPEND FOR FULL-TIME POSTDOCTORAL RESIDENTS BY PRACTICE AREA

The median annual stipend for full-time postdoctoral residents by area is presented here for 2016–2020. The median annual stipends increased in clinical programs, from \$44,137 in 2016 to \$51,854 in 2020. The median annual stipends increased in clinical neuropsychology programs from \$46,176 in 2016 to \$51,612 in 2020. The median annual stipends increased in clinical health programs from \$46,122 in 2016 to \$53,128 in 2020. The largest increase in median annual stipends occurred in clinical child programs, which rose from \$44,329 in 2016 to \$53,611 in 2020. The median annual stipends increased in geropsychology programs from \$45,342 in 2016 to \$50,029 in 2020. In rehabilitation programs, the median annual stipends increased from \$43,024 in 2016 to \$49,251 in 2020.

COMMISSION ON ACCREDITATION

What's Been Happening in Health Service Psychology Accreditation Since 2015

CoA Membership Profile: 2016–2020

	Members (N)	Women (%)	Racial/ethnic minorities (%)	U.S. states represented (N)	APA divisions represented (%)	Board certified by ABPP (%)
2016	32	50	12.5	20	40.7	17.2
2017	32	53	13	22	27.6	20.7
2018	32	50	12.5	21	44.6	17.2
2019	32	50	18.8	18	38.9	24.1
2020	32	57	28	19	47	19

Note. ABPP = American Board of Professional Psychology.

CoA Chairs: 2016–2020



2016 Kathleen J. Bieschke, PhD

"In 2016, the CoA continued to review periodic and initial program reviews using the *Guidelines and Principles* (G&P) and in September began to review self-studies based on the SoA. In addition, the CoA finalized Implementing Regulations and the Accreditation Operating Procedures for the SoA. The CoA focused considerable efforts on developing and implementing a robust set of in-person and online training activities based on the SoA for all members of the training community. CoA presented to the National Advisory Committee on Institutional Quality and Integrity (NACIQI) and was successful in its efforts to maintain its recognition status as a specialized accreditor for the U.S. Department of Education."



2017 Stephen R. McCutcheon, PhD

"With the new SoA taking effect in January 2017, the CoA's attention necessarily turned to ensuring that accredited programs had the information and consultation necessary for successful implementation of the Standards, and to ensuring that Commissioners had the training and support necessary to evaluate programs with fidelity and reliability according to the new SoA.

Commissioners traveled extensively during the year to attend meetings of the various training councils in health service psychology so that we could provide information, consultation, and a listening "ear." Our contacts with the public helped us identify where more or better information was needed, and how documents and resources could be improved to help programs understand both the principles and practical applications of the SoA.

The CoA undertook a complete review of its Implementing Regulations (the "how to" documents that describe the nuts and bolts of adherence to the criteria in the Standards) and lightly—or heavily—revised these documents, with the help of public comment, in order to ensure consistency with the SoA. Of great importance to doctoral programs, the CoA produced an Implementing Regulation pertaining to Discipline-Specific Knowledge (DSK) (IR C-7 D), providing doctoral programs with greater latitude in devising a core curriculum that was both more flexible and more advanced.

The revision of numerous other Implementing Regulations likewise was intended to better communicate with programs about the changing landscape that was made more possible through the greater flexibility of the Standards. Such changes included the need for

direct observation of students and trainees as a condition of evaluating their performance, greater clarity about outcome data required by the CoA in review of a program, and greater specificity about how programs must inform their publics about the outcomes of their training programs. In this and related work, transparency and accountability were twin principles underlying the CoA's revisions of documents."

2018 Stephen R. McCutcheon, PhD

"In 2018, the work of implementing the SoA continued. During this year, the CoA made great progress, with the input of constituent groups representing postdoctoral training, to describe how competencies can be understood at this advanced level of training, and how the wider scope inherent in postdoctoral programs, particularly those in recognized specialty areas, could successfully diverge in ways that accurately represented the aims of fellowship programs that are widely diverse in their experiences and intended outcomes. In order to remove unnecessary barriers to the development of new doctoral programs—while still ensuring quality education—the CoA created a pathway leading to an "accredited, on contingency" status. This new status allows programs to secure accreditation prior to graduation of an initial cohort, on condition that required outcome data is provided in follow-up. Finally, it is important to note that the CoA undertook a year-long, intensive conversation regarding how best to facilitate the recruitment and retention of faculty and students who represent diverse identities. This important conversation culminated in the extensive revision of the Implementing Regulations pertaining to recruitment and retention at the doctoral, internship and postdoctoral levels (IR's C-21 D, C-19 I, and C-6 P).

It goes without saying—but I'll say it anyway—that this enormous and important work for the profession could not have been accomplished without an outstanding class of commissioners and an equally outstanding commission staff, all of whom worked together as a community to create and maintain a regulatory scaffolding that promotes quality training in our profession."



2019 David A. Smith, PhD, ABPP

"In 2019 CoA took its first steps toward accreditation of master's programs in health service psychology by drafting initial Standards for master's-level accreditation in support of this revolutionary step for the field. CoA also managed accreditation issues associated with the closure of Argosy University. Concurrent with these major new undertakings was the ordinary program review and policy development business that comes with accrediting over 1,200 doctoral, internship, and postdoctoral programs. CoA reviewed 332 programs during the year. CoA also developed advanced specialty competencies for postdoctoral training programs accredited in any of eight substantive specialty practice areas. This major accomplishment was achieved with significant input from the postdoctoral training community, the

Council of Specialties, and the various specialty boards, as well as via the vital public comment process. CoA also responded to requests for increased transparency in its decision-making by adding to the accredited program directory the specific standards on which a program is required to provide ongoing reporting."



2020 Cindy L. Juntunen, PhD

"In 2020, the CoA demonstrated substantial flexibility in responding to the restrictions of COVID-19 and embraced technology to ensure that our work continued with minimal interruption. We initiated remote site visits and video meetings, attending carefully to quality control measures as these new measures were implemented. We also had a remote site visit by the U.S. Department of Education at our fall Program Review Meeting. The CoA engaged heavily with programs in 2020, providing guidance and establishing temporary procedures to ensure positive training adaptations given remote learning. We initiated a review of the SoA approved in 2014, as part of our internal quality insurance procedures, to ensure that the Standards continue to support timely and rigorous education. Work also continued on SoA for master's programs in health service psychology, which ultimately was approved by the APA Council of Representatives in February of 2021."

All CoA Updates from 2016 and 2020 are available at www.apa.org/ed/accreditation/newsletter/issues.

Timeline and Background

CoA Policies and Procedures

Recognition of APA CoA

2016

MAY

IR C-7 D on discipline specific knowledge; IR C-30 D, IR C-28 I, and IR C-24 P on consortium

JUNE

NACIQI reviews APA for continued recognition

SEPTEMBER

US Department of Education (ED) continues APA CoA recognition with compliance report due in one year

DECEMBER

IR C-7 D on discipline-specific knowledge; IR C-14 D on direct observation; IR C-8 D, IR C-8 I, and IR C-9 P on professional-wide competencies for programs at all levels; IR D.4-7(a) and IR D.4-7(c) on student achievement monitoring throughout the accreditation review cycle

2017

JANUARY

SoA implemented on January 1, 2017

OCTOBER

APA submits compliance report to ED

2018

JULY

IR C-21 D, IR C-19 I, and IR C-6 P on diversity recruitment and retention of individuals at all levels; IR C-29 D on initial accreditation for doctoral programs

JANUARY

Accreditation staff submit second Interim Report to Council of Higher Education Accreditation (CHEA)

AUGUST

ED continues recognition of the APA CoA

NOVEMBER

IR C-27 I and IR C-23 P on public disclosure data for internship and postdoctoral programs; IR C-28 I and IR C-24 P on consortium programs at the internship and postdoctoral level; IR D.4-8(a), IR D.4-8(b), and IR D.4-8(c) on interim reporting

Abbreviations

AOP = Accreditation Operating Procedures
CHEA = Council of Higher Education Accreditation
CoA = Commission on Accreditation
IR = Implementing Regulation

NACIQI = National Advisory Council on
Institutional Quality and Integrity
ED = U.S. Department of Education

Timeline and Background (continued)

CoA Policies and Procedures

Recognition of APA CoA

2019

JULY

Updates to public accredited program directory (notice)

AUGUST

Accreditation Operating Procedures (AOP) Section 5 on disclosure on CoA decisions; IR D.8-1, IR D.8-1(a), and IR D.8-2 on public disclosures, the timeframe for public notices, and procedures for the notification of CoA actions

NOVEMBER

IR C-9 P on postdoctoral residency competencies and IR C-17 D on expected internship placements

APRIL

APA submits first required report to CHEA on transitioning to new CHEA accreditation guidance

2020

MARCH

First round of public comment on SoA for master's degree programs

JULY

IR C-8 D, IR C-8 I, and IR C-9 P on profession-wide competencies; IR D.4-7(b) on thresholds for student achievement outcomes in doctoral programs; IR E.1-3 on the CoA's policy on its research studies

AUGUST

Second round of public comment on SoA for master's degree programs

OCTOBER

IR C-26 D, IR C-27 I, and IR C-23 P on public disclosure data for programs at all levels

DECEMBER

IR C-8 D, IR C-8 I, and IR C-9 P on profession-wide competencies for programs at all levels

JANUARY

APA submits second report on transition to new CHEA guidance

Accreditation staff submitted the CoA's petition for continued recognition to ED

JULY

ED implements new guidelines for accreditor recognition

OCTOBER

CoA hosted ED site visit during the Fall Program Review Meeting

Abbreviations

AOP = Accreditation Operating Procedures
CHEA = Council of Higher Education Accreditation
CoA = Commission on Accreditation
IR = Implementing Regulation

NACIQI = National Advisory Council on Institutional Quality and Integrity
ED = U.S. Department of Education

Master's Accreditation in Health Service Psychology

In 2019, the Commission on Accreditation (CoA) established a work group comprised of CoA commissioners that examined policies and procedures for the accreditation of programs in health service psychology (HSP) offered at the master's degree level of education. The following outlines the phases of this work, including future workings of the master's accreditation work group (MAWG).

Phase I: Upon establishment, the CoA master's accreditation work group convened and began conducting reviews of available literature, including accreditation standards and educational requirements, to prepare drafting standards for the accreditation process.

Phase II: In 2020, the work group drafted a set of accreditation standards and put them forward on two occasions to the psychology public for comment. After the first presentation of materials for public comment in March 2020, information received was reviewed and the standards were edited, yielding a modified version of the standards for which comment was requested from the field. Following this second round of public comment in August 2020, the CoA reviewed and finalized the accreditation standards at its October 2020 CoA Meeting, resulting in a final version of the *Standards of Accreditation for Health Service Psychology, Master's Degree Programs (SoA-M)*. Per APA policy, these standards were submitted to APA governance, i.e., the APA Board of Educational Affairs and the APA Board of Directors, for vetting and the APA Council of Representatives, for approval. SoA-M was submitted to the Board of Educational Affairs (BEA) as part of the process for APA Governance review in November 2020.

Phase III: While extending beyond the time frames of this report, the SoA-M were approved by APA CoR at their February 2021 meeting. During the time that the SoA-M were undergoing review by the APA, the MAWG initiated an examination of procedures and processes to implement accreditation at this level of education. These deliverables include operating procedures and Implementing Regulations.

COVID-19's Impact on Accreditation

Because of the pandemic, the CoA began holding meetings virtually, starting in March 2020 and through the writing of this report. In addition, in March 2020, site visits were postponed, and no site visits occurred until September 2020, when visits began to be conducted virtually. During the six-months when visits were delayed (March through April 2020), the CoA and OPCA staff developed methods for visiting programs remotely that included developing procedures, reviewing, and selecting secure web-based platforms for both the visit and for document sharing between the program and the site visit team, creating program guidance for these virtual visits, and training volunteers and accreditation staff on the procedures to be used. Processes were put into place and visits have resumed.

While there was some disruption, accreditation staff started working with the CoA and the psychology community to maintain accreditation processes. One activity has been monitoring guidance from accreditation recognition bodies (ED and CHEA) regarding the pandemic so that appropriate practices may be followed. For example, the ED has provided flexibilities during the emergency disorder mandate which include temporary allowances for distance education practices and virtual methods for site visits (with the requirement that a verification visit be implemented when it is practicable). The OPCA has shared these flexibilities with the CoA, who has affected decisions during this time to support the psychology community.

Higher Education Accreditation Update

While reviewing and recognizing health service psychology programs for adherence to the Standards of Accreditation, the APA's CoA is itself reviewed by both the CHEA and the secretary of education through the U.S. Department of Education. The APA is recognized by both as an accrediting body for professional psychology at the doctoral, internship and postdoctoral residency programs in practice areas within health service psychology.

Council for Higher Education Accreditation Update

The APA CoA has been recognized by the CHEA since 2002. The most recent review awarded continued recognition in January 2013 for a ten-year period. As is routine and required of all recognized agencies, the CoA provided for CHEA review an interim report outlining its adherence to the recognition criteria, as well as a comprehensive summary of significant changes since the last interim report. The first Interim Report, submitted in December of 2015, addressed the revision of several decision-making processes, and detailed three significant changes: the creation of “accredited, on contingency” for internship and postdoctoral residency programs, the discontinuation of APA CoA accrediting Canadian psychology programs, and the implementation of the new SoA and revised AOP. The second Interim Report, submitted in December of 2018, provided updates on the implementation of the SoA-AOP and detailed subsequent changes in CoA policy such as a new way to date the initial date of accreditation and modifications to the ARO.

In January of 2019, CHEA implemented a revised Recognition Policy. To show compliance with the new Recognition Policy, the CoA submitted two reports: Transition Framework One, submitted in April of 2019, and Transition Framework Two, submitted in January of 2020. The transition reports detailed how the Commission’s policies aligned with CHEA’s revised Recognition Policy and addressed any gaps that would need to be addressed in order to remain compliant.

The APA CoA will be due for renewal of recognition in 2023 and will be reviewed in accordance with the revised Recognition Policy. The CHEA review process occurs in two parts: eligibility and recognition. All agencies, even those already recognized by CHEA, must participate in both parts each time they come up for review. OPCA staff will submit eligibility materials in 2021.

U.S. Department of Education Update: CoA’s Review for Federal Recognition

Following submitting a petition for renewal of recognition in 2015, the APA was reviewed for continued recognition by the U.S. Department of Education in 2016. Following this submission, ED staff conducted an initial review, to which the CoA responded. ED staff also observed a CoA meeting, reviewed records, and prepared a final report. The CoA was able to respond to the final report. All of these documents were provided to the National Advisory Committee on Institutional Quality and Integrity (NACIQI), for recommendation. These materials were provided to the ED Senior Department Official for a decision. The decision made was to continue the recognition of the APA, with two compliance issues to be addressed within a year and reported on within 13 months.

To address the compliance concerns raised by the ED, the CoA revised Implementing Regulation (IR) D.4-7(a) to clarify actions taken when a program’s student achievement information, or threshold, suggests inconsistency with the SoA. Making this modification also addressed the second compliance concern, that in which the CoA needed to demonstrate that it followed regulations for enforcement of standards. In October 2017, a compliance report addressing these issues was submitted to the department and reviewed by the department and the NACIQI in May 2018. In August 2018, a decision was made by the ED to continue the recognition of the APA for the maximally allowable period of three years.

In January 2020, the APA submitted a petition for continued recognition. Following this submission, the CoA hosted a virtual site-visit from ED staff for the observation of a meeting and also for review of documentation. Subsequent to the staff analysis, APA received an initial report, for which the APA may respond prior to the NACIQI review, scheduled for summer, 2021.

As of 2020, the CoA’s scope of recognition is the accreditation in the United States of doctoral programs in clinical, counseling, school, and combined professional-scientific psychology; doctoral internship programs in health service psychology; and postdoctoral residency programs in health service psychology. It also includes the pre-accreditation in the United States of doctoral internship programs in health service psychology and postdoctoral residency programs in health service psychology.

CoA POLICY AND PROCEDURE CHANGES: 2016–2020

Policy Changes: Implementing Regulations Related to the *Standards of Accreditation for Health Service Psychology (SoA)*

YEAR	IR	DESCRIPTION
2016	C-30 D, C-28 I, and C-24 P	CoA drafted and approved IRs for consortium programs.
2017	All Section C IRs	CoA revised Section C of the IR book to align the text with the SoA. A part of the revision process included the reorganization of the IRs in this section. Effective Jan. 1, 2017, Section C was divided into three subsections: doctoral (D), internship, (I), and postdoctoral residency (P).
	C-7 D	IR revisions outline expectations pertaining to the DSK, providing more detail about how programs can determine that all students have foundational and graduate-level knowledge. This IR provides further definitions of training that allow for the assessment of graduate level knowledge, thereby allowing for the demonstration of sufficient knowledge acquisition by the time a program is completed; and it provides further description of the time when training is required within each category of DSK.
	C-14 D	The revisions to the Direct Observation IR for doctoral programs provide additional guidance on the characteristics of that which is to be observed, including 1) the settings in which direct observation is to occur, 2) the requirements of the supervisor conducting direct observation of a trainee, and 3) the nature and the minimum number of the competencies to be included in a direct observation.
	C-13 D, C-15 I, and C-15 P	Minor update to the IRs to be consistent with SoA language relative to programs' aims and training outcomes. More specifically, a minor editorial was made to the second bullet under the requirements for how a program's formal policy must address, "how telesupervision is consistent with overall aims and training outcomes."
	C-18 D, C-16 I, and C-16 P	Clarifies the type of outcome data that the CoA needs to make an accreditation decision.
2018	C-21 D, C-19 I, and C-6 P	Revised diversity recruitment and retention IRs provide greater detail regarding specific requirements for recruiting and retaining both students/trainees and faculty/staff from diverse backgrounds.
2018	C-29 D	Separated accredited, on contingency application processes from full accreditation processes for doctoral programs.
2019	C-28 I and C-24 P	Revised consortium IR to ensure appropriate requirements are in place for consortium mergers and separations.

Procedural Changes: *Accreditation Operating Procedures (AOP)* and Related Implementing Regulations

YEAR	IR	DESCRIPTION
2016		There were no revisions or changes to the AOP or IRs under the SoA.
2017	D.4-7(a)	IR revised to clarify how the monitoring of data, including thresholds and narrative responses, will be used to ensure ongoing compliance with the SoA.
	D.4-7(b)	IR changes are the result of a recalculation process that is in accord with that described in IR 4.7(a); these changes are completed following an empirical analysis conducted every 3 years. This recalculation is designed to evaluate a program's continuing quality between full accreditation reviews.
	D.4-7(c)	IR revised to clarify how narrative responses are evaluated in light of compliance with the SoA during programs' annual review.
	D.6-1(b)	IR revised to modify the procedures for complaint reviews.
	D.3-8	IR revised to ensure consistency and alignment with the regulatory requirements prescribed by HIPAA and FERPA.
	D.3-11	IR revised to clarify that all site visit teams, not just those for doctoral or internship programs, will have a designated visitor who represents the educational perspective and one representing the practice perspective.
2018	AOP Sections 8.6 D, 8.6 I, and 8.6 P	Revised to change the effective date of a decision to award accreditation (either "on contingency" or "full") and other non-appealable accreditation decisions to the date of adjournment of the CoA meeting in which the decision was made.
2019	AOP Section 5	AOP Section 5 revised to require that the accredited program directory provides specific standards on which a program is required to provide ongoing reporting. In addition, all CoA decisions, including accreditation decisions, deferrals, and adverse actions are to be disclosed. Lastly, lists of accredited programs will now be published in the directory on the accreditation website.
	D.8-1, D.8-1(a), and D.8-2	Modifications made to these IRs to reflect the aforementioned changes in AOP Section 5.
	D.4-8(a), (b), and (c)	IRs developed to demonstrate ongoing consistency with the <i>Standards of Accreditation</i> (SoA), which requires that programs receiving 10 years between periodic reviews must provide an interim report 5 years after the beginning of the 10-year accreditation term.
2020	D.4-7(b)	IR changes are the result of a recalculation process that is in accord with that described in IR 4.7(a); these changes are completed following an empirical analysis conducted every 3 years. This recalculation is designed to evaluate a program's continuing quality between full accreditation reviews.
2020	E.1-3	The IR revisions to the CoA's policy on research studies IR E.1-3 address the CoA's procedures for self-evaluation including analyses of the policies, procedures, and practices germane to the CoA's accreditation work. Given such, the changes in IR E.1-3 modify the type and timeframes of research studies to be completed. The goal of this approach is to evaluate the reliability, validity and integrity of accreditation processes using the SoA every 5 years.

APPENDIX

CoA Membership Profiles: 2016–2020

Commission on Accreditation 2016

Chair: Kathleen J. Bieschke, PhD (1/11–12/16)

Associate Chair, Program Review: Stephen R. McCutcheon, PhD (1/13–12/15)

Associate Chair, Quality Assurance: Kurt A. Freeman, PhD (1/12–12/17)

Allison Abrahamson, PsyD (1/15–12/16)**

Douglas A. Behrend, PhD (7/15–12/16)

Nina W. Brown, PhD (1/14–12/16)

Henry A. Buchtel, PhD (5/12–12/16)

Clark D. Campbell, PhD (1/13–12/18)

Cindy I. Carlson, PhD (1/14–12/18)

Randall J. Cox, PhD (1/13–12/16)

James C. Denniston, PhD (1/15–12/17)

Georita M. Frierson, PhD (1/16–12/18)

Carlen Henington, PhD (1/13–12/18)

H. Garland Hershey, Jr., DDS (1/11–12/16)*

Philinda S. Hutchings, PhD (1/14–12/16)

Cindy L. Juntunen, PhD (1/15–12/17)

Ellen I. Koch, PhD (1/16–12/18)

Karl Koob MMIS, RHIA, FAHIMA, CPEHR (1/14–12/16)*

Monica F. Kurylo, PhD (1/16–12/18)

David B. Mather, PhD (1/13–12/16)

Ashley E. Maynard, PhD (1/15–12/17)

Cami K. McBride, PhD (1/16–12/18)

Cathy McDaniels Wilson, PhD (1/16–12/18)

James A. Mulick, PhD (1/14–12/16)

Maryjan Murphy, PhD (1/13–12/18)

Gilbert H. Newman, PhD (1/15–12/17)

Daniel E. Olympia, PhD (1/15–12/16)

Emil R. Rodolfa, PhD (1/13–12/18)

Jack B. Schaffer, PhD (1/14–12/16)

Paula K. Shear, PhD (3/14–12/16)

David A. Smith, PhD (1/14–12/16)

Dawn Vo-Jutabha, PhD (1/15–12/17)

*Public member

**Student member

Commission on Accreditation 2017

Chair: Stephen McCutcheon, PhD (1/12–12/18)

Associate Chair, Program Review: Kurt Freeman, PhD (1/12–12/17)

Associate Chair, Quality Assurance: David Smith, PhD (1/14–12/19)

Douglas A. Behrend, PhD (7/15–12/19)
Clark Campbell, PhD (1/13–12/18)
Cindy Carlson, PhD (1/14–12/18)
M. Dolores Cimini, PhD (1/17–12/19)
Eugene D'Angelo, PhD (1/17–12/19)
James C. Denniston, PhD (1/15–12/17)
Georita M. Frierson, PhD (1/16–12/18)
Carlen Henington, PhD (1/13–12/18)
William Hathaway, PhD (1/17–12/19)
Aaron Jackson, PhD (1/17–12/19)
Cindy L. Juntunen, PhD (1/15–12/17)
Ellen I. Koch, PhD (1/16–12/18)
Monica F. Kurylo, PhD (1/16–12/18)
Elizabeth Louis, MA (1/17–12/17)**
Greg Manship, Dbe (1/17–12/19)*
Ashley Maynard, PhD (1/15–12/17)
Cami K. McBride, PhD (1/16–12/18)
Cathy McDaniels Wilson, PhD (1/16–12/18)
MaryJan Murphy, PhD (1/13–12/18)
Gilbert Newman, PhD (1/15–12/17)
Mary Ann Norfleet, PhD (1/17–12/19)
Teresa O'Donnell (1/15–12/19)*
Daniel Olympia, PhD (1/15–12/19)
Judith Patterson, PhD (1/17–12/19)
Emil Rodolfa, PhD (1/13–12/18)
Jack Schaffer, PhD (1/14–12/19)
Paula K. Shear, PhD (3/14–12/19)
Dawn Vo-Jutabha, PhD (1/15–12/17)
Jason D. Williams, PsyD (1/17–12/19)

*Public member

**Student member

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Chair: Stephen R. McCutcheon, PhD (1/13–12/18)

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M. Dolores Cimini, PhD (1/17–12/19)
Eugene J. D'Angelo, PhD (1/17–12/19)
Georita M. Frierson, PhD (1/16–12/18)
William L. Hathaway, PhD (1/17–12/19)
Carlen Henington, PhD (1/13–12/18)
Aaron P. Jackson, PhD (1/17–12/19)
Matthew D. Johnson, PhD (1/18–12/20)
Aaron Joyce, PhD (1/18–12/20)
Ellen I. Koch, PhD (1/16–12/18)
Monica F. Kurylo, PhD (1/16–12/18)
Elizabeth F. Louis, MA (1/17–12/17)**
Greg Manship, Dbe (1/17–12/19)*
David Marcus, PhD (1/18–12/20)
Cami K. McBride, PhD (1/16–12/18)
Cathy McDaniels Wilson, PhD (1/16–12/18)
MaryJan Murphy, PhD (1/13–12/18)
Gilbert H. Newman, PhD (1/15–12/20)
Mary Ann Norfleet, PhD (1/17–12/19)
Teresa O'Donnell, MA (1/15–12/19)*
Daniel E. Olympia, PhD (1/15–12/19)
Judith E. Patterson, PhD (1/17–12/19)
Emil Rodolfa, PhD (1/13–12/18)
Jack B. Schaffer, PhD (1/14–12/19)
Paula K. Shear, PhD (3/14–12/19)
Dawn Vo-Jutabha, PhD (1/15–12/17)
Jason D. Williams, PsyD (1/17–12/19)

*Public member

**Student member

Commission on Accreditation 2019

Chair: David A. Smith, PhD, (1/14-12/19)

Associate Chair, Program Review: Cindy L. Juntunen, PhD (1/15-12/20)

Associate Chair, Quality Assurance: Cami K. McBride, PhD (1/19-12/21)

Douglas A. Behrend, PhD (7/15-12/19)
Cindy Boyd, PhD (1/19-12/21)
Ayli S. Carrero Pinedo, MA (1/19-12/19)
M. Dolores Cimini, PhD (1/17-12/19)
Eugene J. D'Angelo, PhD (1/17-12/19)
Georita M. Frierson, PhD (1/16-12/21)
William L. Hathaway, PhD (1/17-12/19)
F. Myron Hays, PhD (1/19-12/21)
Tiffany Hill, Esq (1/19-12/19)*
Aaron P. Jackson, PhD (1/17-12/19)
Matthew D. Johnson, PhD (1/18-12/20)
Aaron Joyce, PhD (1/18-12/20)
Ellen I. Koch, PhD (1/16-12/21)
Ann M. Lagges, PhD (1/19-12/21)
Greg Manship, Dbe (1/17-12/19)*
David Marcus, PhD (1/18-12/20)
Cathy McDaniels Wilson, PhD (1/16-12/21)
Gilbert H. Newman, PhD (1/15-12/20)
Mary Ann Norfleet, PhD (1/17-12/19)
Marc A. Norman, PhD (1/19-12/21)
Daniel E. Olympia, PhD (1/15-12/19)
Judith E. Patterson, PhD (1/17-12/19)
Hege Riise, PhD (1/19-12/21)
Jack B. Schaffer, PhD (1/14-12/19)
Paula K. Shear, PhD (3/14-12/19)
Gary Stoner, PhD (1/19-12/21)
Dawn Vo-Jutabha, PhD (1/15-12/20)
Jason D. Williams, PsyD (1/17-12/19)
Stephanie C. Wood, PhD (1/19-12/21)

*Public member

**Student member

Commission on Accreditation 2020

Chair: Cindy L. Juntunen, PhD (1/15-12/20)

Associate Chair, Program Review: Cami K. McBride, PhD (1/19-12/21)

Associate Chair, Quality Assurance: Georita M. Frierson, PhD (1/16-12/21)

Sally H. Barlow, PhD (1/20-12/22)¹
Cindy Boyd, PhD (1/19-12/21)
Tania Chowdhury, MA (1/20-12/20)**
M. Dolores Cimini, PhD (1/17-12/22)
William Hathaway, PhD (1/17-12/22)
F. Myron Hays, PhD (1/19-12/21)
Tiffany Hill, Esq (1/19-12/22)*
Aaron P. Jackson, PhD (1/17-12/22)
Matthew D. Johnson, PhD (1/18-12/20)
Aaron Joyce, PhD (1/18-12/20)
Ellen I. Koch, PhD (1/16-12/21)
Ann M. Lagges, PhD (1/19-12/21)
Philip J. Lanzisera, PhD (1/20-12/22)
Greg E. Manship, Dbe (1/17-12/22)*
David Marcus, PhD (1/18-12/20)
Cathy McDaniels Wilson, PhD (1/16-12/21)
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Marc A. Norman, PhD (1/19-12/21)
Judith E. Patterson, PhD (1/17-12/22)
Hege Riise, PhD (1/19-12/21)
Dinelia Rosa, PhD (1/20-12/22)
Janay B. Sander, PhD (1/20-12/22)
Leonard J. Simms, PhD (1/20-12/22)
Gary Stoner, PhD (1/19-12/21)
Jorge G. Varela, PhD (1/20-12/22)
Edelyn Verona, PhD (1/20-12/22)
Dawn Vo-Jutabha, PhD (1/15-12/20)
Jason D. Williams, PsyD (1/17-12/22)
Stephanie C. Wood, PhD (1/19-12/21)

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¹ withdrew after February policy meeting



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