
VERSION 19

Accreditation Manual

Adopted by the Governing Council

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

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The College of Pastoral Supervision and Psychotherapy, Inc. (CPSP) offers its programs in clinical pastoral training (CPT), pastoral psychotherapy, pastoral supervision, and psychotherapy supervision as a unique form of ministry and education. Respect for the trainee's person and his/her personal growth, professional development, and unique integration of the personal and professional functioning is central to the CPSP mission.

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

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

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

This *Accreditation Manual* (March 27, 2019) constitutes a Standard of the College of Pastoral Supervision and Psychotherapy.

The Covenant of the College of Pastoral Supervision and Psychotherapy

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

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

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

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

The College of Pastoral Supervision and Psychotherapy

www.cpsp.org

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100. Accreditation

110. General

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

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

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

120. Policy Statement

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

130. Purpose

To assign responsibility and prescribe procedures for ensuring that preaccreditation and accreditation actions comply with Department of Education requirements.

140. Applicability/Scope

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

140.2 Scope

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

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

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

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

150. Definitions

- 150.1** Chapter - the gatherings of CPSP members in specific and identifiable groups whose duties are defined by the CPSP Standards. (*By-laws*)
- 150.2** Responsible chapter – that qualified chapter (*Standards*, §1110.2) in which a supervisor-in-training is a member, or the chapter in which the clinical supervisor or training supervisor is a member. (*Standards*, §1120.2.2)
- 150.3** Director of training – the diplomate member, supervisor-in-training, or psychotherapy supervisor candidate designated and approved by the chapter to conduct training; the supervisor of record for any unit of training.
- 150.4** Committee – the Accreditation Oversight Committee
- 150.5** Program – a program of clinical pastoral training or pastoral psychotherapy training that is affiliated with clinical or service institutions such as hospitals, hospices, or other large organizations (“institutional programs”), or an independent, community-based program of such training.
- 150.6** Distance-learning program – a program in clinical pastoral training that provides clinical learning experience in collaboration with multiple clinical sites, with a majority of both group and individual supervision conducted remotely.
- 150.7** Secretary – Secretary of the US Department of Education
- 150.8** The Department – the US Department of Education

200. The Responsible Chapter

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

Oversight of training programs conducted by chapter members (both diplomates and supervisors-in-training) is the primary responsibility of the chapter. This includes authorizing the establishment of a training program (§100.1.1), oversight of the self-study (§ 160.2-160.3), participation in the program review (§160.4-160.7), and ongoing supervision (§160.8). (*Standards*, §1120.2.3)

210. Authorization of Training Programs

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

210.1 Designation of a clinical supervisor, either

210.1.1 A certified CPSP diplomate approved to conduct training, or

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

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

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

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

210.2.1 Financial, human, and physical resources sufficient to support the program.
(*Standards*, §110.1)

210.2.2 A sufficient number and variety of persons in need of pastoral care and counseling so as to ensure opportunities for ministry and learning. (*Standards*, §110.2)

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

210.4 Review and approval of the following documents:

- 210.4.1 Formal written agreements specifying the relationship and operational agreements between the CPSP program and any other agencies that utilize the services of the program. (*Standards*, §130.1)
- 210.4.2 An agreement for training (between trainees and the training program) that details authorization to meet with patients, parishioners, or clients; access to appropriate clinical records; informed consent with regard to teaching materials; and agreement by the trainees to abide by center policies that protect confidentiality and the rights of clients, patients, and parishioners. (*Standards*, §130.2.8)
- 210.4.3 Written policies (§760.2.4.1-760.2.4.7)
- 210.4.4 Proof of professional liability insurance
- 210.4.5 [For community-based programs] Proof of incorporation
- 210.5 Upon the chapter’s action to authorize a training program, the convener shall notify the Accreditation Oversight Committee.

220. Preaccreditation

Chapter authorization of the training program initiates the preaccreditation process.

230. Preaccredited Programs – Oversight

Chapter oversight of preaccredited programs shall include

- 230.1 Review of reports from the clinical supervisor, not less than annually. (*Standards*, §100.2.1.1) (APPENDIX A)
- 230.2 Review of the contingency plan for interruption of training units in progress, not less than annually. (*Standards*, §130.2.9)
- 230.3 Monitoring implementation of the program’s complaint and grievance procedure. (*Standards*, §130.2.3)
- 230.4 Consultation on development of the self-study portfolio.
- 230.5 Consultation on development of the professional advisory committee.
- 230.6 Consultation on supervisor-in-training’s progress towards certification (after two years), if applicable. (*Standards*, §100.2.1.2)

240. Initial Accreditation/Reaccreditation

Accreditation/reaccreditation decisions are based on expert review of the program’s self-study portfolio, which documents the program’s fulfillment of the Program Standards for Clinical Pastoral

Training (*Standards*, §210), offers an assessment of the quality of training, and demonstrates the program's continuing efforts to improve quality outcomes. (*Standards*, §160.2)

The responsible chapter collaborates with the newly hired or newly certified diplomate to ensure initiation of the self-study portfolio (*Standards*, §160.1.1) and its development (*Standards*, §160.2).

Upon completion of an institutional or community-based program's first unit of training supervised by a CPSP diplomate (or immediately upon the certification of a supervisor-in-training as diplomate), the self-study process must begin; within six months, the self-study shall be reported by the chapter convener to the Accreditation Oversight Committee. (*Standards*, §160.1.1).

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

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

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

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

240.4 The chapter shall review the completed self-study; upon chapter approval, the convener shall forward the self-study to the Accreditation Oversight Committee accompanied by the letter of intent, requesting accreditation. (*Standards*, §160.3) (APPENDIX F)

250. Accredited Programs – Oversight

Chapter oversight of accredited programs shall include

250.1 Review of reports from the clinical supervisor, not less than annually. (*Standards*, §100.2.1.1) (APPENDIX A)

250.2 Review of the contingency plan for interruption of training units in progress, not less than annually. (*Standards*, §130.2.9)

250.3 Monitoring implementation of the program's complaint and grievance procedure. (*Standards*, §130.2.3)

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

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

250.5 Consultation on planning for reaccreditation.

250.6 Consultation on succession planning.

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

300. Clinical Supervisor/Training Supervisor

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

Clinical supervisor/training supervisor responsibilities for preaccreditation include:

- 300.1** The clinical supervisor (or training supervisor, if applicable) shall submit the Training Centers Data Form. (*Standards*, §100.1.3)
- 300.2** The clinical supervisor shall request an invoice and submit payment for annual fees. (*Standards*, §100.1.4)
- 300.3** The clinical supervisor (or training supervisor, if applicable) shall report completion of §300.1-300.2 (above) to the Accreditation Oversight Committee.

310. Supervisor-in-Training

A supervisor-in-training functions as clinical supervisor in a program of clinical pastoral training under the general supervision of a training supervisor or training supervisor candidate.

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

- 310.1** Preparing the preliminary study on which the chapter bases its decision to authorize the training program. (§210.2)
- 310.2** Coordinating the site visit by chapter members. (§210.3)
- 310.3** Drafting written policies to govern the training program. (§210.4.3)
- 310.4** Drafting the trainee agreement. (§210.4.2)
- 310.5** Drafting the formal written agreements with training sites. (§210.4.1)
- 310.6** [If applying to supervise in a non-institutional, community-based program] Ensuring that the program is incorporated according to law. (§210.4.5)
- 310.7** Ensuring that professional liability coverage, either paid by the institution or by the individual, is active. (§210.4.5)

320. Training Supervisor/Candidate

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

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

- 320.2.1** The training supervisor/candidate (if the program is to be supervised by a supervisor-in-training) shall register the program on the SIT Registry. (*Standards*, §100.1.2)
- 320.2.2** The training supervisor/candidate provides oversight and consultation on program administration, institutional relationships, and the development of the professional advisory committee.
- 320.3** Ensures completion of trainee unit evaluations (*Standards*, 130.2.10.1) and submits Trainee Unit Verification Forms (*Standards*, 130.2.10.2), as required.
- 320.4** Following the supervisor-in-training's certification as diplomate, this role includes transitioning to the chapter's primary role in development of the self-study.

330. Diplomate in Pastoral Supervision

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

- 330.1** [For programs currently accredited] This requires engagement with the responsible chapter, Accreditation Oversight mentor (if assigned), and the General Secretary.
 - 330.1.1** Review the most recent self-study, and observations from the committee.; note the end date of current accreditation.
- 330.2** [For new hires, supervising a preaccredited program] Engage with the chapter and Accreditation Oversight mentor to ensure completion of the accreditation process prior to one year after the completion of the first unit of training.
- 330.3** [For newly certified diplomate, continuing in the program he/she had supervised] Continue to engage with the chapter, and assigned Accreditation Oversight mentor, to ensure completion of the accreditation process by the earlier of the following dates:
 - 330.3.1** One year following his/her certification as diplomate, or
 - 330.1.2** The program's fifth anniversary in preaccredited status.
- 330.4** [For non-institutional/distance-learning programs] The diplomate prepares the self-study, in full (excepting only the requirement to demonstrate program quality, using metrics of trainee achievement), and submits it to the Accreditation Oversight Committee for review.

400. Accreditation Oversight Committee

410. Authorization of Training Programs

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

420. Preaccreditation

- 420.1** Upon receiving notice of chapter authorization of a training program (§210.5), the Accreditation Oversight Committee shall cause to be published on line at <http://www.cpsp.org> an announcement to that effect, inviting public comment. The period allowed for public comment (following posting) shall not be less than 30 calendar days.
- 420.1.1** Following the 30-day period allowed for public comment on the request for preaccreditation, if there be no impediment, the Committee may approve preaccreditation (provided all required actions (§760.1) are complete.
- 420.1.2** The Committee shall weigh and consider all comments received during the public comment period.
- 420.1.2.1** Any comments that are properly addressed by ethics complaints procedures will be referred for investigation, as appropriate. (*Ethics*, §300)
- 420.1.2.2** Any comments that relate to CPSP standards or procedures will be referred according to the complaints policy. (APPENDIX K)
- 420.1.2.3** Any comments relating to incorrect or misleading information released by an accredited program concerning its accreditation status, contents of reports of on-site reviews, or accrediting actions with respect to the program, shall be referred to the Administrator, with correct information, for public correction on <http://www.cpsp.org>.
- 420.2** The Accreditation Oversight Committee notes and records, for monitoring of total time in a preaccredited status, the authorization of a training program by a qualified chapter.
- 420.2.1** Preaccreditation begins, for monitoring purposes, with the commencement of the first unit of training under the direction of a supervisor-in-training.
- 420.2.2** Preaccreditation begins, for monitoring purposes, with the conclusion of the first unit of training under the direction of a CPSP diplomate.
- 420.3** Upon approving preaccreditation, (§420.1.1, above) the Accreditation Oversight Committee shall list the training center in the Training Centers Directory, and commence oversight.

430. Preaccredited Programs - Oversight

Preaccredited programs exhibit the community's commitment to clarity and transparency. Such programs operate under multiple layers of oversight that include mentoring for both the supervisor and responsible chapter by members of the Accreditation Oversight Committee. (*Standards*, §160)

The Accreditation Oversight Committee's oversight shall include

- 430.1 Review of the chapter's oversight, as documented in the chapter's annual report. (*Standards*, §1130.1)
- 430.2 Review of the chapter's consultation to supervisors-in-training. (§230.1.5)
- 430.3 Monitoring current status of Training Centers Data Form, annual fees, and SIT Registry data (if applicable).
- 430.4 Monitoring the number of trainees, and comparing growth, year over year.
- 430.5 Monitoring total time in preaccredited status (not to exceed five years, in all). The start date of the first unit of training shall be reported in the program's annual report to the Committee. (APPENDIX A)
- 430.6 Receipt of and response to complaints. (APPENDIX K)

440. Initial Accreditation

Upon receiving notice of a program's intent to seek accreditation (§210.5),

- 440.1 The Accreditation Oversight Committee shall cause to be published on line at <http://www.cpsp.org> an announcement to that effect, inviting public comment. The period allowed for public comment (following posting) shall not be less than 60 calendar days.
 - 440.1.1 The Committee shall weigh and consider all comments received in their evaluation of the self-study portfolio and request for accreditation..
 - 440.1.2 Any comments that are properly addressed by ethics complaints procedures will be referred for investigation, as appropriate. (*Ethics*, §300)
 - 440.1.3 Any comments that relate to CPSP standards or procedures will be referred according to the complaints policy. (APPENDIX K)
 - 440.1.4 Any comments relating to incorrect or misleading information released by an accredited program concerning its accreditation status, contents of reports of on-site reviews, or accrediting actions with respect to the program, shall be referred to the Administrator, with correct information, for public correction on <http://www.cpsp.org>.

- 440.2** The Accreditation Oversight Committee receives notice (through the diplomate supervisor’s chapter) that preparations for an accreditation program review (§240) have commenced.
- 440.3** The Accreditation Oversight Committee assigns a member as mentor to the diplomate and the chapter, to consult on the development and presentation of the self-study portfolio.
- 440.4** The Accreditation Oversight Committee receives the self-study portfolio, and the letter of intent (attesting to the chapter’s review and approval). (APPENDIX F)
- 440.5** The Chair, Accreditation Oversight Committee, assigns a subcommittee to review the self-study portfolio, having first ensured that the members confirm that they have no conflict of interest in the program presenting for their review. (Conflict of Interest Policy, APPENDIX G)
- 440.6** The subcommittee reviews the portfolio, for satisfactory evidence that the program meets the Program Standards for Clinical Pastoral Training (*Standards*, §210), assesses the quality of training, and demonstrates continuing efforts to improve quality outcomes. (*Standards*, §160.2) (APPENDIX E) The subcommittee shall report its findings to the whole committee within thirty (30) days.
- 440.6.1** The subcommittee may recommend approval of the self-study, and endorsement to the Executive Chapter for their review, or return it for further work.
- 440.6.2** In the event the self-study reveals a pattern of non-compliance, see §820.

450. Initial Accreditation – Distance-Learning Programs

- 450.1** For non-institutional/distance-learning programs, the self-study, in full (excepting only the requirement to demonstrate program quality, using metrics of trainee achievement) shall be completed PRIOR to offering any training. The self-study shall be submitted to the Accreditation Oversight Committee for review.
- 450.1.1** The Committee shall assess, in addition to common standards for accreditation, the program design in the light of provisions for training and learning within a relational community, the plans for combining face-to-face meetings with creative use of technology for conferencing and supervision, and provisions for ensuring quality clinical placements.
- 450.2** The Committee may forward the self-study to the Executive Chapter, with its recommendation, or may return it to the diplomate for further work. (*Standards*, §170.1)

460. Accredited Programs - Oversight

The Accreditation Oversight Committee's oversight shall include

- 460.1 Review of the chapter's oversight, as documented in the chapter's annual report. (*Standards*, §1130.1)
- 460.2 Review of the chapter's consultation to supervisors-in-training. (if any) (§230.1.5)
- 460.3 Monitoring current status of Training Centers Data Form, annual fees, and SIT Registry data (if applicable).
- 460.4 Monitoring the number of trainees, and comparing growth, year over year.
- 460.5 Receipt of and response to complaints. (APPENDIX K)

470. Reaccreditation

Upon receiving notice of a program's intent to seek reaccreditation (§210.5),

- 470.1 The Accreditation Oversight Committee shall cause to be published on line at <http://www.cpsp.org> an announcement to that effect, inviting public comment. The period allowed for public comment (following posting) shall not be less than 60 calendar days.
 - 470.1.1 The Committee shall weigh and consider all comments received in their evaluation of the self-study portfolio and request for accreditation..
 - 470.1.2 Any comments that are properly addressed by ethics complaints procedures will be referred for investigation, as appropriate. (*Ethics*, §300)
 - 470.1.3 Any comments that relate to CPSP standards or procedures will be referred according to the complaints policy. (APPENDIX K)
 - 470.1.4 Any comments relating to incorrect or misleading information released by an accredited program concerning its accreditation status, contents of reports of on-site reviews, or accrediting actions with respect to the program, shall be referred to the Administrator, with correct information, for public correction on <http://www.cpsp.org>.
- 470.2 The Accreditation Oversight Committee assigns a member as mentor to the diplomate and the chapter, to consult on the development and presentation of the self-study portfolio.
- 470.3 The Accreditation Oversight Committee receives the self-study portfolio, and the letter of intent (attesting to the chapter's review and approval). (APPENDIX F)
- 470.4 The Chair, Accreditation Oversight Committee, assigns a subcommittee to review the self-study portfolio, having first ensured that the members confirm that they have no conflict of interest in the program presenting for their review. (Conflict of Interest Policy, APPENDIX G)

470.5 The subcommittee reviews the portfolio, for satisfactory evidence that the program meets the Program Standards for Clinical Pastoral Training (*Standards*, §210), assesses the quality of training, and demonstrates continuing efforts to improve quality outcomes. (*Standards*, §160.2) (APPENDIX E) The subcommittee shall report its findings to the whole committee within thirty (30) days.

470.5.1 The subcommittee may recommend approval of the self-study, and endorsement to the Executive Chapter for their review, or return it for further work.

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

500. The Executive Chapter

The Executive Chapter shall be empowered to act in behalf of the Governing Council in matters of importance that must or prudently should be determined in periods between full meetings of the Governing Council. Decisions and actions taken on such urgent matters should ordinarily be communicated in a timely manner to the CPSP members and ratified by the Governing Council at its next meeting. (*By-laws*, §406)

The Executive Chapter, therefore, acts within its authority to grant accreditation and reaccreditation.

510. Accreditation/Reaccreditation

- 510.1** Following Accreditation Oversight Committee review, the approved self-study shall be forwarded to the General Secretary and either President or Administrator for transmittal to the Executive Chapter for their endorsement. (*Standards*, §160.3.1)
- 510.2** Upon their review, the Executive Chapter shall forward the approved self-study to a third-party accrediting organization in order to
 - 510.2.1** Validate the observations and findings of the Accreditation Oversight Committee.
 - 510.2.2** Provide for more thorough assessment (according to their capacity) of program strengths and weaknesses.
 - 510.2.3** Appropriate developments in psychotherapy and pastoral training into CPSP practice.
- 510.3** Upon receipt of the third-party's recommendations, the Governing Council (or Executive Chapter) may award accreditation to the training program thus reviewed, for a term of seven (7) years.

520. Distance-Learning Programs

- 520.1** Following Accreditation Oversight Committee review, the self-study for proposed distance-learning programs shall be forwarded to the Executive Chapter for their review.
 - 520.1.1** The Executive Chapter may forward the self-study to a third-party accrediting body for their review, to establish that the proposed training program satisfies CPSP standards, may disapprove the self-study, or may return it for further work. (*Standards*, §170.2)
 - 520.1.2** On the third-party accrediting body's recommendation, the Executive Chapter may approve the diplomate's membership in the CPSP Distance Learning Consortium and accredit the program. (*Standards*, §170.3)

530. Appeals

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

540. Executive Chapter Role in Addressing Noncompliance

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

- 540.1** A referral from the Accreditation Oversight Committee, requesting immediate action on a matter, with their recommendation for adverse action against the program concerned, or
- 540.2** Information concerning their having directed corrective action, specifying a time period for the program to bring itself into compliance.
- 540.3** The Executive Chapter may, for good cause, extend the period for achieving compliance, the reason to be noted in the record.

550. Due Process

The Executive Chapter provides for due process in addressing noncompliance with accreditation or preaccreditation standards.

- 550.1** After its review of a referral from the Accreditation Oversight Committee (§540.1), the Executive Chapter shall provide written notice to the program concerning any adverse accrediting action or an action to place the program on probation or show cause, describing the basis for the action.
- 550.2** The Executive Chapter shall advise the program of the right to appeal any adverse action concerning the program prior to the action becoming final, upon written request.
- 550.3** Upon receiving a request to appeal a decision concerning noncompliance with accreditation or preaccreditation standards, the General Secretary shall refer the matter to a senior diplomate not then serving in a leadership role to administer. (§840),

600. Administration

610. General

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

620. Policy Statement

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

630. Purpose

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

640. Applicability/scope

- 640.1 “The Administrator, who shall be a paid employee of the College and not be an Officer, shall keep and maintain official CPSP documents...which shall be kept at CPSP’s principal office.” [*By-laws*, §6.05f]
- 640.2 The Chair, Accreditation Oversight Committee, may maintain and make available to committee members such working documents as may be required in the execution of their committee roles.
- 640.3 The Chair and members of the Accreditation Oversight Committee shall ensure strict confidentiality of information they receive in the course of their oversight function.

650. Records Requirements

The following records shall be maintained as official CPSP documents:

- 650.1 [For preaccredited programs]
 - 650.1.1 A copy of all documents related to chapter authorization of the training program, and approval of the clinical supervisor.
 - 650.1.2 A copy of the preaccreditation review.
- 650.2 [For accredited programs]
 - 650.2.1 A copy of the program’s most recent self-study.
 - 650.2.2 A copy of the last full accreditation review, to include
 - 650.2.2.1 On-site evaluation team reports
 - 650.2.2.2 The program’s responses to on-site reports,

- 650.2.2.3 Periodic review reports, and
- 650.2.2.4 Any reports of special reviews conducted between regular reviews.
- 650.3 Records of all decisions regarding the accreditation and preaccreditation of any program (both active and inactive) and substantive changes, including all correspondence that is significantly related to those decisions.
- 650.4 Records concerning compliance with program responsibilities under Title IV of the Higher Education Act, based on the most recent student loan default rate data provided by the Secretary [of Education], the results of financial or compliance audits, program reviews, and any other information that the Secretary may provide.
- 650.5 All records concerning trainee complaints received by, or available to, CPSP.

660. Reporting Requirements

- 660.1 The Administrator shall report the decision to award initial accreditation or preaccreditation to a program, or renew accreditation, no later than 30 days following action by the Governing Council or Executive Chapter (or Accreditation Oversight Committee, as appropriate) to
 - 660.1.1 The Secretary (this notice to be in writing), and
 - 660.1.2 The public (via publication on www.cpsp.org).
- 660.2 The Administrator shall report, in writing, a final decision to place a program on probation or equivalent status, to deny, withdraw, suspend, revoke, or terminate its accreditation or preaccreditation status, or take any other adverse action not listed, to
 - 660.2.1 The program, within 30 calendar days. (The program shall be provided the opportunity to provide official comment.)
 - 660.2.2 The Secretary, at the same time that the program is notified (but no later than 30 days following the decision).
 - 660.2.3 The public, within 24 hours of the program being notified (via publication on www.cpsp.org).
- 660.3 The Administrator shall provide, no later than 60 days following a decision to deny, withdraw, suspend, revoke, or terminate the accreditation or preaccreditation status of a program, a brief statement summarizing the reasons for the decision and the official comments that the affected program may wish to make with regard to that decision, or evidence that the affected program has been offered the opportunity to provide official comment, to
 - 660.3.1 The Secretary, and
 - 660.3.2 The public (via publication on www.cpsp.org).

- 660.4** The Administrator shall, within 30 days of notification that an accredited or preaccredited program elects to withdraw voluntarily from its accredited or preaccredited status, or allows its accreditation or preaccreditation to lapse (without having given notice), and within 30 days of the affected date of the lapse, notify the Secretary in writing.
- 660.4.1** Upon request, the Administrator shall notify the public (via publication on www.cpsp.org).
- 660.5** The Administrator shall provide to the Department
- 660.5.1** A copy of any annual report prepared by CPSP;
- 660.5.2** A copy, updated annually, of its directory of accredited and preaccredited institutions and programs;
- 660.5.3** A summary of major accrediting activities during the previous year (annual data summary), if requested;
- 660.5.4** Any proposed change in policies, procedures, or accreditation or preaccreditation standards that might alter
- 660.5.4.1** CPSP's scope of recognition as an accrediting agency, or
- 660.5.4.2** Compliance with criteria for recognition
- 660.5.5** The name of any accredited program he/she has reason to believe is failing to meet its Title IV, HEA responsibilities or is engaged in fraud or abuse, along with the reasons for concern about the program.
- 660.5.6** Information that may bear upon an accredited or preaccredited program's compliance with Title IV, HEA program responsibilities, including the program's eligibility to participate in Title IV, HEA programs (by request).

670. Publication Requirements

- 670.1** The Administrator shall ensure that the names, academic and professional qualifications, and relevant employment and organizational affiliations of members of the Governing Council, standing committees, and principal administrative staff are published on line at <http://www.cpsp.org>.
- 670.2** The Administrator shall ensure that public notice is provided on line at <http://www.cpsp.org> concerning pending accreditation and preaccreditation actions, and that provide opportunities for third-party comment on programs' qualifications for accreditation or preaccreditation.

- 670.3** The Administrator shall ensure that directory data on accredited and preaccredited programs reflects the year that accreditation or preaccreditation of each program will be reviewed.
- 670.4** The Administrator shall ensure publication of correct information when advised that incorrect or misleading information concerning either a preaccredited or an accredited program has been released, not limited to information reported by the Accreditation Oversight Committee (§770.1.3.3, §770.2.2.3).

680. References

- 680.1** CFR 34 §602.15 Administrative and fiscal responsibilities
- 680.2** CFR 34 §602.26 Notification of accrediting decisions
- 680.3** CFR 34 §602.27 Other information an agency must provide the Department

REQUIRED STANDARDS AND THEIR APPLICATION

700 Accreditation and Preaccreditation Standards

710. General

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

720. Requirements for Preaccreditation

- 720.1 Authorization by a qualified chapter (*Standards*, §1120.2.3), including the designation of a clinical supervisor, either
 - 720.1.1 A certified CPSP diplomate approved to conduct training (*Standards*, §100.1.1.1),
 - or
 - 720.1.2 A supervisor-in-training (SIT) or psychotherapy supervisory trainee in good standing with a training supervisor or training supervisor candidate. (*Standards*, §100.1.1.2)
- 720.2 Registration of the program on the SIT Registry by the training supervisor or training supervisor candidate, if training be conducted by a supervisor-in-training. (*Standards*, §100.1.2)
- 720.3 Submission of the Training Centers Data Form. (*Standards*, §100.1.3)
- 720.4 Payment of annual fees. (*Standards*, §100.1.4)
- 720.5 Accreditation Oversight Committee review of input received during 30-day period allowed for public comment.

730. Requirements for Accreditation

Programs directed by a certified CPSP diplomate shall seek accreditation according to the procedures and timeline published by the Accreditation Oversight Committee. (*Standards*, §100.4)
(See APPENDIX F.)

Requirements for accreditation are as follows:

- 730.1 The accredited program shall provide the following essential program components:
 - 730.1.1 Financial, human, and physical resources sufficient to support the programs. (*Standards*, §110.1)
 - 730.1.2 A sufficient number and variety of persons in need of pastoral care and counseling so as to insure opportunities for ministry and learning. (*Standards*, §110.2)

- 730.1.3** An advisory committee appointed by the CPSP diplomate charged with the responsibility of consulting with, evaluating, and supporting the program. (*Standards*, §110.3)
- 730.2** The accredited program shall provide comprehensive educational resources including:
- 730.2.1** A faculty of sufficient size to fulfill program goals. (*Standards*, §120.1)
- 730.2.1.1** The faculty shall include one or more CPSP diplomates with close involvement in the administration and supervision of the programs. (*Standards*, §120.1.1)
- 730.2.1.2** Adjunct faculty of related disciplines may be designated for teaching and consulting. (*Standards*, §120.2)
- 730.2.2** A training curriculum congruent with the growth and education needs of the trainees, the CPSP Standards, and the CPSP Covenant. (*Standards*, §120.2)
- 730.2.2.1** Access to media resources and training facilities (including physical meeting space and/or teleconferencing technology) adequate for CPSP Standards. (*Standards*, §120.3)
- 730.3** Accredited programs shall document relationships with both supported and supporting organizations in writing. These documents shall include the following: (*Standards*, §130)
- 730.3.1** Formal written agreements that specify the relationship and operational agreements between the CPSP program and any other agencies that utilize the services of the program. (*Standards*, §130.1)
- 730.4** Accredited programs shall provide notice of all policies and procedures applicable to trainees and their training to both trainees and faculty. (*Standards*, §130) Policies and procedures... shall be available to the public. All trainees and program staff shall be fully informed of their content. (*Standards*, §130.2) These documents shall include, but not be limited to, the following:
- 730.4.1** An admission policy that does not discriminate against persons because of race, ethnicity, national origin, class, age, physical disability, faith group background or affiliation, or sexual or gender identity, orientation or preference. (*Standards*, §130.2.1)
- 730.4.2** A financial policy that states fees, payment schedules, refunds, stipends, and benefits. [Distance learning programs may impose fees to verify trainees' identity.] (*Standards*, §130.2.2)
- 730.4.3** A complaint and grievance procedure that incorporates the oversight of the advisory council and/or the diplomate's chapter. (*Standards*, §130.2.3)
- 730.4.4** A policy providing for maintenance of trainee records. Trainee records are to be maintained by the training site for three (3) years in either electronic or hard-copy format. In the fourth year, only the application will be maintained to show proof of the trainee participation, including a record of completed units. All other materials are to be

physically shredded or otherwise permanently destroyed. As a minimum, records to be maintained would include the following: (*Standards*, §130.2.4)

730.4.4.1 Application face sheet and application materials. (*Standards*, §130.2.4.1)

730.4.4.2 Final evaluations from trainees and supervisor, or SIT. (*Standards*, §130.2.4.2)

730.4.4.3 Copies of any disciplinary actions and complaints or grievances filed by trainees. (*Standards*, §130.2.4.3)

730.4.5 A procedure for the discipline, dismissal, and withdrawal of trainees. (*Standards*, §130.2.5)

730.4.6 A policy of ethical conduct of trainees and program staff consistent with the CPSP Code of Ethics. (*Standards*, §130.2.6)

730.4.7 A policy that provides for trainee rights and responsibilities—one that adequately informs trainees regarding the requirements, procedures, and expectations associated with his/her professional role and function as a CPT trainee. This should, at a minimum, include trainees' rights to confidentiality, to be treated with respect and protected, to receive quality clinical and educational experiences, and access to trainee support services. (*Standards*, §130.2.7)

730.4.8 An agreement for training at the ministry site that includes but is not limited to authorization to meet with patients, parishioners, or clients; access to appropriate clinical records; informed consent with regard to teaching materials; and agreement by the trainees to abide by center policies that protect confidentiality and the rights of clients, patients, and parishioners. (*Standards*, §130.2.8)

730.4.9 A contingency plan for interruption of training units in progress. This plan should be in writing and filed with the chair of the advisory committee. The advisory committee and chapter are responsible, jointly, for implementing the contingency plan in order to complete current unit (§100.4). (*Standards*, §130.2.9)

730.4.10 Program administration. (*Standards*, §130.2.10)

730.4.10.1 Supervisors/training supervisors shall submit final evaluations on trainees/training supervisor candidates no later than 21 business days following the completion of the unit. (*Standards*, §130.2.10.1)

730.4.10.2 Supervisors/training supervisors shall submit the Trainee Unit Verification Form for all trainees/training supervisor candidates no later than 21 business days following the completion of the unit to the CPSP Administrative Coordinator. (*Standards*, §130.2.10.2)

730.4.10.3 Trainees in distance learning programs will verify their identities to the supervisor's satisfaction prior to commencing training. (*Standards*, §130.2.10.3)

- 730.5** The accredited program shall accurately describe the work and function of the training program. All statements in advertising, publications, recruitment, and academic calendars shall be accurate and current. (*Standards*, §140)
- 730.6** All CPSP training programs are responsible financially for fees associated with program registration and for accreditation program review. (*Standards*, §150) Current training center fees are published at <http://www.cpsp.org/dues>.
- 730.7** The training program enjoys sufficient resourcing/finances to meet CPSP Program Standards and to satisfy its obligations.
- 730.8** Administrative capacity appropriate to the scale of the training program.
- 730.9** Accreditation Oversight Committee review and satisfactory resolution of input received during 60-day period allowed for public comment.

740. Distance-Learning Programs

Distance-learning programs in clinical pastoral training may be conducted only by a Diplomat in Pastoral Supervision who has been approved as a member of the CPSP Distance Learning Consortium. (*Standards*, §170)

- 740.1** Requests for admission to the Distance Learning Consortium shall be submitted to the Accreditation Oversight Committee for review. The application shall include
- 740.1.1** A detailed self-study of the proposed program, to include the documentation/procedures required by §730.3-730.5, above.
- 740.1.2** A report of the chapter consultation authorizing the distance-learning program, reflecting their review of the self-study.
- 740.1.3** Detailed planning for training and clinical supervision that builds relational community despite geographic separation between trainees and supervisor. (§450)
- 740.4** The CPSP Distance Learning Consortium exemplifies CPSP's role as an *idea organization*. The development of theory and practice of clinical training via distance learning is their particular charge.
- 740.4.1** The Distance Learning Consortium authorizes the commencement of training in a distance-learning program, and provides continuing oversight and consultation. Any deficiencies in distance-learning programs shall be referred to the Distance Learning Consortium for their action, as required.

800 Application of Standards to Decision Making

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

810. General

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

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

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

810.1.1.1 Self-study portfolios returned for clarification may not be endorsed to the Executive Chapter for their review. Responses are due within 20 days.

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

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

810.2 Following the review by the Executive Chapter, validation by a third-party accrediting body, and final action by the Executive Chapter, the Accreditation Oversight Committee provides to the training program a detailed written report that assesses

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

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

820. Addressing Noncompliance

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

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

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

- 802.2.1** Correspondence from the Committee directing corrective action shall be reported within 5 days to the Executive Chapter, and copies of materials dealing with the case filed with the Administrator. (§650.3, §660.2)
- 802.2.2** If the program does not bring itself into compliance within the specified period, the Committee shall refer the matter to the Executive Chapter for final action to restrict, deny, revoke, terminate, or take any other action relative to the program’s accreditation or preaccreditation status.
- 802.2.3** Accredited programs that are affected by the supervisor’s inability to continue (§730.4.9) remain accredited; the Accreditation Oversight Committee, General Secretary, and responsible chapter together oversee accredited programs in transition. (*Standards*, §100.4-100.5)
- 802.3** *The CPSP Code of Professional Ethics* specifies many areas in which members are responsible for both their personal and professional functioning. Training programs directed by a diplomate who is recommended for remedial action (*Ethics*, §330.2-330.4) are suspended upon the diplomate’s requesting an appeal from Executive Chapter review (*Ethics*, §320.6.2) until the Governing Council has rendered its judgment. (*Ethics*, §320.7.3)
- 802.3.1** Programs may continue training during a suspension, provided a diplomate not subject to adverse action becomes the supervisor of record.
- 802.3.2** The suspension may be lifted, and accreditation reaffirmed, when either
- 802.3.2.1** The remedial action is complete, and the diplomate’s authorization to function in his/her certified role is restored, or
- 802.3.2.2** The diplomate has permanently severed ties with the affected program. (The program is subsequently, until a new clinical supervisor is in place, administered as a program in transition. (§802.2.3))
- 802.4** Failure by a director of training to maintain required standards for accreditation (§730) or preaccreditation (§720) concerning chapter authorization of the program (§720.1) or clinical supervisor (§720.1.1), curriculum (§730.2.2), or institutional relationships (§730.3), depending on the circumstances, may call for revocation of accreditation or termination of preaccredited status.
- 802.5** Failure to engage with the Accreditation Oversight Committee concerning inaccurate or missing directory data (§720.3), or more than six months arrears in payment of annual fees (§720.4), may result in suspension of the training program.

830. Due Process

- 830.1** Communications concerning a training program shall be directed to the supervisor of record (according to the most recent Training Centers Data Form), and to the training supervisor or supervisor of psychotherapy training (if applicable).
- 830.2** Requests for information and documents will be afforded a reasonable period of time to comply. (§810.1.1.1, §810.1.2.1)
- 830.3** Deficiencies identified at the program (or in its documentation) will be clearly identified, in writing.
- 830.4** Programs will be afforded a reasonable period of time to submit a written response regarding any deficiencies identified by the Accreditation Oversight Committee or a third-party accrediting body. The timeframe shall be determined by the Committee, and the response considered before any adverse action is taken.

840. Appeals Process

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

- 840.1** The appeal takes place before an appeals panel that
 - 840.1.1** May not include members of either the Accreditation Oversight Committee or the Executive Chapter;
 - 840.1.2** Is subject to a conflict of interest policy;
 - 840.1.3** Is authorized and empowered to make the following decisions: to affirm, amend, or reverse adverse actions of the Accrediting Oversight Committee and the Executive Chapter; and
 - 840.1.4** Affirms, amends, reverses, or remands the adverse action. A decision to affirm, amend, or reverse the adverse action is implemented by the appeals panel. In a decision to remand the adverse action to the Accreditation Oversight Committee or the Executive Chapter for further consideration, the appeals panel must identify specific issues that that body must address. In a decision that is remanded, the accreditation Oversight Committee or Executive Chapter must act in a manner consistent with the appeals panel's decisions or instructions.
- 840.2** The program making the appeal has the right to be represented by counsel during the appeal, including the right to make any presentation that the appeals panel permits the program to make on its own during the appeal.

- 840.3** The program receives written notice of the result of its appeal and the basis for that result.
- 840.4** A process through which a program may, before the appeals panel reaches a final adverse action decision, seek review of new financial information if all of the following conditions are met:
- 840.4.1** The financial information was unavailable to the program until after the decision subject to appeal was made.
- 840.4.2** The financial information is significant and bears materially on the financial deficiencies identified by CPSP. The criteria of significance and materiality are determined by CPSP.
- 840.4.3** The only remaining deficiency cited by the agency in support of a final adverse action decision is the program's failure to meet a CPSP standard pertaining to finances.
- 840.4.4** A program may seek the review of new financial information only once; any determination made with respect to that review does not provide a basis for an appeal.

850. Regard for Decisions of States and Other Accrediting Agencies

- 850.1** Except as provided in §850.2, CPSP does not grant initial or renewed accreditation or preaccreditation to a program, if CPSP knows, or has reasonable cause to know, that the program is the subject of
- 850.1.1** A decision by a recognized agency to deny accreditation or preaccreditation;
- 850.1.2** A pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or preaccreditation; or
- 850.1.3** Probation or an equivalent status imposed by a recognized agency.
- 850.2** The Executive Chapter may grant accreditation or preaccreditation to a program described in §850.2, only if it provides to the Secretary, within 30 days of its action, a thorough and reasonable explanation, consistent with its standards, why the action of the other body does not preclude the agency's grant of accreditation or preaccreditation.
- 850.3** If CPSP learns that a program it accredits or preaccredits is the subject of an adverse action by another recognized accrediting agency or has been placed on probation or an equivalent status by another recognized agency, the Accreditation Oversight Committee promptly review its accreditation or preaccreditation of the program to determine if it should also take adverse action or place the institution or program on probation or show cause.
- 850.4** CPSP shall, upon request, share with other appropriate recognized accrediting agencies and recognized State approval agencies information about the accreditation or

preaccreditation status of a program and any adverse actions it has taken against an accredited or preaccredited program.

860. References

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

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

860.3 34 CFR §602.20 Enforcement of standards.

860.4 34 CFR §602.20 Due Process.

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

APPENDIX A Annual Accreditation Compliance Checklist

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

| | |
|--|--|
| ...consulting regularly with the chapter? | |
| Name of Program _____ <input type="checkbox"/> Making the main satisfactory program records progress? <input type="checkbox"/> Web Site _____ <input type="checkbox"/> in compliance with CPSP standards? | Supervisor(s) _____ Comments: _____ |
| 7. Number of trainees (by unit) _____ <input type="checkbox"/> maintain confidentiality of trainee records? | () — () — () — () — |
| <input type="checkbox"/> ...retain records, as required? <input type="checkbox"/> | |
| 9. Has he/she reviewed the contingency plan for interruption of units in progress with the chapter this year? <input type="checkbox"/> | Comments: _____ |
| 10. Has he/she reviewed the implementation of the program's complaint and grievance procedure this year? <input type="checkbox"/> | Comments: _____ |
| 11. If program materials note accreditation or preaccreditation status, is status accurate? ...are covered programs identified? ...is CPSP name, address, and phone number included? <input type="checkbox"/> | Comments: _____ |
| 12. Does he/she participate regularly in chapter _____ life? <input type="checkbox"/> | Comments: _____ |
| 13. Do personal and professional functioning reflect congruence with <i>The CPSP Code of Professional Ethics</i> ? <input type="checkbox"/> | Comments: _____ |

Signature _____
Date _____

nature _____ Date _____
Supervisor

Convener

Recommendations:

Signature _____ Date _____
Accreditation/Compliance Reviewer

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

APPENDIX B Self-study Portfolio

Submission of the Self-study Portfolio

The self-study is used to document the evaluation of a training program in accordance with CPSP Standards. The key to preparing a good self-study is to provide accurate, complete, and thoughtful responses to all of the accreditation standards. Inaccurate, incomplete, or improperly formatted information may delay the accreditation process. Make sure that all responses are clear and address the relevant topics. At the same time, be succinct in the narrative statements that are provided. The quality of the content in the self-study is more important than the length of the document. Mentoring services are available through the Accreditation Oversight Committee to assist in preparing the self-study portfolio.

Though training programs vary as to their structure, an effective self-study will include as a minimum the following components. (See Appendix C, Self-study Template).

A. Cover Page

1. Name and address of the Institution or Independent (Non-Institutional/community setting)
2. Name of the Diplomate(s) leading the training program
3. Name of the Chapter sponsoring the training program
4. Date

B. Table of Contents

This table should delineate the major items in the self-study along with sub-sections.

Section I: Executive Summary

The executive summary is a brief presentation of the training program, identified goals for the accreditation process – initial accreditation or reaccreditation. In addition, the summary should provide an analysis of the strengths of the training program as well as areas for improvement or development.

Section II: Program History, Mission, and Administrative Support

This section provides the opportunity for the training program to demonstrate the program's compliance with **Standard 110: The Accredited Program**. The narrative section should be clear, and if necessary include charts, which identify the background of the self-study; Mission and Strategic Plan; Administrative Structure, Financial Support, and Advisory Committee.

In addition, this section will also address §760.2.5. The narrative section will include a description of the training programs advertisement and the recruitment process. Include copies of advertisement, publications, recruitment and calendars for the training program in the Appendix of the Self-study.

A. Background Information

1. Identify the name and title of each individual who participated in preparing the self-study.
2. Briefly describe the historical development of the training program and previous accreditation reviews.

B. Mission and Strategic Plan of the training program.

1. Indicate how the mission and strategic plan of the affiliated institution are supported by the training program. Independent (non-institutional/community based) training programs describe their basic mission, and strategic plan.
2. Describe any circumstances present in your training program requiring a special understanding during the accreditation process.

C. Administrative Structure, Financial Support, and Advisory Committee

1. Describe the administrative structure and support for the training program. If the training program is located in a non-institutional setting, provide evidence of a legally incorporated entity.
2. Identify financial support for the training program.
3. Identify support for the training program within its setting as well as the community at large. For example, are similar training programs located within the same community? Does the community warrant the addition of additional training programs?
4. Provide an overview of the number of training units provided as well as a brief description of the types of trainees: gender, religious, ethnic, cultural backgrounds. The use of charts may be useful in this section. Interpret this data in the light of your recruiting and admissions practices.
5. Identify members of the advisory committee. Include their educational and professional background, as well as documents described in 110.3. Provide documents regarding the advisory committee in the Appendix.

D. Public Statements

1. Include copies of promotional material used for your training program.
2. Include copies of program documents provided to trainees.
3. Include copies of annual calendar.

Section III. Educational and Training Resources

This section provides the opportunity for the training program to demonstrate the program's compliance with §730.2. The narrative section should be clear and identify the training faculty, adjunct faculty, training curriculum, and access to training resources. Include the training and adjunct training faculties' educational and professional backgrounds. (Include Curriculum Vitae (CVs) in the Appendix of the self-study portfolio.)

A. Training Faculty

1. Identify the primary certified training faculty, and include educational credentials and professional experience.
2. Identify adjunct faculty and/or resource persons who support the training program and provide didactics and other training resources. Include educational credentials and professional experience for the primary adjunct faculty.

B. Training Curriculum

1. Provide a list of training topics/didactics/bibliography for each training program being offered, i.e., CPT, Pastoral Psychotherapy, Supervisory. This list should also include learning objectives, and recommended readings.
2. Provide a complete narrative describing how your training program meets CPSP Standards, and how the training is objectively evaluated.

C. Training Resources

1. Identify faculty and trainee access to media and training resources.
2. Identify training facilities and space if distance learning is utilized. Describe whether training space and/or facilities are adequate and provide for confidentiality.
3. Distance Learning Consortium Applicants ONLY: Address the following:
 - a. Document the application and interview process, to include assessment of readiness for distance learning, establishing trainees' identities, establishing/documenting relationships with clinical placement sites, and developing relationships through technology.
 - b. Describe your experience in distance-learning environments – as trainee, student, facilitator, instructor. Describe how the proposed program design allows for the development of relational community.
 - c. Justify your chosen pattern of synchronous and asynchronous interaction. If your design includes asynchronous interaction, what is your preferred platform? Why?
 - d. Describe your integration of learning opportunities using community resources or based in clinical placement sites into your training plan.
 - e. Describe your expectations for face-to-face interaction over the course of training.

- f. Describe your measures to confirm trainees' time in their clinical placements.
 - g. Describe how ethical issues are addressed in compliance with the *CPSP Code of Professional Ethics and Principles for Processing Ethical Complaints*. In particular, identify how confidentiality of patient data, conversations, trainees' resources, and trainees' records are maintained.
 - h. Articulate the process for handling technological interruptions.
4. Provide a description of the type of training program being offered, i.e., residential and/or distance-learning program, regular unit or extended units of training. Provide a detailed narrative describing how each program is conducted, and by what process the training is objectively evaluated.

Section IV. Policies and Procedures

This section provides the opportunity for the training program to demonstrate the program's compliance with §760.2.4. The narrative section should be clear and identify all executable written agreements, as well as written policies and procedures. Include copies of written formal agreements and plans in the Appendix of the self-study portfolio.

1. Describe written executable formal agreements that specify the relationship and operational agreements between the CPSP program and other agencies that utilize services of the program.
2. Provide copies of the written policies and procedures, which address as a minimum: admission, financial, complaint and grievance, trainee records, discipline or dismissal of trainee, ethical conduct, and trainee rights and responsibilities.
3. Provide copies of formal agreements for training at a ministry site.
4. Describe the contingency plans for interruption to the training program.
5. Identify the method and plan for trainee evaluation.
6. Articulate compliance with completion and submission of trainee unit verification form. Include dates for submission of verification form.

Section V: Fees

This section provides the opportunity for the training program to demonstrate the program's compliance with §760.2.6.

1. Include a copy of the paid receipt for the annual training program fee.
2. Include a copy of the paid receipt for annual certification of all faculty/staff associated with the training program.

Section VI. Training Program Evaluation

1. Describe how the effectiveness of the training program is evaluated.
2. Identify the strengths of the training program.
3. Identify the limitations of the training program.
4. Identify future goals.

Section VII. Appendix

The appendix is for supplemental materials to support information discussed within the body of the self-study. As a minimum, include in the appendix the following:

1. Written executable agreements
2. Training agreement (sample)
3. Training Program Handbook
4. Copies of promotional materials
5. Copies of CVs

APPENDIX C Self-study Template

Cover Page

Name and Address of the Program/Host Site

Name of the Diplomate(s) leading the training program

Name of the Chapter sponsoring the training program

Date

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Section VII. Appendix

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Appendix B – Training Program Agreement

Appendix C – Trainee Handbook

Appendix D – Training Program Promotional Materials

Appendix E – Curriculum Vitae (Faculty, Adjunct, Advisory Committee) Appendix F – Other Supportive Materials

APPENDIX D Submitting the Self-study Portfolio

The program will submit two (2) digital copies – one PDF format and one Microsoft Word format – of its self-study report (to include the Training Program Handbook and any additional materials) to the Accreditation Oversight Committee Chair. The program will submit other program documentation as the Committee requests. The training program director will also submit one (1) paper copy to CAPPT upon request of the Accreditation Oversight Committee or CAPPT.

Formats and Font

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

APPENDIX E Program Quality Indicators

The self-study portfolio "...shall include assessment of the quality of training and the program's continuing efforts to improve quality outcomes. Programs offering distance learning shall demonstrate program quality, using metrics agreed with the assigned mentor. (*Standards*, §160.2)

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

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

230. Objectives of Clinical Pastoral Training

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

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

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

Competencies:

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

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

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

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

Competencies:

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

240.12 Demonstration of increasing leadership ability and personal authority.

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

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

Competencies:

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

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

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

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

Competencies:

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

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

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

Competencies:

240.7 Demonstrated understanding of the dynamics of group behavior and the variety of group experiences, and effective utilization of the support, confrontation and

clarification of the peer group for the integration of personal attributes and pastoral functioning.

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

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

Competencies:

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

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

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

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

APPENDIX F Notifications

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

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

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

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

F-1.1.3 Number of trainees

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

F-1.1.5 Start date or reaccreditation date

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

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

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

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

F-3.1.1 Name/location of the program

F-3.1.2 Projected timeline

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

F-3.1.4 Convener's name and contact information

F-3.1.5 Training director's name and contact information

APPENDIX G Conflict of Interest Policy

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

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

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

G-4.0 Applicability and Scope:

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

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

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

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

G-5.0 Standards of Conduct

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

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

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

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

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

G-6.0 Procedures

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

- G-6.1** Disclose any personal or institution-related issues which might bring the fairness or impartiality of the process into question.

- G-6.2** Abstain or recuse him/herself from discussions/action regarding any program with which he/she has a potentially compromising affiliation or competitive bias.
 - G-6.3** Refrain from participating in any decision relating to a program with which he/she is affiliated, or where such participation would give rise to a conflict of interest or the appearance of such conflict.
 - G-6.4** Recuse him/herself from proceedings that deal with any institution with which he/she has a previous or current family, ownership, employment, contractual, or other direct business relationship.
 - G-6.5** Refrain from participating in any decision relating to a competitor in the same market area, or any program for which he/she served as a member of an on-site evaluation team. Responding to questions from the Accreditation Oversight Committee, Executive Chapter, or Governing Council is, however, permitted.
 - G-6.6** Evaluate, in closed session, any disclosures of potential conflict of interest; enter findings in the record of the meeting.
- G-7.0** Outside experts engaged by the Accreditation Oversight Committee or the Executive Chapter to support accreditation activities are not subject to this CPSP conflict of interest policy; decisions to engage such experts shall consider the congruence of their policies with those of CPSP.

Appendix H Conflict of Interest Disclosure

Program Information

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

Your Information

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

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

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

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

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

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

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

Signature: _____ Date: _____

Appendix I Accreditation Review Worksheet

| | |
|--|------------------------------|
| Program Name _____ Address _____ _____ | Supervisor(s) _____ _____ |
|--|------------------------------|

| | |
|---|---|
| Program Type Site-based <input type="checkbox"/> Distance Learning <input type="checkbox"/> | Visit <input type="checkbox"/> Review <input type="checkbox"/> Date _____ |
|---|---|

| | |
|------------|--------------|
| Name _____ | E-mail _____ |
|------------|--------------|

| | |
|--|---|
| Position – Accreditation Oversight Committee Member <input type="checkbox"/> Mentor <input type="checkbox"/> Reviewer <input type="checkbox"/> | Position – Executive Chapter <input type="checkbox"/> Appeals Panel <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> |
|--|---|

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

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

| | |
|--|--|
| <ul style="list-style-type: none"> ...public statements ...promotion of training program ...annual calendar | |
| <p>Section III: Educational and Training Resources</p> <ul style="list-style-type: none"> Training faculty ...certified training faculty ...adjunct faculty ...resource personnel Training Curriculum Training Resources | |
| <p>Section IV: Policies and Procedures</p> <ul style="list-style-type: none"> ...Executable Operational Agreements, Written Policies, and Procedures ...Formal Agreements with Ministry Sites ...Procedure for Trainee and Supervisor Evaluations & Administrative Tasks <ul style="list-style-type: none"> ...Trainee and Supervisor Evaluations ...Unit Verification Form | |
| <p>Section V: Annual Fees</p> <ul style="list-style-type: none"> ...Annual Training Program Fee Receipt ...Annual Certification Fee Receipt | |
| <p>Section VI: Training Program Evaluation</p> <ul style="list-style-type: none"> ...Program Evaluation ...Strengths of Training Program ...Limitations of Training Program ...Future Training Program Goals | |
| <p>Section VII: Appendix</p> <ul style="list-style-type: none"> Appendix A – Written Executable Agreements Appendix B – Training Program Agreement Appendix C – Trainee Handbook Appendix D – Training Program Promotional Materials Appendix E – Curriculum Vitae (Faculty, Adjunct, Advisory Committee) Appendix F – Other Supporting Materials | |

Recommendations:

Signature _____ Date _____
Accreditation Reviewer

Appendix I PART B – Distance Learning Programs ONLY

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

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

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

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

Recommendations:

Signature _____ Date _____

Accreditation Reviewer

APPENDIX J Trainee Unit Verification Form

UNIT VERIFICATION FORM

CPE/T Unit Verification Form - must be completed by the Training Supervisor

*** Required**

Email address *

Your email

SUPERVISOR IN TRAINING

Supervisor-in-Training Name: *

Your answer

SIT's Email Address: *

Your answer

SIT's Phone Number: *

Your answer

Chapter: *

Your answer

TRAINING CENTER

Training Center Name: *

Your answer

Street Address (Mailing Address): *

Your answer

City: *

Your answer

State: *

Your answer

ZIP Code: *

Your answer

TRAINING SUPERVISOR 

Training Supervisor's Name: *

Your answer

Training Supervisor's Chapter: *

Your answer

Training Supervisor's Email Address: *

Your answer

Training Supervisor's Phone Number: *

Your answer

Street Address (Mailing Address): *

Your answer

City: *

Your answer

State: *

Your answer

ZIP Code *

Your answer

TRAINEE & UNIT INFORMATION 

TRAINEE #1 

#1 Name of Trainee

Your answer

#1 Units Completed

Your answer

#1 Ministry/Clinical Site

Your answer

#1 Dates of Training

Your answer

TRAINEE #2 

#2 Name of Trainee

Your answer

#2 Units Completed

Your answer

#2 Ministry/Clinical Site

Your answer

#2 Dates of Training

Your answer

TRAINEE #3 

#3 Name of Trainee

Your answer

#3 Units Completed

Your answer

#3 Ministry/Clinical Site

Your answer

#3 Dates of Training

Your answer

Trainee #4 

#4 Name of Trainee

Your answer

#4 Units Completed

Your answer

#4 Ministry/Clinical Site

Your answer

#4 Dates of Training

Your answer

TRAINEE #5

#5 Name of Trainee

Your answer

#5 Units Completed

Your answer

#5 Ministry/Clinical Site

Your answer

#5 Dates of Training

Your answer

TRAINEE #6

#6 Name of Trainee

Your answer

#6 Units Completed

Your answer

#6 Ministry/Clinical Site

Your answer

#6 Dates of Training

Your answer

TRAINEE #7

#7 Name of Trainee

Your answer

#7 Units Completed

Your answer

#7 Ministry/Clinical Site

Your answer

#7 Dates of Training

Your answer

TRAINEE #8 

#8 Name of Trainee

Your answer

#8 Units Completed

Your answer

#8 Ministry/Clinical Site

Your answer

#8 Dates of Training

Your answer

This form must be submitted by the Training Supervisor 

A copy of your responses will be emailed to the address you provided.

SUBMIT

Page 1 of 1

APPENDIX K Complaints Policy

- K-1.0** General: Complaints provide an *ad hoc* insight into the quality and conduct of training programs, an occasion for mentoring and consultation in service to improvement of training, and an assurance that CPSP standards are well and seriously intended to reflect our life guided by The Covenant.
- K-2.0** Policy Statement: CPSP-accredited and preaccredited programs are responsible for their ongoing compliance with CPSP standards for accreditation. Trainees have the right to communicate directly with CPSP regarding complaints about non-compliance with accreditation standards.
- K-3.0** Purpose: To assign responsibility and prescribe procedures for processing complaints concerning CPSP standards, policies, and procedures, against a CPSP-accredited or preaccredited training program, a program applying for preaccreditation, or CPSP itself.
- K-4.0** Applicability and Scope
- K-4.1** Applies to all trainees in CPSP programs.
 - K-4.2** Applies to all certified members conducting clinical pastoral training, psychotherapy training, or supervisory training.
 - K-4.3** Applies to the members of the Governing Council, Executive Chapter, Accreditation Oversight Committee, appeals panels, and staff, in their roles.
- K-5.0** Procedures
- K-5.1** CPSP-accredited/preaccredited programs, and those with pending applications shall
 - K-5.1.1** Maintain ongoing compliance with CPSP standards for accreditation.
 - K-5.1.2** Inform their trainees of their right to communicate directly with CPSP regarding complaints related to noncompliance with these standards.
 - K-5.1.2.1** Disclose the contents of this reasonable, internal grievance policy to receive and resolve complaints to trainees in writing at the time of enrollment.
 - K-5.1.2.2** Inform trainees of the right to contact CPSP with a complaint, furnishing trainees with furnishing students with the email, telephone number, and mailing address of CPSP.

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

K-5.2 The Accreditation Oversight Committee shall

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

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

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

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

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

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

K-5.3 The Chair, Accreditation Oversight Committee, shall

K-5.3.1 Establish and monitor a “CPSP Complaints” e-mail address.

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

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

K-5.4 The Complaints Review Subcommittee shall

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

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

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

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

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

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

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

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

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

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

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

K-5.5 Accreditation Oversight Committee processing of complaints without urgency

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

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

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

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

- K-5.5.2.1** The complaint has been resolved by the program. [Action: Close complaint.]
- K-5.5.2.2** The complaint is being resolved by the program. [Action: Commence monitoring until corrective action is complete.]
- K-5.5.2.3** Additional specific action or information is required before a decision can be reached. [Action: Notify the program and continue to monitor to conclusion.]
- K-5.5.2.4** The matter is of sufficient seriousness to require processing as a complaint with urgency. [Action: Process as a complaint with urgency. (§F-5.6)]
- K-5.5.2.5** If the program fails to respond as directed, the complaint shall be treated with urgency. (§F-5.6)
- K-5.5.2.6** Any complaint not resolved within 90 days from its receipt by CPSP shall be deemed a complaint with urgency. (§F-5.6)
- K-5.6** Accreditation Oversight Committee processing of complaints with urgency
- K-5.6.1** If the Committee determines, in consultation with the General Secretary or his/her designee (§F-5.2.1.1), or counsel, to be a complaint with urgency, they may expedite the processing of the complaint.
- K-5.7** Complaints with urgency – Additional Actions
- K-5.7.1** The General Secretary or his/her designee, will confer with the President and counsel to determine appropriate action, which may include:
- K-5.7.1.1** Further reducing the notice and response periods and proceeding as in other cases.
- K-5.7.1.2** Initiating an on-site visit (announced or unannounced) by a team of the number and composition appropriate to the circumstances, to be conducted under established procedures for such visits;
- K-5.7.1.3** Issuing an Order for Show Cause under the procedures for show cause.
- K-5.7.1.4** Referring the matter to the Executive Chapter for review and action, as it directs. Any complaint with urgency remaining unresolved 60 days after receipt by CPSP may be referred to the Executive Chapter.
- K-5.7.2** In the event the program fails to demonstrate substantial progress leading to closure and/or resolution, the Executive Chapter shall take up the matter at its next regularly scheduled meeting.
- K-5.8** Closure of A Complaint
- K-5.8.1** The decision to close a complaint is made by consensus of the Complaints Review Subcommittee or, for cases referred to the Executive Chapter, by that body.

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

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

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

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

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

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

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

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

K-5.9.1.2 The names of complainants.

K-5.9.1.3 The dates of complaint submissions.

K-5.9.1.4 The subject/nature of complaints.

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

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

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

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

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

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