



Psychological Clinical Science Accreditation System

Purpose, Organization, Policies, and Procedures

POPP Manual

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Updated Periodically as Needed

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Psychological Clinical Science Accreditation System

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POPP Manual – November 2023 (Revision)

I. Purpose

A. Overview

The Psychological Clinical Science Accreditation System, Inc. (PCSAS) is an independent, non-profit, non-governmental body established to provide rigorous, objective, and empirically based accreditation of Ph.D. programs in psychological clinical science. PCSAS's ultimate purpose is to serve the public by using accreditation to promote high-quality science-centered education and training in clinical psychology, to increase the quality and quantity of clinical scientists contributing to the advancement of all aspects of public health, and to extend the scientific knowledge base for mental health care.

Psychological clinical science is an applied science dedicated to generating new knowledge regarding the nature of psychological problems and translating that and current knowledge into applications that improve the human condition. PCSAS's focus on promoting training that integrates research and application is predicated on the assumption that public health will be served best by clinical psychologists who are trained as scientists - in the broad sense of that term, who use their knowledge and skills to advance basic knowledge as well as to develop, evaluate, disseminate, and deliver the most effective and cost-efficient interventions, assessments, and prevention strategies for all.

PCSAS accreditation is awarded in only one domain: to doctoral training programs that grant Ph.D. degrees in psychology with a core focus on the specialty of psychological clinical science. PCSAS accreditation is limited to programs housed in departments of psychology (or their equivalent) within accredited, non-profit, research-intensive universities legally authorized to operate in the U.S. and Canada. PCSAS accreditation is not intended for programs with a chief mission of training psychologists for specialized careers in applied clinical work, as important as those programs might be. To be accredited by PCSAS, a doctoral program must demonstrate that it provides students with high-quality, science-centered education and training in both application and research, and that it has established a clear record of producing graduates who have demonstrated that they are competent (a) to conduct research relevant to the assessment, prevention, treatment, and understanding of health and mental health disorders; and (b) to use science-based methods and evidence to design, develop, select, evaluate, deliver, supervise, and disseminate empirically-based assessments, interventions, and prevention strategies. The program's commitment to integrative training in research and application must be evident and coherent in its curriculum and operation, apparent in the accomplishments of its faculty and graduates, and explicit in its documents, public disclosures, and website.

This is not to say in any way that PCSAS graduates will be limited to research. Just the opposite. A commitment to a psychological clinical science model means that PCSAS-accredited programs will prepare their graduates to assume independent responsibility for the delivery of mental and behavioral health care of the highest quality—whether the graduates themselves are delivering the care or they are overseeing its delivery by others. The structure of tomorrow's health care system—who delivers which services to whom—should be based on the best scientific evidence available. Clinical psychologists trained in PCSAS-accredited programs will be well-qualified to play leading roles in designing, building, overseeing, evaluating, disseminating, and delivering the science-driven health-care system of tomorrow.

PCSAS accreditation is voluntary. Its positive influence stems from the trust and authority accorded to it by applicants, and from the value of the information it provides to the public. Because PCSAS awards its distinctive imprimatur only to high-quality, science-centered clinical programs that arm their graduates with the essential skills and knowledge to be productive and competent psychological scientists, the PCSAS “brand” provides prospective students, health-care consumers, policy makers, and the public at large with the information they need to discriminate among the diverse and often confusing array of clinical psychology and other mental health programs, graduates, and services. If a clinical program lacks PCSAS accreditation, this certainly does not mean that it offers low-quality training. Many excellent programs that concentrate on training health service providers will not be eligible for PCSAS accreditation and many others may not apply for PCSAS accreditation. However, the public can rest assured that every PCSAS-accredited program has been evaluated thoroughly and has a proven record of providing high-quality, science-centered doctoral training in clinical psychology.

Two hallmarks of the PCSAS system are: (a) an emphasis on proximal and distal outcome evidence to evaluate a program's quality and success; and (b) flexibility in evaluating how programs structure their training to produce psychological scientists who effectively integrate research and application, a core PCSAS training objective. The flexibility hallmark reflects that different programs may employ different pedagogical strategies and methods to achieve similar positive results. However, just as other review panels typically find when evaluating diverse proposals, PCSAS expects successful accreditation applicants to have key characteristics in common—namely, clearly articulated goals, coherent plans for achieving the goals, and records of achievement that augur well for continued success. The burden of proof regarding the success of a program's pedagogical approach rests with the program.

And, PCSAS accreditation requires that programs demonstrate a commitment to the integration of diversity, equity, inclusion, and social justice into all aspects of the program. Programs must attend to the demonstrable role played in mental and physical health by dimensions of human diversity, including but not limited to race, color, ethnicity, age, gender, gender identity, sexual orientation, socioeconomic status, marital status, national origin, ability status, beliefs, religion, physical appearance, and culture, as well as how these identities and others may intersect. Programmatic activity should acknowledge and reflect how dimensions of diversity have

historically and persistently been shown to meet with prejudicial, stigmatizing, and discriminatory experiences that result in negative health impacts and disparities. Programs should promote the principles of social justice by recognizing and attending to the broader social, economic, and political forces and structures that contribute to health and mental health disparities. The specific mechanisms by which programs meet these requirements may vary, but the values of DEIJ should be incorporated into the scholarly content of instruction and program requirements (e.g., research and application training; required coursework/experiences, presentations, and milestones, etc.); recruitment and retention of faculty and students; client populations; and the inclusiveness of the climate and student well-being within the program.

B. PCSAS Mission Statement

The PCSAS mission is to advance public health by using the leverage of accreditation to promote science-centered education and training in clinical psychology. This means PCSAS accredits only doctoral programs that graduate psychological clinical scientists who generate new knowledge relating to mental and behavioral health problems, and who actively use this and current knowledge to ensure the best mental and behavioral health services to advance public health. PCSAS's mission is supported by five inter-related sub-goals:

1. To advance the field of scientific clinical psychology by promoting the highest standards of education and training in psychological clinical science.
2. To increase the number of well-trained psychological clinical scientists who actively contribute to the dissemination and advancement of knowledge and methods related to the origins, nature, diagnosis, treatment, and prevention of mental and behavioral health problems for all, in a manner sensitive to context and diversity.
3. To produce a new cadre of integrative and trans-disciplinary psychological clinical scientists who, in their research and application, employ scientific methods and theories from across a broad range of scientific perspectives to help advance our knowledge about public health problems; and to develop, deliver, and evaluate cost-effective and accessible solutions for such problems.
4. To promote education and training aimed at enhancing the quality, availability, and reliability of up to date, evidence-based, efficacious, cost-effective, safe, and equitable services in mental and behavioral health care for people from all walks of life.
5. To contribute to the development and dissemination of knowledge and services that will help reduce the incidence of mental health problems for all people; promote adaptive functioning; improve the quality, availability, safety, and impact of mental and behavioral health-care delivery; and improve the public's general health and well-being.

C. PCSAS Functions

The primary functions and activities of PCSAS are these:

- To formulate and implement accreditation policies, procedures, and criteria in support of the PCSAS accreditation mission and goals, and to adapt and refine these activities through a process of continuous quality improvement.
- To review and evaluate the performance records and overall quality of the education and training provided by the doctoral programs in psychological clinical science that apply for initial or renewed PCSAS accreditation.
- To coordinate site visits to applicant programs as part of the review and evaluation process.
- To appoint a diverse group of leading psychological clinical scientists and science educators to PCSAS's Review Committee.
- To provide applicant programs and the general public with timely and informative summaries of the Review Committee's evaluations and accreditation decisions.
- To obtain and maintain annual reports from PCSAS-accredited programs; analyze and evaluate the data in these reports; and provide programs and the general public with useful summaries of the information gleaned from these reports.
- To enhance Diversity, Equity, Inclusion, and Social Justice (DEIJ) by integrating DEIJ in the operations of PCSAS, including the review process, as well as the clinical science programs that PCSAS accredits.
- To engage in self-study and self-evaluation of PCSAS operations for the purpose of enhancing the performance and assuring the quality of PCSAS accreditation, and to provide the general public with summaries of these self-studies.
- To maintain active communications with relevant stakeholders regarding PCSAS accreditation and shared interests in scientific, educational, and public health issues.
- To sponsor science-centered educational activities with diverse participants, such as conferences, workshops, publications, continuing education programs, or research, for the purpose of improving the quality and impact of educational activities, methods, and services in scientific clinical psychology.
- To build and maintain a sound fiscal foundation and business plan that will help to ensure PCSAS's viability and performance over time.

D. Guiding Principles

Four principles serve as the cornerstones for the PCSAS organization:

Transparency: For PCSAS accreditation to achieve its mission, the public must have timely access to the organization's purposes, operations, policies, and procedures, as well as its criteria, evaluations, and actions. Thus, PCSAS is committed to operating with maximum transparency and openness, even as it balances this commitment with the need to protect the privacy rights of individuals and institutions and to ensure the confidentiality that is essential to safeguarding the integrity of the accreditation review process itself.

Clarity: PCSAS is committed to the principle of clear and efficient communications. Thus, PCSAS pledges to represent itself as clearly and fully as possible. PCSAS's most public voice is its website (pcsas.org), which provides an accessible overview of the organization's purposes,

operations, policies, and procedures, as well as its achievements. The website is updated regularly and provides links to relevant supplementary information. The official spokespersons for PCSAS—the Executive Director (ED) and the President of the PCSAS Board of Directors—strive to respond promptly and fully to inquiries and requests for information. This manual offers the most comprehensive and detailed summary of PCSAS.

Integrity: PCSAS is committed to the principle of integrity. Thus, PCSAS pledges to represent itself accurately to the public, to fulfill its promises, to behave ethically, and to be held accountable for its actions and results.

Responsibility: PCSAS is committed to the principle that PCSAS, as an accreditation agency, is a public trust. PCSAS pledges to promote the highest standards of doctoral education, to base its actions and decisions on the best empirical evidence available, and to serve the public’s interests above all others.

II. Corporate Organization

A. Legal

1. PCSAS is represented by Mary Graham of Wilmington, DE.
2. PCSAS was incorporated in the State of Delaware on December 26, 2007.
3. PCSAS’s Federal Employer Identification Number (EIN) is #26-3018654.
4. PCSAS’s bylaws, drafted and filed in the incorporation process, were approved by the PCSAS Board of Directors at its inaugural meeting in January of 2008. The Board amended the bylaws in March of 2010, September 2011, August 2018, and January 2023 and is empowered under the Certificate of Incorporation to amend further as it deems appropriate.
5. The IRS granted PCSAS tax-exempt status as a non-profit 501(c)(3) corporation on April 3, 2010, effective retroactively to December 26, 2007, making contributions to PCSAS from that date forward tax-deductible. The organization’s public charity status is 170(b)(1)(A)(vi).
6. The organization’s fiscal year ends June 30. PCSAS currently files annual reports in Delaware, where it is incorporated and where it also is recognized as a tax-exempt corporation. PCSAS also files as required with the IRS, with accounting and auditing support from Salti and Associates, LLC, Washington, DC.
7. PCSAS maintains Professional Liability Insurance coverage intended to protect the corporation and its directors, officers, employees, agents, and others related to the corporation against any expense, liability, or loss.

8. From December 2007 to August 2010, PCSAS offices were at 1133 15th Street, NW Suite 1000, Washington, DC 20005 USA. In August 2010, the offices were moved to the Indiana University Psychology Building, Bloomington, IN 47405 USA. In August 2016, the offices were moved to 1800 Massachusetts Ave NW · Suite 402, Washington, DC 20036-1218 USA, in space provided by the Association for Psychological Science. In February 2022, the offices were moved to the Department of Psychological & Brain Sciences at Indiana University, 1101 E 10th Street, Bloomington, IN 47405 USA.

B. Structure & Personnel

1. Academy: PCSAS was founded by the Academy of Psychological Clinical Science (the “Academy”), an organization of science-centered doctoral training programs and internship programs in clinical psychology. PCSAS bylaws stipulate that the Academy’s Executive Committee, which is elected by the Academy’s member programs, is responsible for appointing the members of the PCSAS Board of Directors. To ensure the independence of PCSAS and to safeguard the objectivity and integrity of PCSAS accreditation, the bylaws provide that: no current Academy Executive Committee member may serve on the PCSAS Board of Directors; the Academy has no direct control over PCSAS’s operations, policies, procedures, or accreditation decisions, with such powers and the overall authority to direct and manage the business and affairs of PCSAS vested in the Board of Directors, including the authority to appoint its own officers, appoint members of the Review Committee and retain professional staff; and the Board of Directors is expressly empowered to adopt, amend or repeal the bylaws.

2. Board: PCSAS is governed by a nine-member Board of Directors (the “Board”). Board members serve staggered, three-year, renewable terms. Board members serve without compensation, although their Board-related expenses may be reimbursed. Five Board seats are filled by psychological clinical scientists affiliated with Academy doctoral programs. The remaining seats are filled by one representative from each of four other stakeholder groups: (a) a current or recent clinical science doctoral student from an Academy program; (b) a non-clinical psychological scientist from a department with an Academy program; (c) a current or former chair of a Psychology Department with an Academy program; and (d) a public member with credentials in a field other than psychology. No more than one Board member affiliated with a given university or institution may serve on the Board at any one time. A Board member may be terminated prematurely only for “due cause,” as defined in the bylaws, and only by the procedures specified in the bylaws. The Board is self-organizing, electing a President from among its members, and filling other positions as the Board sees fit (e.g., recording secretary; finance committee). Except when appointed to fill a vacancy, a new Board member’s term begins following the Board’s annual May meeting. The Board members as of November 2023, their seats, affiliations, and terms, are as follows (see <https://new.pcsas.org/pcsas-leadership/board-of-directors/> for any updates):

Clinical Scientists:

Joanne Davila (President), Stony Brook University (2021-2024)
Sherry H. Goodman, Emory University (2022-2025)

William Hetrick, Indiana University (2023-2025))

Robert W. Levenson, University of California-Berkeley (2023-2026)

Robert F. Simons, (Secretary), University of Delaware (2021-2024)

Clinical Science Current or Recent Graduate Student:

Tiffany Jenzer, University at Buffalo (2021-2024)

Non-Clinical Psychological Scientist:

Roberta Klatzky, Carnegie Mellon University (2023-2026)

Current or Former Psychology Department Chair:

Annette L. Stanton, University of California-Los Angeles (2023-2026)

Non-Psychologist Public Member:

Sarah Brookhart (2022-2025)

3. Review Committee: Applications for PCSAS accreditation are evaluated by the Review Committee (RC)—a standing committee defined in the PCSAS bylaws. The RC is comprised of at least nine members. RC members are appointed by the PCSAS Board to serve staggered, three-year, renewable terms. Board members are eligible to serve on the RC. RC members serve without compensation, although their committee-related expenses may be reimbursed. Except when appointed to fill a vacancy, a new RC member's term begins February 1st, which allows participation in the review process leading up to the May RC meeting. RC members are selected based on their scientific qualifications; areas of expertise; and educational, professional, and administrative credentials. In keeping with the policies of PCSAS and the Council for Higher Education Accreditation (CHEA) regarding equal opportunities to serve on governing bodies, RC members are chosen on the bases of their scientific qualifications, areas of expertise and educational, professional, and administrative credentials. PCSAS strives to have a diverse RC, broadly defined, when possible. RC members are selected to represent the cutting edge in psychological clinical science, with the collective breadth and expertise to evaluate the quality of applicants' doctoral programs. An RC member may be terminated prematurely only for "due cause," as defined in the bylaws, and by the procedures specified in the bylaws. The RC is self-organizing, electing a Chair from among its members, and filling other positions as the committee sees fit. With Board approval, the RC may be assisted by *ad hoc* reviewers, who may attend the review sessions and contribute to discussions as advisory, non-voting participants. Current RC members and their terms are as follows:

Sherryl Goodman, Emory University (2023-26)

DeMond Grant, Oklahoma State University (2021-24)

Andreana Haley, University of Texas at Austin (2021-24)

Daniel N. Klein, Stony Brook University (2023-2026)

Jason Moser, Michigan State University (2020-23)

Thomas Rodebaugh, Washington University in St. Louis (2022-25)

José Soto, Pennsylvania State University (2022-25)

Teresa A. Treat (Chair), University of Iowa (2021-24)

Edelyn Verona, University of South Florida (2023-2026)

Elizabeth Yeater, University of New Mexico (2022-25)

4. Executive Director: The on-going business affairs and accrediting operations of PCSAS are managed by an Executive Director (ED). The ED serves at the Board's pleasure and under its direction. The ED and Board President are the official spokespersons for PCSAS. The ED is custodian of the corporation's finances, records, and other corporate business. The ED deals with government officials as necessary to maintain the corporation's non-profit status; manages PCSAS's relationships with "recognition" agencies (e.g., CHEA, U.S. Department of Veterans' Affairs, U.S. Department of Defense, Licensing Boards); oversees the website; coordinates Board meetings (in consultation with the Board President); attends Board meetings as an ex-officio member; serves as staff to the Review Committee; organizes all committee activities (in consultation with the Review Committee Chair); attends committee meetings as a non-voting participant; and manages the corporation's correspondence with applicants, organizations, governmental agencies, and the public. PCSAS bylaws state that the Board should attempt to select an ED "with a Ph.D. in psychological clinical science (e.g., clinical psychology), experience in training doctoral students in clinical psychology for research careers, a record of scientific contributions, and a commitment to advancing the cause of psychological clinical science." The current Executive Director is Dr. Joseph Steinmetz, former Chancellor of the University of Arkansas.

5. The ED may employ administrative support, consultants, interns, additional staff, etc. as is needed and approved by the Board.

6. As noted previously, the primary attorney to PCSAS is Mary B. Graham of Wilmington, DE.

C. Finances

1. Expenses: The audited PCSAS operating budget for the fiscal year July 2022 to June 2023 was \$214,351. Major expense categories included: (a) Personnel & Professional Services (e.g., Contracts, Accounting, Legal): \$147,000; (b) Office expenses: \$2,500; (c) Travel and meeting expenses: \$13,081.

2. Income: PCSAS is intended to be self-supporting. Its ability to do this depends in part on the number of applicants and accredited programs that pay annual revenues used to cover operations. However, since its creation, PCSAS also has been successful in raising revenues from additional resources. The audited PCSAS income for the fiscal year July 2022 to June 2023 fiscal year was \$191,130. All sources of revenue currently include:

(a) *Applicant Fees and Annual Fees from Accredited Programs*. After being recognized by the Council for Higher Education Accreditation (CHEA) in September 2012, PCSAS's non-refundable application fee for PCSAS accreditation was set at \$10,000. Potential applicants must submit a Letter of Intent to establish that they satisfy PCSAS's eligibility criteria; applications are accepted only from programs deemed eligible to apply. The Application Fee of \$10,000 is due with the program's full application. Annual fees are \$2,500 for accredited

programs that are not members of the Founders' Circle. Founders' Circle members pay no dues for their first five years, if accredited.

(b) *Founders' Circle Fund: For Universities.* Universities and other institutions sympathetic to the PCSAS mission are urged to underwrite PCSAS by contributing to the Founders' Circle Fund. To join the Founders' Circle, universities pledge to contribute \$15,000 per year for five years. Other Founder's Circle organizations pledge differing amounts. To date, 17 pioneering universities and three organizations have joined the Founders' Circle, and several have renewed their membership after five years (see www.pcsas.com for Founders' Circle memberships)

Founders' Circle contributions have no influence on the PCSAS Review Committee's evaluations of applications; all applicant programs are held to the same high standards. However, if Founders' Circle members wish, they may move to the head of the review queue when applying for accreditation. When they apply, all their application fees are waived. If accredited, they pay no dues for their first five years. They also are recognized publicly for their pioneering support. Above all, they may take pride in knowing that they helped advance public health through their support of science-centered doctoral education in clinical psychology.

(c) *Patrons' Fund: For Private Individuals and Estates.* Individuals who support PCSAS's mission may donate to the Patrons' Fund, contributing whatever their circumstances permit. These donations are tax-deductible, within the limits of the current tax code. Donors may remain anonymous if they wish; otherwise, PCSAS gratefully acknowledges donors on its website. Donors may channel their contributions either toward underwriting PCSAS's annual expenses or toward building PCSAS's Endowment Fund.

(d) *Grant Funds:* PCSAS may also seek grant funds from Federal agencies, private foundations, and other sources of grant support as it grows.

III. Operational Policies & Procedures

A. Board of Directors

1. Powers & Responsibilities. The Board is responsible for directing and overseeing the business affairs and accrediting functions of PCSAS and may exercise all such powers and take all actions it deems necessary or appropriate to fulfill these responsibilities —except as proscribed by law or as might jeopardize the corporation's tax-exempt status. The Board has the authority to revise the corporation's aims, organization, principles, guidelines, policies, and procedures. This includes adopting, amending or repealing the corporate bylaws, which requires an affirmative vote of at least six Board members. The Board will inform accredited programs, CHEA, interested organizations, and the public of such changes and their purposes.

2. Board Meetings. PCSAS bylaws require the Board to meet—in person, by phone, or by other electronic means—at least once each year. Remote participation constitutes

“presence at the meeting.” Special meetings may be called, either by one-third of the members or by the President, at a specified place, date, and time. These also may be attended in person, by phone, or by electronic means. Each member of the Board must be given notice of the arrangements for regular and special meetings, including the business to be transacted, at least seven days in advance if given in writing, or at least five days in advance if transmitted by electronic means. The ED, in consultation with the President, coordinates plans for Board meetings. Board business is conducted in the order and manner set by the Board President. The participation of six Board members is required to constitute a quorum for all purposes. In the absence of a quorum, the majority of those present may adjourn the meeting to another place, date, or time, without further notice. All matters are decided by the affirmative vote of at least five Board members in attendance. Board matters may be decided without a meeting, if all members of the Board consent in writing, and the written consent is filed with the minutes of the proceedings of the Board. Requirements for advance notice of a Board meeting may be waived if no member objects.

The Board has typically held an annual in-person or virtual meeting each May, plus other meetings as needed to conduct other business as necessary via e-mail exchanges or as teleconference or virtual meetings.

3. Accreditation Role. The Board holds the legal responsibility for the operation of the accreditation system, and for safeguarding the integrity of the accreditation process and its decisions. However, the Board neither reviews applications nor make specific accreditation decisions. To insulate the accreditation process from outside influences and to protect the independence, objectivity, and validity of PCSAS’s accreditation decisions, the Board delegates the authority for all reviews and case decisions to the independent Review Committee (RC) of selected experts in psychological clinical science research, application, and education. The Board appoints Review Committee members; establishes the policies, procedures, standards, and criteria governing the Review Committee’s operation; and monitors the Review Committee’s performance to ensure compliance with the Board’s guidelines. However, the Board may not interfere with the RC’s reviews of individual cases; nor may it overrule or alter the RC’s accreditation decisions. The RC’s decisions must be ratified by the Board; once ratified, however, they are not open to review by the Board or any other entity, except in the rare case of a factual or procedural error (see below), or a legitimate appeal by an applicant (see below).

Before the Review Committee’s decisions become official, the RC must provide the Board with a written or oral report of its procedures and actions, including a brief summary of its evaluation and accreditation decision for each application. This report must be ratified by the Board. The Board’s ratification is a formal declaration that the Board found the RC’s review procedures and decisions to be following PCSAS’s established policies, procedures, standards, and criteria. The Board’s ratification decision applies to the entire RC report and requires an affirmative vote by five Board members present. The ratification step serves two functions. First, it helps the Board exercise its quality control responsibility by highlighting aspects of the review process that might need improvement. Second, in the unlikely event the Board deems the Review Committee’s actions to be in serious non-compliance, the Board may fail to ratify

the report. The RC then would be required to correct the non-compliant parts of its review process—for *all* applications in the reported group, except where the fault pertained to particular site visits—and report again to the Board.

B. Review Committee

1. Review Committee Meetings. The two functions of the Review Committee (RC) are (a) to review and evaluate applications for accreditation and (b) to decide which applicant programs merit PCSAS accreditation. RC members normally meet twice each year in person or virtually to review applications and make accreditation decisions—usually in late May and in late November/early December. The Executive Director, in consultation with RC members, schedules meetings and coordinates all arrangements. If RC members are unable to attend an in-person meeting, they may participate by telephone or virtually. Each year, the RC also reviews required annual reports from accredited programs. At every meeting, RC members discuss their experiences with the review system and consider making quality improvements.

RC members must do a significant amount of homework to prepare for meetings. They read the application materials from each program under review; write and submit draft reviews of the programs for which they are assigned as Primary or Secondary Reviewer; read other RC members' draft reviews of the applications; and, if appointed to a Site Visit team, conduct the visit, and co-author the team's report. Essentially, RC members do the heavy lifting in the PCSAS accreditation system. If the RC's workload requires, *ad hoc* reviewers approved by the Board may be enlisted to help with reviews or site visits. *Ad hoc* reviewers are expected to participate in the discussion of any program they reviewed, but they do not have a vote.

Site visits are a critical and required part of all accreditation reviews. Each site visit is conducted by a two-person team appointed by the Review Committee Chair, in consultation with the Executive Director. All current RC members have the experience and training to qualify as PCSAS site visitors. New RC members and *ad hoc* site visitors will receive training, if necessary, by studying sample reviews and/or by serving as the secondary member of a site visit team, paired with a veteran team leader. The special role and focus of PCSAS site visits are summarized in the "preface" of PCSAS site visit reports. (See Appendix A.)

The Review Committee has sole responsibility for all PCSAS accreditation reviews and decisions, so protecting the integrity of the review process is essential. To isolate the RC reviews and decisions from outside influences that might undermine their objectivity and independence, RC meetings are not open to the public, and the proceedings are not recorded. Votes on all accreditation decisions are by secret ballot. The identities of the Primary and Secondary reviewers for each program are confidential to the program. All participants are required to keep the proceedings and votes of RC meetings confidential. Upon appointment to the RC, each new member must read and sign the PCSAS *Conflict of Interest Policy* (see Appendix B). Prior to each RC meeting, RC members also must sign two other forms: (a) the *RC Confidentiality & Communications Policies* (see Appendix C), in which they pledge to maintain the confidentiality of the proceedings; and (b) the *RC Conflict of Interest Policy* (see Appendix

D), on which they must inform the RC Chair of any potential conflicts of interest they may have in relation to each of the specific programs under review. Some cases are clear-cut, such as when a committee member is on the faculty of an applicant program; in such a case, the person must be absent during the review of that program. Individuals may recuse themselves for any other reason if they feel it appropriate. The RC Chair may decide whether a potential conflict warrants action. If the Chair is uncertain, the issue will be decided by a simple majority vote of the unaffected RC participants via a secret ballot. The committee has two options: (a) the individual may be required to recuse herself/himself and, if appropriate, to be absent during the review of the affected application; (b) the individual may be judged to have no significant conflict and be allowed to participate fully in the committee's review and decision.

The ED, in consultation with the Chair, coordinates planning for the RC meetings. RC reviews are conducted in the order and manner set by the Committee's Chair. The review process is like that of a grant review panel at NIH or NSF. Applications are considered one at a time and are judged against absolute standards. The Primary Reviewer starts by summarizing a written report; next the Secondary Reviewer offers a briefer summary covering additional information or offering other perspectives; then the Site Visit team presents its report, emphasizing on-site information that might shed light on questions or concerns raised by the first two reviewers. Following the three reviews, the full committee discusses the case. Committee members vote on the application only after they feel satisfied that the program has been examined thoroughly and fairly.

2. Review Committee Decisions. All official RC decisions and actions require a quorum of at least two-thirds of the members participating. A favorable accreditation decision requires the approval of a majority of RC members. Only those RC members present throughout the entire review of a given application are eligible to vote. Participants cast secret ballots, voting for one of two decision options: either "Accredit" or "Deny." If participants feel that they do not have sufficient information to decide a case with confidence in the validity of their decision, they have the "procedural option" of voting to Defer a final decision pending further information or discussion.

Accredit: The majority of the committee may vote in favor of accreditation. For established clinical science programs either seeking initial accreditation or reaffirmation of an existing accreditation, PCSAS confers only one level of accreditation status: *fully accredited*. New programs seeking PCSAS accreditation go through a series of three accreditation stages (see below). Barring significant negative changes in a program, accreditation is for a period of ten years. However, the RC monitors accredited programs by requiring an *Annual Report* each fall (see Appendix E). If the information in the annual report raises questions about a program's stability or quality, the committee may ask for a more extensive interim report. Based on the new information, the committee may decide to (a) take no action, (b) require remedial steps, or (c) terminate the program's accreditation.

Deny: The majority of the committee may vote to deny accreditation. In that case, the

program may "revise and resubmit" its application in a future review cycle without prejudice. The revised application will be treated as a new submission.

Defer: The majority of the committee may vote to defer final action on an application pending further clarification or receipt of additional information. The committee will explain in detail the basis for its deferral, the nature of the concerns, and the conditions—including a timetable—the applicant must meet. Once the program has satisfied these conditions, the committee will resume its review and decide to Accredite or Deny accreditation.

Reconsideration of Accreditation Decisions: There are three conditions under which an accreditation decision may be reconsidered. First, the Review Committee may initiate reconsideration. If at least three participating members of the Review Committee believe that a procedural or factual error may have materially affected the Committee's decision to deny or terminate a program's accreditation, these Committee members may initiate reconsideration by voting to require that the Committee re-review the affected cases and correct any such errors. Second, if the majority of the Board of Directors believes that significant procedural or factual errors may have materially affected the decisions and recommendations in the Review Committee's report to the Board, the Board may initiate reconsideration by voting against ratification of the Review Committee's report, and by instructing the Review Committee to reconsider its recommendations, correct specific errors, and return with a new report. Finally, if an applicant or accredited program believes that the Review Committee's decision to deny accreditation or to terminate accreditation was due to factual or procedural errors, it may appeal the decision on specific grounds, and by specific procedures, as outlined below in PCSAS's formal Appeal Policy.

3. Appeal Policy. Applicants denied accreditation or programs whose accreditation has been terminated may file an appeal of the decision within 20 days of receiving written notice of the decision. Grounds for an appeal are: (1) that PCSAS's denial or termination was arbitrary and capricious (i.e., its underlying findings, based on the evidence of record, have no reasonable basis); or (2) that PCSAS failed to follow its governing procedures in a way that may have materially affected the outcome. All appeals must be in writing and must specify in detail the grounds for the appeal. The appeal must be submitted to the Executive Director, who will forward it to the Board of Directors for consideration and action.

The Board of Directors has the sole responsibility for deciding whether a program's written appeal deserves further consideration. The Board is also responsible for deciding the outcome of all appeals. Any Board member who served on the Review Committee that made the initial recommendation for denial or removal of a program's accreditation may not vote on Board motions related to decisions and actions regarding the written appeal; however, any such non-voting Board members may participate in the Board's discussion of the appeal.

If a majority of the Board's voting members concludes that an appeal has potential

merit, the Board will forward the appeal to the Review Committee for reconsideration and possible action. However, if a majority concludes that the appeal has no potential merit, the Board will not forward the appeal to the Review Committee for consideration and possible action, thereby ending the appeal process. The program will be notified of this decision in writing.

If the Board forwards an appeal to the Review Committee, the committee is charged with the responsibility of considering the written appeal, with re-reviewing the program's materials and correcting any errors in its original review process, and with reporting its findings and recommendation to the Board. When the Review Committee reconsiders an appealed case, the key roles of Primary and Secondary Reviewers will be assigned to committee members who did not fill either of these roles in the program's appealed review.

The Review Committee will reconsider the program's appealed decision based solely on the original materials and record, with a specific focus on assessing whether PCSAS's denial or termination was arbitrary and capricious (i.e., its underlying findings, based on the evidence of record, have no reasonable basis); or whether PCSAS failed to follow its governing procedures in a way that may have materially affected the outcome. A new site visit is not required in the reconsideration process, unless the stated grounds for the appeal specifically include purported errors in the original site visit, and the committee finds support for the claim. The rules governing the Review Committee's reconsideration decisions are the same as apply to all normal reviews. The Review Committee's recommended action on the appeal, along with the basis for its recommendation, will be forwarded to the Board of Directors for ratification. The committee may recommend either that the original decision be upheld or that it be overturned, with the program being granted accreditation. The Board will notify the program in writing of its final decision. If the initial decision to deny or terminate accreditation is upheld, there is no further appeal.

In the case of a program appealing notification that its accreditation has been terminated, the program's accreditation status will be continued until the Board's final decision on the appeal has been rendered, and the program has been notified in writing. Because appeals procedures are intended to correct procedural errors, they carry no separate costs to these programs. (Revised Appeal Policy Adopted by the PCSAS Board of Directors, May 24, 2012.)

4. Feedback. Only the ED is empowered to communicate with applicant programs on behalf of PCSAS regarding the review process, evaluations, and outcomes. These communications must be presented in a manner that protects the confidentiality and integrity of the process. Following each RC meeting, the ED prepares a report that summarizes for each applicant program the RC's evaluations and decisions regarding its application. The RC Chair reviews and approves the accuracy of these summaries before they are sent to the programs. To promote continuous quality improvement, PCSAS invites feedback from all applicants regarding their experiences with the accreditation process.

5. Public Information. Accredited programs are expected to publicize their PCSAS accreditation on their websites. The PCSAS website publicizes the names of programs that have been deemed eligible to apply for accreditation and that have been accredited. PCSAS does not wish to stigmatize unsuccessful applicants; on the contrary, PCSAS hopes its positive focus on the outstanding achievements of the high-quality accredited programs will inspire all programs to strive for excellence. To this end, PCSAS vigorously promotes its accreditation mission, “brand,” and activities through a variety of outreach and public relations efforts. (e.g., on the PCSAS website; presentations and workshops at various professional meetings.)

C. Application Process for Existing Clinical Science/Psychology Programs

1. *Inquiry*. Programs interested in applying for PCSAS accreditation will contact the ED (JSteinmetz@pcsas.org), who will send them an *Initiation Packet*, which explains the application process, the associated fees, and the requirements for programs to be deemed eligible to apply. The Initiation Packet includes instructions and a template for the *Letter of Intent* plus a legal *PCSAS Applicant Agreement*, which is a waiver of applicants’ rights to sue PCSAS over its accreditation decisions. (See Appendix F for the *Initiation Packet* and accompanying *Template for Letter of Intent*. See Appendix G for the *Applicant Agreement*.)

2. *Initiation*. Interested programs must submit a three-page (maximum) Letter of Intent. In the Letter of Intent, programs must declare their intent to apply, must explain how the program satisfies PCSAS’s eligibility requirements, and must agree that if deemed eligible for PCSAS accreditation, they will (a) conduct a detailed self-study prior to preparing their application and provide an accurate summary of our self-study results in their application materials; (b) provide the PCSAS Review Committee with all the information it requires; (c) arrange a site visit of their program; (d) pay the application fee (except Founders’ Circle programs); and (e) accept and abide by the Review Committee’s eventual accreditation decision.

3. *Eligibility Criteria*. To be eligible to apply for PCSAS accreditation, the program must be a doctoral training program that grants the Ph.D. degree in psychology with a core focus on the specialty of psychological clinical science. The program and its home institution must have the legal authority to confer Ph.D. degrees. The program must be housed in a department of psychology (or the equivalent) within an accredited, non-profit, research-intensive university legally authorized to operate in the U.S. or Canada. It must be able to document its record of successfully training graduates who pursue careers as psychological clinical scientists. Its application must have the signed endorsement of the program’s home department and appropriate institutional administrative authorities. Programs are not required to be members of the Academy of Psychological Clinical Science as a condition of eligibility to apply for accreditation by PCSAS.

4. *Eligibility Decision*. Each Letter of Intent is read by two reviewers who independently judge whether the program meets PCSAS’s eligibility requirements. If the reviewers disagree, the Letter is read by a third reviewer. Questionable cases may be evaluated by the full RC.

When a decision is reached, the ED notifies the program of the decision and, if the program is deemed eligible, provides the program with a template for submission of the full application. (See Appendix H for the *Application Template*.)

5. *Submission*. After being deemed eligible, the program must prepare an application, pay an application fee, sign, and return the PCSAS Applicant Agreement, and arrange a site visit prior to having their application reviewed. Applications are due January 15, for May review, and August 15, for November/December review. The Application Fee is \$10,000 and must be paid at the time the application is submitted and before a review is conducted. Application materials are submitted electronically. Each eligible program is assigned a username and password, allowing it access to a secure, reserved space in the “applicants’ portal” of PCSAS’s website. When the program is ready to submit the application materials, it simply uploads them to the website as PDF files and toggles a button to indicate when the upload is complete. All applications should include the following: (a) a cover page signed by the relevant institutional officials; (b) a one-page abstract summarizing the program’s aims and achievements; (c) faculty pages, listing all active program faculty members and providing CVs/bio-sheets for each; (d) a 20-page (maximum) narrative describing the program in detail; (e) and several appendices. The appendices should provide information for all admitted and current students, and for all program graduates over the past ten years. This information should include the up-to-date CVs/resumes of all graduates over the past ten years. The program faculty should write a brief narrative describing each graduate’s career trajectory and clinical science contributions. The faculty also should evaluate each graduate’s career outcome as a “clinical scientist,” describe the criteria for these ratings, and explain the basis for their rating of each graduate. The information for each graduate should be sufficiently detailed to allow the RC to make independent evaluations of each graduate’s achievements in clinical science and its application. One appendix should provide a table (without providing names) of every student who entered and/or graduated from the program over the past ten years, showing everyone’s year of entry, undergraduate institution and GPA, and GRE scores (if required for admission to the program). Finally, one appendix should list, describe, and provide the schedule and syllabi for all core and required courses.

6. *Site Visits*. After submitting its application materials and prior to the RC’s meeting to review the application, the program must arrange an official site visit. The two-person Site Visit team is appointed by the RC Chair, in consultation with the ED; one visitor is designated as the team leader. Applicants have no choice regarding these appointed visitors, although applicants may inform PCSAS if they believe a visitor has a conflict of interest. The Chair and ED would evaluate any such concerns, rule on the question, and make changes if necessary. The team leader is responsible for working with the program’s spokesperson to schedule the visit and make all necessary arrangements. Following the visit, in-person or virtual, and prior to the RC meeting, the team drafts its report and sends it (without its recommendation) to the program with an invitation to correct any factual errors.

7. *On-line Reviews*. RC reviewers have easy access to the application materials the programs have uploaded to the secure PCSAS website; they simply enter their usernames and

passwords. Reviewers also can upload their reviews to the secure website, where only the other RC reviewers and website administrators can access them. To promote independent reviews, reviewers for a given program should not access the other reviews for the same program until after they have uploaded their own reviews.

8. *Application Evaluations.* The RC makes qualitative evaluations of each program's application in seven general content categories: (1) conceptual foundations; (2) design, operations, and resources; (3) quality of the science training; (4) quality of the application training; (5) curriculum and related program responsibilities, including ethics and diversity; (6) quality improvement; and (7) outcomes. (See Appendix I.) The RC gives the greatest weight to the program's record of successful outcomes—essentially asking, "To what extent do the activities and accomplishments of the program's faculty, students, and graduates exemplify the kinds of outcomes one expects of programs that successfully educate high-quality, productive psychological clinical scientists?"

PCSAS relies most heavily on explicit outcome criteria—i.e., the career records established by the program's graduates—to evaluate the quality of education achieved by applicant programs. The *sine qua non* of PCSAS accreditation criteria is clear evidence that the majority of a program's graduates over the past ten years have been successful in pursuing careers as *clinical scientists*. Each of the RC members independently examines, integrates, and evaluates the evidence across these seven areas and arrives at a qualitative judgment regarding whether the program deserves to be awarded the distinctive recognition of PCSAS accreditation. To be accredited, a program must satisfy the criteria in all seven areas. The decision to accredit a program requires an affirmative vote at least five RC members.

9. *Feedback.* The ED normally will inform applicant programs in writing of the RC's decision within one month following the meeting with a detailed cover letter and copies of the committee's reviews. If requested, copies of the ED's cover letter can be sent, as well, to the program's department chair and to designated university administrators. The names of newly accredited programs are posted on the PCSAS website once the programs have been notified. In every case, the basis for a positive decision is that the program has satisfied all the accreditation criteria. A negative decision means that the program has failed to satisfy one or more of the accreditation criteria; the decision and its basis will be posted on the PCSAS website.

10. *Annual Report.* Accredited programs must submit annual reports each fall. The RC reviews these reports at its November/December meeting.

11. *Renewal.* To maintain accreditation without interruption, accredited programs must apply for renewal no later than the regular deadline, either January 15 or August 15, before their ten-year anniversary of accreditation. Currently accredited programs in good standing automatically are deemed eligible to reapply. Under extenuating circumstances to be determined by the Review Committee Chair, a program's accreditation may be temporarily extended. Such circumstances may include unforeseen scheduling issues, PCSAS accreditation

reviews that overlap with another accrediting body, and additional unanticipated events that would interfere with the PCSAS review process.

12. *Archives*. After the RC completes its business for a given review cycle, all the application files and RC reviews uploaded to the website for that review cycle are removed and placed in archival storage on the secure PCSAS server. Annual reports are similarly archived.

13. *Scope*. The processes, practices, standards, criteria and requirements described above or elsewhere in this Manual apply to all PCSAS applicants and accredited programs regardless of their home institution geographic location in the U.S. or Canada.

D. Application Process for New Clinical Science Programs

PCSAS has created a multiple-stage accreditation process for new CS programs that involves four stages or steps:

1. *Letter of Intent*
2. *Accredited, preliminary*
3. *Accredited, provisional*
4. *Accredited, full*

Under this model, a new program first submits a *Letter of Intent*, as is the case for existing programs seeking PCSAS accreditation for the first time. If after evaluating the *Letter of Intent* it is determined that the new program understands and commits to the goals of the CS model, the program is allowed to apply for *Accredited, preliminary* status. If successful after the review of the application has been conducted, the new program is allowed to begin admitting students. After a period, the program is next required to apply, and be reviewed for, *Accredited, provisional* status, an accreditation stage that indicates the program has made significant progress toward establishing a strong CS program. If successful at this stage, the program is next required to apply for *Accredited, full* status, which would indicate success at meeting all accreditation standards normally seen when established programs are reviewed. It is important to note that at each of these stages the program is considered accredited by PCSAS. This is important not only for student recruitment purposes but also for issues related to internships and licensing. More details regarding this process follow.

The *Letter of Intent*: Eligibility of a New Program

Interested new programs are required to submit a *Letter of Intent* that provides sufficient information to allow for a determination of whether they meet PCSAS's eligibility standards. Like existing programs, interested new programs must show in their *Letter of Intent* that they satisfy the following minimal requirements to be judged eligible to apply for PCSAS accreditation. These minimal requirements include:

- Accreditation is granted for doctoral training programs that grant Ph.D. degrees in psychology with a core focus on the specialty of psychological clinical science. Programs must be housed in departments of psychology (or their equivalent) within regionally accredited, nonprofit, research universities in the U.S. and Canada.
- Accreditation is limited to programs that subscribe to an empirical epistemology and a scientific model, i.e., an educational and clinical training model in which the advancement of knowledge and its application to problems are driven by research evidence, and in which research and application are integrated and reciprocally informing.
- Accreditation is limited to Ph.D. programs with a primary mission of providing all students with high-quality, science-centered education and clinical training that arms them with the knowledge and skills required for successful careers as clinical scientists, broadly defined.
- Accreditation is limited to programs within the intellectual and educational domain of clinical psychology. This may include hybrid varieties, such as health-psychology, clinical-neuroscience, clinical-behavioral genetics, etc. However, to be acceptable the hybrid model must involve the integration of clinical psychology—a focus on psychological knowledge and methods to research and clinical application relevant to mental and behavioral health problems - with one or more complementary scientific perspectives for the purpose of gaining added leverage on specific target problems. In all cases, clinical psychology must be the core component of the model.
- Accreditation is limited to programs with the primary goal of producing graduates who are competent and successful at (a) conducting research relevant to the assessment, prevention, treatment, and understanding of health and mental health disorders; and (b) using scientific methods and evidence to design, develop, select, evaluate, implement, deliver, supervise, and disseminate empirically based clinical assessments, interventions, and prevention strategies.
- In their Letters of Intent and in public documents (including websites), potential applicants must demonstrate a commitment to providing an education within the boundaries that define PCSAS accreditation, i.e., in scope, epistemology, mission, goal, and domain.
- Potential applicants must agree to conduct a detailed self-study prior to preparing an application for “accredited, preliminary” status, and to provide an accurate summary of the self-study's results in their application materials. Each program must agree to full disclosure of all information the Review Committee requires to carry out its responsibility of evaluating programs and reaching accreditation decisions.
- Applicants must agree to arrange, coordinate, and complete a site visit of their program if, based on review of the self-study documents, the review committee decides they are a candidate for “Accreditation, preliminary” status.
- In order to apply for “Accredited, preliminary” status, applicants must have paid the non-refundable application fee and have signed the PCSAS Applicant Agreement prior to the review of their application.
- Applicants must agree to accept the Review Committee's decision as specified in the Applicant Agreement. However, the decision process may include an appeal in accordance with PCSAS procedures.

Accredited, Preliminary Stage of an Applicant Program

If after submitting a *Letter of Intent* it is determined that the applicant program may continue the application process, the program then applies for *Accredited, preliminary* status. At this application stage, the program may not advertise for, recruit, or admit students including soliciting or collecting application fees or applicant information, starting a process for reviewing admissions applications, or scheduling student interviews.

1. Step One: An applicant program deemed eligible after a successful *Letter of Intent* submits a self-study to the Review Committee (RC) that provides a detailed description of how it intends to meet PCSAS expectations in seven general areas of accreditation standards: 1) Conceptual foundations; 2) Design, operation, and resources; 3) Quality of the science training; 4) Quality of the application training; 5) Curriculum and related program responsibilities, including ethics and diversity; 6) Quality improvement; and 7) Outcomes. In the self-study, the applicant program must respond to specific questions in each of these areas and provide supporting appendices. Also, the program is required to disclose a “teach-out” plan in the event that they fail to move to the next stage of accreditation, a plan that details how students matriculating in the program will complete their degree programs if accreditation is withdrawn.
2. Step Two: Two members of the RC draft written reviews of the self-study, and each reviewer make one of two recommendations to the full RC: 1) the reviewer could recommend denying further continuation of the *Accredited, preliminary* review process because the applicant program has not made sufficient progress in program development; or 2) the reviewer could recommend that the program continue in the *Accredited, preliminary* review process and a site visit would be scheduled, typically within six months. The full RC then meets to decide whether a site visit is warranted or if the self-study requires revision.
3. Step Three: Should a site visit be approved by the full RC, two RC members who were not involved in the review in step two conduct a site visit and draft a site-visit report.
4. Step Four: After the site visit, the full RC meets to decide about whether to deny or grant *Accredited, preliminary* status to the applicant program for a period of up to five years. If the RC determines that the program has made sufficient planning progress, the RC can approve *Accredited, preliminary* status and the program may begin accepting applications for enrollment. If the RC denies the *Accredited, preliminary* status, then the Applicant program would have up to two additional opportunities to revise their materials and be re-evaluated for *Accredited, preliminary* status. A minimum of one year must elapse between reviews and revisions must be received within two years of the review decision. If more than two years elapses between reviews, the applicant program must submit a new application for *Accredited, preliminary* status and also pay a re-application fee.

5. No students can be admitted to the program until *Accredited, preliminary* status is achieved. Failure to gain the *Accreditation, preliminary* status after three attempts will result in denial of accreditation for the program.

Accredited, Provisional Stage for an Accredited, Preliminary Program

1. Step One: An *Accredited, preliminary* program must submit a self-study to the RC no less than five years after admitting its first class or no more than seven years after being granted *Accredited, preliminary* status. The self-study provides a detailed description of how the program is meeting PCSAS expectations in seven general areas of accreditation standards: 1) Conceptual foundations; 2) Design, operation, and resources; 3) Quality of the science training; 4) Quality of the application training; 5) Curriculum and related program responsibilities, including ethics and diversity; 6) Quality improvement; and 7) Outcomes. Programs adhere to the General Template for PCSAS Programs, except for descriptions of distal outcomes (e.g., internship placements, post-internship positions), which will not yet exist as students presumably will not yet have graduated from the program. Detailed information must be provided instead on proximal outcomes for all students who have matriculated into the new program, such as summary statistics across students for publications/presentations/awards, a narrative description of how each student is doing in the program from both a clinical and a research perspective, and each student's current CV (among other requested information). An application fee is required at this time.
2. Step Two: After submission of the completed self-study, two RC members next draft paper reviews, and two RC members conduct a site visit, typically within six months of the submission of the self-study.
3. Step Three: The full RC next meets to decide whether to deny or grant *Accreditation, provisional* status to the *Accredited, preliminary* program for a period of up to seven years. If the RC determines that the program is compliant with PCSAS accreditation standards, the RC approves an *Accredited, provisional* status. If the RC determines that the program is in minor noncompliance with some accreditation standards, the RC can grant the *Accredited, provisional* status but require one or more written status reports that address the noncompliance issues. The program remains in *Accredited, preliminary* status if not successful with the *Accredited, provisional* application. Programs may make up to two additional attempts for *Accredited, provisional* status with a minimum of one year elapsing between reapplications. Reapplications must be received within two years of an RC decision. Failure to proceed to the status after three attempts will result in loss of accreditation for the program. Students admitted after that time will be considered as matriculating in a non-accredited program.

Accredited, Full Stage for an Accredited, Provisional Program

1. Step One: An *Accredited, provisional* program must submit a self-study to the RC no later than seven years after the date on which the *Accredited, provisional* stage was granted to begin the process of obtaining *Accredited, Full* status. The self-study provides a detailed description of how it is meeting PCSAS expectations in seven general areas of accreditation standards: 1) Conceptual foundations; 2) Design, operation, and resources; 3) Quality of the science training; 4) Quality of the application training; 5) Curriculum and related program responsibilities, including ethics and diversity; 6) Quality improvement; and 7) Outcomes (including distal outcomes). Programs should adhere to the General Template for PCSAS Programs, with the addition of providing detailed information on the proximal outcomes for all students who have matriculated into the new program but have not yet graduated, including a narrative description of how each student is doing in the program from research and clinical perspectives and each student's current CV. An application fee is required at this time.
2. Step Two: After submission of the completed self-study, two RC members would draft paper reviews, and two RC members would conduct a site visit, typically within six months of the submission of the self-study.
3. Step Three: The full RC would meet to decide whether to deny or grant *Accredited, Full* status to the *Accredited, provisional* program for a period of up to seven years. If the RC determines that the program is in full compliance with accreditation standards, the RC can approve the *Accredited, full* status. If the RC determines that the program is in minor noncompliance with some accreditation standards, the RC can extend the *Accredited, provisional* status for up to five years but require one or more written status reports addressing the noncompliance issues. If the RC denies the move to *Accredited, full* status, then the program may not reapply for a period of one year from the time of the decision to deny *Accredited, full* status. Reapplications must be received within two years of the RC decision. Failure to proceed to obtain *Accredited, full* status after three attempts will result in loss of accreditation for the program. Students admitted after that time will be considered as matriculating in a non-accredited program.

Renewal of Accreditation of an *Accredited, Full* Program

This procedure is the same as currently used for existing programs seeking reaccreditation.

E. Policies on Accountability & Responsibilities, including Complaint Policy

The ultimate purpose of PCSAS accreditation is to serve the public's interests and welfare. Thus, PCSAS regards its accreditation responsibility as a public trust. PCSAS uses the leverage of accreditation to promote science-centered education and training in clinical psychology, thereby increasing the quality and quantity of clinical scientists advancing scientific knowledge regarding mental and behavioral health problems and actively applying this knowledge to improving the public's access to the most cost-effective mental and behavioral health care for

all. As a public trust, PCSAS and the Ph.D. programs it accredits must be held accountable for adhering to the highest standards of public responsibility and integrity.

Specifically, each PCSAS-accredited program is expected to fulfill these responsibilities:

(a) Inform the public of its accredited status, the standards and significance of PCSAS accreditation, and the intended public benefits; regularly provide the public with reliable and accurate information on its website regarding the performance, achievements and contributions of the program's students, graduates, and faculty; and provide data on the number of applicants and acceptances, entering class size, average years to degree, level of student support, graduation rates, internship placements, publications, and job placements.

(b) Inform the public that the PCSAS accreditation is specific to this program and does not extend to other programs at the same institution not accredited by PCSAS.

(c) Maintain a clear and accurate public record of the institution's graduates who were students in the program and who met all the program's requirements and standards.

(d) File the required annual report with PCSAS.

(e) Be accountable for maintaining the high quality of the accredited program, reporting any changes affecting the program's quality, and voluntarily relinquishing the program's accreditation status if its quality falls below PCSAS standards.

(f) Strive continuously for quality enhancement of the program, rather than resting on its laurels as a PCSAS-accredited program.

As an accrediting organization, PCSAS is expected to fulfill these responsibilities:

(a) Provide the public with clear and accurate information about the PCSAS accreditation system—its purpose, organization, policies, procedures, criteria, and actions.

(b) See that its accreditation standards and policies apply only to the institutions or programs seeking accreditation and do not extend to other offerings.

(c) Provide the public with clear, accurate, and consistent information about the academic quality and student achievements of PCSAS-accredited programs.

(d) See that PCSAS-accredited programs fulfill their responsibilities to the public.

(e) Include representatives of the public in the organization's decision making and policy setting.

(f) Respond in a substantive and timely manner to legitimate public questions, concerns, and complaints. (*PCSAS's explicit policy on this issue, adopted by the PCSAS Board of Directors, April 25, 2012, is presented immediately below in a separate section.*)

(g) Consult as appropriate with relevant entities to resolve concerns regarding possible conflicts between PCSAS accreditation standards and state or local laws governing the institutions or programs seeking PCSAS accreditation.

(h) Communicate and consult with the governmental and non-governmental entities responsible for accreditation and quality assurance in the U.S. and Canada.

(i) Strive continuously for quality enhancement of PCSAS, its operation, and results.

F. PCSAS Policy on Questions, Concerns, and Complaints:

PCSAS will respond to questions, concerns, and complaints from the public as follows:

Submissions. Questions, concerns, and complaints should be submitted in writing, by e-mail or U.S. Mail, to the President of the PCSAS Board of Directors or PCSAS Executive Director (ED). The policy for handling such submissions and relevant contact information is provided in this *POPP Manual* and are cited on the PCSAS website.

Initial Handling of Submissions.

(a) *Initial Review and Response.* Upon receipt of a written question, concern, or complaint, the ED and Board President (or their designated surrogates) will determine how the matter raised should be addressed. They will determine whether the matter raised is properly within the purview of PCSAS and, if so, whether the matter can be addressed without additional investigation or action, or, if not, what additional investigation or action by PCSAS might be required. Submitters will be informed in writing of this initial response to their submission or the results thereof within 21 days of receipt of the submission, where practicable.

If the ED and President conclude that a submission is directed to a matter not within the purview of PCSAS, the submitter will be so informed. If they conclude that a matter is within the purview of PCSAS and if PCSAS can respond without further investigation or action, PCSAS will do so. For example, in most instances, questions about PCSAS's purpose, operation, policies, or procedures will be handled in this fashion.

Submissions that require further investigation or action by PCSAS will be directed by the ED and Board President to the Board of Directors, Review Committee, legal counsel, or other appropriate PCSAS resources.

(b) *The Scope of Complaints within PCSAS's Purview.* Without intending to limit the matters that PCSAS may address, PCSAS will deem written complaints as potentially within its purview if they fall into either of two categories: (a) complaints against PCSAS or its representatives for allegedly engaging in specific actions inconsistent with, or in violation of, PCSAS's official policies and procedures; or (b) complaints against a doctoral program accredited by PCSAS or a program seeking PCSAS accreditation for allegedly engaging in specific actions that violate PCSAS's accreditation standards.

Not all complaints against programs are within the purview of PCSAS. For example, PCSAS will not involve itself in complaints against individual members of accredited programs, or in disputes between individuals within programs, departments, or universities. PCSAS allows programs to handle such matters within their local grievance procedures. PCSAS also does not act as a mediator of disputes between individuals, between individuals and programs, or between organizations. Nor does PCSAS investigate or adjudicate charges of illegal behavior. Persons submitting complaints alleging unlawful conduct should contact appropriate law enforcement authorities.

(c) *Further Handling of Complaints within the Purview of PCSAS.*

(1) *Complaints against PCSAS.* Complaints against PCSAS or its representatives will be forwarded to the Board of Directors for consideration and possible action. The Board will be responsible for coordinating an appropriate fact-finding investigation, evaluating the complaint, and deciding what corrective actions, if any, are required. If individual representatives of PCSAS are identified in a complaint, they will be notified in writing and given 30 days to respond in writing.

(2) *Procedures for Complaints against Programs.* Complaints against programs will be investigated, evaluated, and decided by the PCSAS Board of Directors. The Board's first step will be to notify the target program of the complaint in writing and ask for a written response within 30 days. The Board's subsequent actions will depend upon its evaluation of the program's response.

Some complaints may be handled simply. If the program acknowledges the problem and proposes a suitable and prompt remedial action, the Board may accept the program's proposal, monitor the program's actions, and notify the program in writing once the problem has been resolved. For example, if a complaint accuses an accredited program of providing inaccurate or misleading information on its website, the program's Director, upon being notified of this complaint, might acknowledge the problem, provide an explanation, and correct the website.

If a program disputes the complaint, the Board is empowered to engage in a full investigation and to take whatever remedial actions it deems appropriate to resolve the matter. For example, if a complaint accuses an accredited program of violating PCSAS standards, the Board may instruct the Review Committee to investigate the accusation, evaluate the program's compliance, reevaluate the program's accreditation status, and report its findings and recommended actions to the Board within a specified time frame. The Board's final decision may range from exonerating the program of all allegations to terminating the program's accreditation status.

If the PCSAS Board of Directors elects to terminate a program's accreditation status, that program has the right to appeal the decision, as outlined under PCSAS's Appeal Policy.

G. Fiscal Policies & Procedures

1. The PCSAS Board has the ultimate responsibility for establishing and overseeing the organization's fiscal policies and procedures. The ED, in turn, is responsible for managing the organization's ongoing fiscal affairs, as directed by the Board.

2. The Board must approve the annual budget and any significant changes in it. The Board President, in consultation with the Board's finance committee, is responsible for providing budgetary oversight and for resolving budgetary issues.

3. PCSAS funds will be deposited in a checking account in an amount sufficient to cover pending obligations. The balance may be placed in one or more savings accounts, CDs, or money market accounts where it will draw a guaranteed rate of interest. PCSAS funds may not be invested in any other form of account without prior Board approval. Money may be deposited in multiple banks to avoid exceeding the limits on FDIC insurance. The ED, and Board President will have the designated authority for signature access to PCSAS's accounts for purposes of depositing or withdrawing funds.

4. The ED may give prior signature authorization for all financial transactions handled by support staff, including (but not limited to) the writing of reimbursement checks to Board and RC members for their reported travel expenses to PCSAS-related meetings or site visits, the payment of bills and invoices, and the purchase of services and equipment. However, the ED may not authorize expenditures more than \$1,000 for unbudgeted items without prior Board approval.

5. All financial transactions should be accompanied by invoices, requisitions, or similar documentation. In the rare instances where transactions lack such documentation, detailed written and signed explanations are required. All financial transactions, with their supporting documentation, will be entered in the corporate records in a timely manner.

6. The ED will provide the Board with regular financial and operational reports, as well as reports on corporate achievements, difficulties, or unsettled issues. Board members may request access to the corporation's financial records at any time.

7. An independent auditor will examine the corporation's financial records and fiscal procedures periodically. The auditor's report will be transmitted to the Board and made available upon request to the Academy, PCSAS contributors, and relevant parties.

IV. Self-Assessment & Quality Improvement

PCSAS is committed to achieving continuous quality improvement through on-going self-assessments and system refinements. The assessments include regular data collection; outcome monitoring; solicitation of input and feedback; and periodic operational reviews by the Board, RC, and external agencies. Refinements arise from participants' experiences with the system and are fostered by a corporate climate that encourages innovation, creative problem solving, and the pursuit of excellence. Notable examples of PCSAS's commitment to self-assessment and quality improvement are these:

A. Data Collection

Although PCSAS's data collection efforts are described throughout this manual, it is illuminating to gather them here. In addition to maintaining corporate records, as required by governmental and other agencies, PCSAS gathers a variety of data to help with quality improvement. Here are some key examples:

1. The RC maintains archival records of application files and program reviews; these data are essential for examining the system's performance and consistency over time.
2. The RC provides the Board with a report of its procedures, accreditation decisions, and operations at the end of each review cycle. The Board's required ratification of this report provides a check on the RC's compliance with Board guidelines. The report also provides the Board with operational information it needs to develop and improve the overall system.
3. At the end of each review cycle, applicant programs are invited to provide feedback about their experiences and to offer suggestions for ways to improve the system from a "customer's" perspective.
4. Accredited programs are required to file annual reports. These allow the RC to monitor the stability and quality of accredited programs over time. All accredited programs are expected to make quality improvement a priority.
5. PCSAS gathers data to assess the validity of the indices it uses to evaluate applicant programs. For example, doctoral programs traditionally use applicants' undergraduate institutions and their GPAs, and GRE scores (these less so in recent years) to make admissions decisions. PCSAS also looks at data when evaluating programs. However, PCSAS is asking, "What indices are predictive of successful outcomes among the graduates of clinical science programs accredited by PCSAS?" "What are some of the common characteristics of successful programs?"
6. Careful records of PCSAS's financial and business activities are maintained for examination as part of regular audits.

B. Monitoring Outcomes: Milestones

Data collection is fundamental to self-assessment, but the data do not speak for themselves; they must be analyzed and interpreted. Detecting informative patterns and trends in the data starts with a clear grasp of where the organization intends to go (its purpose); its chosen path to get there (its structure and organization); and its chosen means of moving along this path (its operational policies and procedures). Essentially, assessing *progress* involves monitoring movement over time through milestones, or checkpoints, along the intended path to a goal. By monitoring interim outcomes, PCSAS can evaluate how well the organization is staying *on course* and the *pace* at which it is progressing. Viewed from this perspective, "Quality Improvement" means learning to keep the organization efficiently on course and moving forward at an optimal pace. Some of the key milestones and outcomes for PCSAS, to date, are these:

1. Financial Milestones. PCSAS was launched with few financial resources and only a trickle of an income stream. The primary start-up plan was to ask universities that supported

the PCSAS mission to underwrite PCSAS's operating costs by pledging to contribute \$15,000 per year for five years. If enough universities pledged this support, and with the addition of monies from fees and dues, PCSAS's projected annual budget could be fully funded for the start-up years. By May 2013, PCSAS had reached a significant fiscal milestone: 17 universities had pledged underwriting support, contributions had come from other sources, and funds from fees and dues were coming in. As a result, PCSAS has been able to operate successfully from its inception. PCSAS currently has a financial base that assures its stability and viability for some years. Still, PCSAS is a fiscally prudent and efficient operation, and is working to strengthen its financial security, aware that long-term funding pictures always are hazy due to the fog of unpredictable events.

2. Accreditation Milestones. PCSAS started accepting applications for accreditation in July 2009; the first submission deadline was September 1, 2009, and the first program – University of Illinois at Urbana/Champaign – was accredited in December 2009. By February of 2022, the PCSAS Review Committee had reviewed and accredited 46 programs (45 in the U.S.; 1 in Canada). Looking ahead, PCSAS has received and approved Letters of Intent from additional programs and expects them to submit full applications for review. The Review Committee has used the gradual acceleration in accreditation activity to refine and improve the quality of its procedures and performance.

The PCSAS Board initially projected that PCSAS would be a success and financially, self-supporting, if it accredited 40 top-quality programs during its first ten years. The final number of programs accredited in ten years was 42 programs. And since all applications have come from clinical science programs widely recognized as leaders in the field, it is not surprising that the PCSAS Review Committee has yet to deny accreditation to any applicant, even though the committee has been deliberate and has maintained very high standards. The strong applications reviewed to date have given the Review Committee clear benchmarks against which to judge future applicants.

3. Administrative Milestones. PCSAS's offices initially were in Washington, DC, in space provided by the Association for Psychological Science. The corporation's business was being managed daily (with generous help from APS staff members in Washington) by founding Executive Director Richard McFall, who lived in Bloomington, IN. As PCSAS activities increased, however, it became increasingly difficult to manage and coordinate operations at a distance. Thus, in August 2010 the Board voted to consolidate operations; PCSAS offices were moved to Bloomington. With the retirement of McFall in August of 2016, PCSAS offices move back to APS in Washington and former APS Executive Director Alan Kraut was hired to be PCSAS Executive Director. In February of 2022, the PCSAS offices were moved back to Bloomington as new Executive Director Joe Steinmetz became professor emeritus at Indiana University.

4. Website & Review System Milestones. PCSAS' original website was revised in the fall of 2010 with an important new element: a web-based system for managing applicant submissions and RC reviews of the PCSAS accreditation applications. Programs upload their application materials to a secure portal on the website, to which all reviewers have ready

access. Reviewers, in turn, upload their reviews to the reviewer portal, to be read by other RC members. At the close of a review cycle, all application materials and reviews are moved into archival storage. The web-based system subsequently has been refined in several ways based on feedback from applicants and reviewers. It has yielded significant quality improvements in the user-friendliness, security, reliability, efficiency, and processing pace of PCSAS's application process. The PCSAS website was redesigned again in October of 2017 as well as December of 2023, but with its secure application and review process intact. Upgrades to the website are made on a regular basis.

5. Recognition Milestones. From the outset, PCSAS has been determined to gain recognition as a legitimate accrediting agency by respected, independent, external agencies. **Foremost among these is the Council for Higher Education Accreditation (CHEA).** Even before PCSAS was incorporated, the Academy of Psychological Clinical Science, PCSAS's parent organization, and representatives from the Association for Psychological Science began meetings with CHEA representatives to chart the course toward gaining recognition. On September 3rd, 2010, PCSAS initiated the process of applying for CHEA recognition by submitting its Letter of Intent, seeking to be deemed approved and eligible to apply. In March 2011, CHEA's Committee on Recognition voted to recommend approval to apply. In May 2011 the CHEA Board officially deemed PCSAS eligible to apply and shortly thereafter, PCSAS formally submitted its application for CHEA recognition. As part of its review process, CHEA sent an observer to the December 10, 2011, meeting in Chicago of the PCSAS Review Committee. On March 18, 2012, PCSAS's Executive Director and Chair of the Review Committee appeared before the CHEA Committee on Recognition. At its next meeting in June 2012, the CHEA Committee on Recognition voted to recommend that PCSAS be granted recognition. On September 25, 2012, the CHEA Board of Directors officially "recognized" PCSAS. An application for reaccreditation of PCSAS was filed in fall of 2021 and CHEA granted a seven-year reaccreditation in May of 2022.

Moving forward, PCSAS then sought to be **recognized by the U.S. Department of Veterans Affairs**, by far the largest trainer and employer of clinical psychologists in the world. It was the VA that began the accreditation process in psychology in the 1940s. After more than three years of vetting, the VA recognized PCSAS in revised Psychologist Qualification Standards published in June 2016. Similar regulations have been approved by the Office of the Surgeon General for **recognition in the U.S. Public Health Service and with programs in the Health Resources and Services Administration HRSA**, an agency within the U.S. Department of Health and Human Services. Discussion is pending with the U.S. Department of Defense. Additionally, PCSAS will seek recognition from other appropriate oversight agencies.

In November 2013, PCSAS launched a **campaign to gain licensing recognition in U.S. states and Canadian provinces.** On July 28, 2014, Delaware became the first state to recognize PCSAS for licensing when Delaware's Governor signed into law a bill granting graduates from PCSAS accredited programs eligibility to apply for licensure as a psychologist in Delaware. On August 1, 2014, Illinois's governor signed similar licensure legislation for Illinois. Other states have followed. Currently, about 25% of all states recognize PCSAS explicitly while a number of other

states do not require graduation from a program accredited by a specific accreditor. Roughly 50% of the population of the U.S. reside in states that recognize PCSAS accreditation for licensure.

In addition, PCSAS has been:

- **Recognized at the National Institutes of Health (NIH)**, with the Director of the National Institute of Mental Health (NIMH) stating, "At NIMH, we thought of PCSAS at the cutting edge of where training should be in clinical psychological science, and as the model for how rigorous accreditation might have an influence even beyond psychology."
- **Endorsed by many psychological and mental health organizations** including: the Association for Psychological Science; the Academy of Psychological Clinical Science; the Association for Behavioral and Cognitive Therapies; the Society for a Science of Clinical Psychology; the Society for Research in Psychopathology; and most recently the Council of Graduate Departments of Psychology (COGDOP) and the Council of University Directors of Clinical Psychology (CUDCP).
- Included in a **2018 policy change by the Association of Psychology Postdoctoral and Internship Centers (APPIC)**, the organization that runs psychology's internship placement service, such that students from PCSAS programs are fully eligible for the APPIC Match.
- Encouraged for **support in the U.S. Congress in multiple Congressional Bills and Reports over multiple years**, most recently in the House Defense Appropriations bill for 2022.

C. Self-Studies

At every PCSAS Board meeting and Review Committee meeting, time is set aside for discussion and analysis of the organization's performance, progress, challenges, and improvement. PCSAS also has conducted self-studies as part of its original CHEA application and its reaccreditation application. In October 2015 and again in October 2018, PCSAS submitted interim accreditation reports to CHEA, which occasioned further self-examination. PCSAS will assess the organization's overall performance and achievements in detailed and systematic self-studies periodically, not only in connection with maintaining its CHEA recognition, but also more frequently as it needed to deal with challenges, opportunities, and changes. Then it will inform relevant parties of any changes.

V. Communications & External Relations

A. Outreach

To succeed in its mission, PCSAS must garner public support through vigorous outreach efforts. It must make a compelling case for why its mission is important to the public's welfare, and why its remedy is promising. This is not a simple or easy story to tell. Persons unfamiliar with mental health education and practice tend to have difficulty seeing how improving the scientific standards for doctoral education in clinical psychology will have any effect on their daily lives;

they're inclined to misconstrue PCSAS as the product of a parochial turf battle. The reality is more complicated. PCSAS accreditation is not expected to have an immediate and direct public impact; its intended public benefits will occur only as the secondary effect of its success in transforming the quality of science-centered education and practice in the mental and behavioral health care system.

Outreach efforts are essential to the organization's ultimate success. For example, a monograph by Baker, McFall, and Shoham (2008) (Current status and future prospects of clinical psychology: Toward a scientifically principled approach to mental and behavioral health care. *Psychological Science in the Public Interest*, 9(2), 67-103.) discussed problems in mental health education and practice; described PCSAS, its history, rationale, and importance; and outlined how PCSAS is a promising effort to address these problems. This monograph has received extensive media coverage, both on radio (e.g., NPR's "All Things Considered") and in print and online press (e.g., *Newsweek*, *The Chronicle of Higher Education*, *Science Magazine*, *Nature*, *Los Angeles Times*, *Psychology Today*, *Washington Post*).

The Executive Director, Board President and other PCSAS representatives have given invited talks (e.g., at universities, at annual meetings or conventions of psychology groups); written invited articles; and corresponded with individuals, organizations, foundations, and granting agencies. PCSAS, accompanied by APS, also has met with many government officials and organizations (e.g., NIMH, NIDA, SAMHSA, OBSSR, VA, NAS, and Congress). These contacts seem to have had an impact. The first PCSAS mention in Congress occurred in September 2011. U.S. Senate Report 112-84, which accompanied the appropriations bill for SAMHSA, and said this about Clinical Training: "The [Appropriations] Committee is aware that a new clinical accreditation program is being developed by the Psychological Clinical Science Accreditation System to ground training of practitioners in empirically supported treatments. SAMHSA is encouraged to continue its collaboration with relevant professional organizations regarding this program so that those seeking services are assured of receiving scientifically sound treatment" (pp. 118-119). PCSAS has since been acknowledged widely in Congressional reports and in many other outlets.

B. Relationships

PCSAS was not created to be an end in itself; it was created for a higher purpose: To serve the public's interest by promoting advances in public health through science education. PCSAS is a valuable entity only to the degree that it succeeds in this cause. It was founded on the belief that raising the standards of science education in doctoral programs in clinical psychology will strengthen the scientific foundations of mental and behavioral health care, and that this, in turn, will benefit the public by increasing access to the most cost-effective care. PCSAS is not alone in this cause. Others are working in their own ways to achieve similar objectives. PCSAS has close ties to some of these other groups. These relationships are noted here in the interest of full disclosure.

PCSAS must safeguard the independence and integrity of its accreditation system by maintaining a “firewall” between itself and other organizations. Nevertheless, it remains an active partner with its parent organization, the *Academy of Psychological Clinical Science* (Academy), in collaborative efforts to promote science-centered educational and practice that furthers their common goals. Another strong ally is the *Association for Psychological Science* (APS). APS has no legal control or direct influence over PCSAS, but it is a leading advocate for psychological science and has been a staunch supporter of PCSAS from the beginning. PCSAS also enjoys a supportive historical relationship with the *Society for a Science of Clinical Psychology* (SSCP) the *Association for Behavioral and Cognitive Therapies* (ABCT), and the *Society for Research in Psychopathology* (SRP), organizations comprised of individual clinical scientists.

In addition, PCSAS is eager to build strong relationships with other groups that share its interests and values. Most notable among these are entities with a significant influence over the recognition, regulation, funding, policies, licensing, and curricula of doctoral programs in psychological clinical science and the graduates of those programs. Here is a partial list of such entities:

- Council for Higher Education Accreditation
- U.S. Department of Veteran Affairs
- U.S. Department of Defense
- U.S. Department of Health and Human Services
- National Institutes of Health
- National Academy of Sciences
- U.S. Department of Education
- Association of State and Provincial Psychology Boards
- Council of Graduate Departments of Psychology
- Council of University Directors of Clinical Psychology
- American Psychological Association
- Canadian Psychological Association
- American Board of Professional Psychology
- Association of Psychology Postdoctoral and Internship Centers

C. End Note

PCSAS is guided by, and has pledged to uphold, four cornerstone principles: *Transparency, Clarity, Integrity, and Responsibility*. The aim of this manual is to provide a detailed, comprehensive, and accurate account of PCSAS—its purpose, organization, policies, and procedures—in a clear, accessible, and responsible way. We hope this manual reflects the organization’s commitment to its cornerstone principles. The manual is intended to be a living, evolving document, updated periodically as the organization evolves, charting the organization’s growth, achievements, and challenges across time. Because changes can occur rapidly, some information provided in the POPP Manual can become outdated before a revision is published.

Readers are invited to inquire about changes, and to send questions, comments, or suggestions for improving the organization and this manual to:

Joe Steinmetz, Executive Director
Psychological Clinical Science Accreditation System (PCSAS)
Department of Psychological & Brain Sciences
1101 E 10th Street
Bloomington IN 47405 USA
(479) 301-8008
JSteinmetz@pcsas.org

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APPENDIX A: Site Visit Report Preface (Sample):

By design, PCSAS site visits are intended to differ significantly from the site visits by APA's Commission on Accreditation. During the recent site visit of the ___ program, these differences were apparent. First, because PCSAS accreditation is concerned primarily with an applicant program's outcomes, rather than with its inputs, this site visit was not devoted to evaluations of the ___ program's adherence to any particular list of course requirements or other such requirements, but was devoted instead to examining closely the degree to which the current students within the program were committed to careers as clinical scientists, and to the quality of the historical evidence regarding whether graduates of the ___ program over the past ten years actually functioned as clinical scientists, broadly defined, after leaving the program. The site visit team's approach to evaluating this evidence is summarized in the Outcome section below.

Beside this primary aim, a secondary focus of the site visit team was a comparison between the program's self-study report and the observational information gathered on site. That is, does the program function the way it says it does? By integrating the self-study and observational information, the team sought to develop a portrait of how the ___ program functions—how it manages to achieve its reported outcomes. Much of the following site visit report, therefore, is devoted to a description of the program. In the long run, PCSAS might expect that the cumulative information gleaned from the larger sample of site visit reports would provide a valuable database from which clinical science faculties might draw inspiration, find models for innovation, and engage in continuous quality improvement. Finally, the site visit team felt that a valuable side benefit of this review might be that it could provide the program and department with an external review. Thus, the site visit team concluded their visit by providing the program's leaders with constructive feedback aimed at reinforcing the program's obvious strengths while encouraging further refinement and improvement. This feedback was not given in a way that suggested that the program's accreditation would hinge on modifications to the current program, but simply was offered as information for the program's leaders' consideration and possible action as they thought appropriate.

**APPENDIX B: CONFLICT OF INTEREST POLICY
OF
THE PSYCHOLOGICAL CLINICAL SCIENCE ACCREDITATION SYSTEM INC.**

Article I

Purpose

The purpose of this conflict-of-interest policy is to protect the interest of The Psychological Clinical Science Accreditation System Inc. (the “Corporation”) when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the Corporation or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Article II

Definitions

1. Interested Person

Any director, principal officer or member of the Corporation, or member of a committee with powers delegated by the board of directors, who has a direct or indirect financial interest, as defined below, is an interested person.

2. Financial Interest

A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

- a. An ownership or investment interest in any entity with which the Corporation has a transaction or arrangement,
- b. A compensation arrangement with the Corporation or with any entity or individual with which the Corporation has a transaction or arrangement, or
- c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Corporation is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. Under Article III, Section 2 hereof, a person who has a financial interest may have a conflict of interest only if the board of directors or committee, as appropriate, decides that a conflict of interest exists.

Article III

Procedures

1. Duty to Disclose

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors of the Corporation and members of committees with powers delegated by the board of directors considering the proposed transaction or arrangement.

2. Determining Whether a Conflict of Interest Exists

After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he or she shall leave the board of directors or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

3. Procedures for Addressing the Conflict of Interest

a. An interested person may make a presentation at the board of directors or committee meeting, but after the presentation, he or she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.

b. A majority of the disinterested members of the board of directors, or committee members, shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.

c. After exercising due diligence, the board of directors, or committee shall determine whether the Corporation can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.

d. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the board of directors or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Corporation's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination, it shall make its decision as to whether to enter into the transaction or arrangement.

4. Violations of the Conflict-of-Interest Policy

a. If the board of directors or committee has reasonable cause to believe that an interested person has failed to disclose an actual or possible conflict of interest, it shall inform

the interested person of the basis for such belief and afford the interested person an opportunity to explain the alleged failure to disclose.

b. If, after hearing the interested person's response and after making further investigation as warranted by the circumstances, the board of directors or committee determines the interested person has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Article IV

Records of Proceedings

The minutes of the board of directors of the Corporation and all committees with powers delegated by the board of directors shall contain:

a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the board's or committee's decision as to whether a conflict of interest in fact existed.

b. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Article V

Compensation

a. A voting member of the board of directors of the Corporation who receives compensation, directly or indirectly, from the Corporation for services is precluded from voting on matters pertaining to that member's compensation.

b. A voting member of any committee of the board whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Corporation for services is precluded from voting on matters pertaining to that member's compensation.

c. No voting member of the board of directors of the Corporation or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Corporation, either individually or collectively, is prohibited from providing information to the board of directors or any committee regarding compensation.

Article VI

Statements

Each director, officer and member of a committee with powers delegated by the board of directors, other than those persons who are serving as a director adopting this policy, shall sign a statement which affirms such person:

- a. Has received a copy of the conflict-of-interest policy,
- b. Has read and understands the policy,
- c. Has agreed to comply with the policy, and
- d. Understands the Corporation is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Article VII

Periodic Reviews

To ensure the Corporation operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- a. Whether compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's length bargaining.
- b. Whether partnerships, joint ventures, and arrangements with management organizations conform to the Corporation's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

Article VIII

Use of Outside Experts

When conducting the periodic reviews as provided for in Article VII hereof, the Corporation may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the board of directors of the Corporation of its responsibility for ensuring periodic reviews are conducted as provided in this conflict-of-interest policy.

THE PSYCHOLOGICAL CLINICAL SCIENCE ACCREDITATION SYSTEM INC.

Acknowledgement of Receipt of and Compliance with Conflict-of-Interest Policy

I acknowledge that I have received a copy of the Conflict of Interest Policy of The Psychological Clinical Science Accreditation System Inc. (the "Corporation"), I have read and understand the Conflict of Interest Policy, I agree to comply with the Conflict of Interest Policy and I understand that the Corporation is a non-profit corporation and in order to maintain its federal tax exemption must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Dated: _____ Signature: _____

Print name: _____

Title(s): _____

APPENDIX C:

PCSAS REVIEW COMMITTEE CONFIDENTIALITY & COMMUNICATIONS

Confidentiality Policy. To protect the integrity, credibility, and stature of PCSAS Accreditation, PCSAS Policy requires that all participants in Review Committee (RC) proceedings adhere to a code of absolute confidentiality. RC participants must never reveal to anyone outside of the Committee privileged information obtained in connection with a program’s application materials; its site visit; or the RC’s reviews, evaluations, and ultimate accreditation decisions. Nor should any RC participant disclose outside of RC meetings, without prior authorization, any information relating to comments, opinions, evaluations, or votes that occurred during an RC meeting.

Communications Policy. To promote clear, accurate, and coherent communications with applicant programs and the public, PCSAS Policy requires that all communications regarding the RC’s reviews, evaluations, and decisions be handled through officially designated channels. If RC participants have questions about an application, they should not communicate directly with the program, but should channel their queries through the PCSAS Executive Director and/or the RC Chair. Site visitors necessarily will communicate with members of applicant programs, but they must not discuss the RC’s pending evaluation or speculate about the RC’s decision. Only the PCSAS Executive Director and/or the RC Chair are authorized to communicate with programs or others about the RC’s processing, evaluation, and decision regarding applicant programs.

I HAVE READ AND AGREE TO ABIDE BY THESE PCSAS POLICIES.

Print Name

Signature

Date

APPENDIX D:

PCSAS Review Committee Conflict-of-Interest Policy

It is essential that the PCSAS Review Committee (RC) carry out its accreditation responsibility in a manner that avoids anything that might undermine the real or apparent integrity and credibility of its accreditation procedures and decisions. Therefore, each participant in RC review process must disclose to the Review Committee, prior to taking part in the review of a specific application, possible relationships to that program that might be perceived as raising a conflict of interest (COI). Thus, in addition to signing the standard PCSAS-COI form, participants in RC meetings also are expected to sign the RC-COI form, on which they disclose their relationships to all applicant programs and evaluate their possible COI status.

What are the criteria for identifying relationships that raise possible conflicts of interest for participants in PCSAS RC meetings?

It is a clear conflict of interest if the RC participant could benefit financially from the RC's accreditation decision regarding an applicant program.

It is a clear conflict of interest if the RC participant's career or professional standing could be enhanced by the RC's decision for an applicant program.

It may raise a potential conflict of interest if the RC participant feels unable to make an objective evaluation of a program due to a relationship to the institution, the program, or the faculty and students. Therefore, it is the RC participant's responsibility to disclose such relationships on the RC-COI form, and to examine honestly an ability to evaluate that application fairly and objectively. Relationships that may bias participants' reviews could be historical or current, positive or negative. Realistically, however, many RC participants are likely to have close ties to the institutions, programs, and individual faculty members and students at many applicant programs; if such relationships automatically precluded participants' involvement in the review of individual programs, it would be all but impossible for the RC to carry out its review role. The existence of personal relationships alone, therefore, is not grounds for recusal; the critical criterion for recusal is the influence of the relationship on RC participant's ability to render a fair and objective evaluation of the application's merit for accreditation.

PCSAS's criteria do not regard the following relationships as automatic grounds for recusal:

- Former employment by the program.
- Former student in the program.
- Having an "old" friend associated with the program.
- Having a former classmate on staff at the program.
- Having a close professional or personal relationship with a person in the program.

Being a former site visitor to the program.

Having one's own program site visited by a staff member of the applicant program.

PCSAS's COI policy clearly states that each RC participant is expected to reveal the existence of such relationships on the RC-COI form, and then to evaluate and declare whether such relationships create a personal conflict that impairs the participant's ability to perform the review function with integrity, fairness, and objectivity. Participants who recognize that they cannot perform the review as expected must recuse themselves.

Recusal may take two forms: Where it is anticipated that the RC participant's presence in the room during the application review may unduly influence the outcome, the participant should leave the room or absent themselves by reasonable electronic means. Where such influence is not anticipated, the participant may remain as an observer, but must abstain from contributing to the discussion and must abstain from voting on the accreditation decision. The reason for allowing the participant to remain in the room as an observer, in the latter case, is the belief that there is value in arranging for all RC participants to share a common history and data base, leading to a shared set of norms for applying the PCSAS accreditation criteria.

If a participant does not see a significant COI problem, but the majority of the RC members nevertheless decide that the participant's relationship to an applicant program does raise a significant COI problem, the RC Chair may ask the participant to be absent during the discussion, review, and judgment of the program. If at any time the majority of the RC feels that the presence of a participant who has recused from participation in the discussion of an application, but has remained in the room, is interfering with a free and fair evaluation of the application, the RC may ask that the participant leave the room.

The rationale for these COI criteria is that the most critical determinant of an applicant's suitability for PCSAS accreditation is the program's objective track record of having graduated a significant number of psychological clinical scientists over the past ten years. The evidence on this criterion is public, so the RC's evaluations and judgments of all applicant programs is open to review and can be examined for evidence of bias and inconsistency, thereby making RC decisions less susceptible to COI influences that would undermine the Committee's integrity and credibility. The PCSAS Board of Directors is charged with performing periodic integrity reviews.

THE PSYCHOLOGICAL CLINICAL SCIENCE ACCREDITATION SYSTEM INC.

Acknowledgement of Receipt of and Compliance with PCSAS Conflict-of-Interest Policy

I acknowledge that I have received a copy of the Conflict-of-Interest Policy of The Psychological Clinical Science Accreditation System Inc. (the “Corporation”); have received a copy of the PCSAS Review Committee Conflict of Interest Policy; and have received a copy of the PCSAS Review Committee Policy on Confidentiality and Communications. I have read and understand all three of these PCSAS Policies. I agree to comply with all these Policies of the Corporation, and I understand that the Corporation is a non-profit corporation and in order to maintain its federal tax exemption must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Dated: _____ Signature: _____

Print name: _____

Title(s): _____

APPENDIX E: 2020-2021 CHEA Almanac of External Quality Review

Organization Name: The Psychological Clinical Science Accreditation System
Executive Director: Joseph E. Steinmetz
Address: 1101 E. 10th Street
Bloomington, IN 47405
Phone: (479) 301-8008
Fax: N/A
Email: jsteinmetz@pcsas.org
Website: www.pcsas.org

Profile of Accrediting Organization:

Recognition State as of 2020-2021: Recognized by the Council for Higher Education Accreditation

Range of Accreditation Activity: PCSAS accredits only doctoral training programs that grant Ph.D. degrees in clinical psychology with a core focus on the specialty of psychological clinical science and that are housed in psychology departments or equivalent psychological clinical science departments within accredited, nonprofit, research-intensive universities in the U.S. and Canada.

Sponsoring Organization: PCSAS is an independent non-profit organization and is an autonomous entity. However, PCSAS board members are appointed by the Executive Committee of the Academy of Psychological Clinical Science (APCS), the parent body that authorized the creation of PCSAS. PCSAS has no formal relationship with any other organization.

Composition of Decision-Making Body: PCSAS is overseen by a 9-member board of directors composed of five clinical scientists, one public representative, one current or recent clinical science doctoral student, one chair of a psychology department with a psychological clinical science program, one non-clinical psychological scientist.

Operating Budget for Accrediting Unit

Operating Budget for Accrediting Unit: \$211,484
Direct support for any sponsoring organization: \$10,000
In-kind support from any sponsoring organization: \$0
Number of Employees: N/A
Volunteers Served in 2020-2021: 25

Profile of US Accredited Programs/Institutions/Programs and Institutions 2020-2021

Total number of US accredited programs: 43 programs at 43 institutions
Total number of US accredited institutions: N/A
Total number of US accredited institutions and programs: N/A
Number of students: 1172

International Accreditation Activity

Non-US programs operating outside of the U.S.: (1, Canada)

US programs operating outside of the U.S.: 0

Organization evaluates credentials or degrees from outside the U.S.: Yes

U.S. Accredited Programs/Institutions/Programs and Institutions-Degree Granting

Public: 33

Private Nonprofit: 10

Private For-Profit: 0

U.S. Accredited Programs/Institutions/Programs and Institutions-Non-Degree Granting

Public: 0

Private Nonprofit: 0

Private For-Profit: 0

Profile of 2020-2021 Accreditation Activities

Frequency of Comprehensive Reviews and Required Follow-Up: Accreditation is normally for 10 years with yearly data submission that could lead to additional review.

Frequency of Comprehensive Reviews of Accreditation Standards: Periodically

Summary of 2020-2021 Formal Actions

Initial Candidacy or Preaccreditation Granted: 2

Initial Candidacy or Preaccreditation Denied: 0

Initial Accreditation Granted: 1

Initial Accreditation Denied: 0

Accreditation Continued Following Comprehensive Review: 7

Accreditation Continued Following Comprehensive Review with Required Follow-up: 0

Notice or Warning: 0

Probation: 0

Show Cause: 0

Accreditation Terminated/Removed/Withdrawn: 0

Actions Under Appeal: 0

Other: 0

Summary of Additional Actions

Substantive Changes Reviewed: 0

Site Visits: 8

Voluntary Discontinuance or Expiration of Accreditation: 0

Notes

Name of person completing this form: Joseph E. Steinmetz

Contact email: jsteinmetz@pcsas.org

Phone number: 479-301-8008

APPENDIX F: INITIATION PACKET For Existing Clinical Science/Psychology Programs

PCSAS Letter of Intent Instructions

Initiation Packet

Revised 2022

Thank you for your interest in participating in the accreditation process of the Psychological Clinical Science Accreditation System (“PCSAS”). Accreditation procedures are designed to take applicant programs through several stages of documentation, review, and analysis. Depending on the outcome of a review, PCSAS may require varying amounts of additional follow-up reporting.

The normal period of accreditation for programs receiving a positive review is ten years; however, PCSAS expects annual reports in each of those ten and may request a more detailed intra-cycle review if concerns from annual reports or other information warrant closer monitoring. Depending on the Review Committee’s determination, a program’s accreditation status may be changed at any point during the ten-year cycle. PCSAS reserves its right to alter its accreditation process, including but not limited to eligibility standards for applying for accreditation.

Application Steps:

The first step in the PCSAS accreditation process requires the submission of an “Initiation Packet,” consisting of: (1) a Letter of Intent, and (2) An executed Applicant Agreement. Once a Letter of Intent is reviewed, programs deemed eligible to apply will then receive an application template that provides detailed instructions about the formal application, the next step in the process. The current document describes the Letter of Intent and the criteria for eligibility.

Your Letter of Intent and the executed Application Agreement should be sent by email (jsteinmetz@pcsas.org) or regular mail to:

Joe Steinmetz, Executive Director
Psychological Clinical Science Accreditation System (PCSAS)
1101 E 10th Street
Bloomington IN 47405 USA

Once received, a countersigned Application Agreement will be emailed back to you.

Letter of Intent Overview:

The Letter of Intent should give written notice of the program’s interest in applying for accreditation and provide sufficiently detailed but only preliminary information to allow

a determination of whether the program meets PCSAS's *eligibility standards* (see PCSAS Review Criteria, also listed below) for applying for accreditation. There are no deadlines for submitting the Letter of Intent, which is processed quickly upon receipt. Each Letter of Intent is read and evaluated by the chair of the review committee and the executive director. If the reviewers deem the program to be eligible, then the program has up to two years to submit an application. If a program is deemed *ineligible*, it may appeal this decision to the full Review Committee, beyond which there is no additional appeal. Programs deemed ineligible must wait at least one year before submitting a new Letter of Intent.

The Letter of Intent should be on appropriate letterhead, should not exceed three pages single-spaced, and should be drafted to address each of the specific eligibility criteria outlined below. As noted above, the Letter of Intent may be submitted by regular mail or email (preferred) to PCSAS Executive Director Joe Steinmetz: jsteinmetz@pcsas.org. The signed Application Agreement may also be submitted electronically or in paper form.

Eligibility Criteria: Interested programs must satisfy the following minimal requirements in order to be judged eligible to apply for PCSAS accreditation.

- The scope of PCSAS accreditation is limited to doctoral training programs that grant Ph.D. degrees in psychology with a core focus on the specialty of psychological clinical science. Programs must be housed in departments of psychology (or their equivalent) within accredited, nonprofit, research universities in the U.S. and Canada.
- Accreditation is limited to programs that subscribe to an empirical epistemology and a scientific model--i.e., an educational and clinical training model in which the advancement of knowledge and its application to problems are driven by research evidence, and in which research and application are integrated and reciprocally informing.
- Accreditation is limited to Ph.D. programs with a primary mission of providing all students with high-quality, science-centered education and clinical training that arms them with the knowledge and skills required for successful careers as clinical scientists, broadly defined.
- Accreditation is limited to programs within the intellectual and educational domain of clinical psychology. This may include hybrid varieties, such as health psychology, clinical neuroscience, clinical behavioral genetics, etc. However, to be acceptable the hybrid model must involve the integration of clinical psychology - a focus on psychological knowledge and methods to research and clinical application relevant to mental and behavioral health problems - with one or more complementary scientific perspectives for the purpose of gaining added leverage on specific target problems. In all cases, clinical psychology must be the core component of the model.

- Accreditation is limited to programs with the primary goal of producing graduates who are competent and successful at (a) conducting research relevant to the assessment, prevention, treatment, and understanding of health and mental health disorders; and (b) using scientific methods and evidence to design, develop, select, evaluate, implement, deliver, supervise, and disseminate empirically based clinical assessments, interventions, and prevention strategies.
- In their Letters of Intent and in public documents (including websites), potential applicants must demonstrate a commitment to providing an education within the boundaries that define PCSAS accreditation -i.e., in scope, epistemology, mission, goal, and domain.
- Potential applicants must agree to conduct a detailed self-study prior to preparing an application, and to provide an accurate summary of the self-study's results in their application materials. Each program must agree to full disclosure of all information the Review Committee requires to carry out its responsibility of evaluating programs and reaching accreditation decisions.
- Applicants must agree to arrange, coordinate, and complete a site visit of their program after submitting the application and prior to the scheduled Review Committee review.
- Applicants must have paid the non-refundable application fee and have signed the PCSAS Applicant Agreement prior to the review of their application.
- Finally, applicants must agree to accept the Review Committee's decision as specified in the Applicant Agreement. However, the decision process may include an appeal in keeping with PCSAS procedures.

Fees and Dues:

A nonrefundable Application Fee of \$10,000 must be paid by check or be electronically transferred to Psychological Clinical Science Accreditation System before an application is reviewed. (Not needed at the time of the Letter of Intent.) The Application Fee includes the costs of a site visit. Once accredited, Annual Fees are \$2,500. The PCSAS fiscal year is July 1-June 30

Template for Letter of Intent and Request for Eligibility Review

The Letter of Intent should be brief (no more than three pages). It should address each of the following eligibility standards (see *Review Criteria, Eligibility Standards* at www.pcsas.org), but need not offer detailed documentation.

1. An explicit statement of the program and institution's intention to apply for PCSAS accreditation; a request to be deemed eligible; and a general time frame for the intended submission, if deemed eligible.

2. An identification of the program and institution (including statement of the institution's overall accreditation status and accrediting body), and an explanation of fit to the eligibility criteria (e.g., program's degree & scope; university's fit to PCSAS qualifications; etc.).
3. A brief description of the program's philosophy, scope, educational goals, and general approach to doctoral education and training, with an emphasis on the science-centered commitment of the faculty and students.
4. A brief statement of the program's outcome goals for graduates, with an agreement to provide detailed outcome evidence in an application to document the program's success in achieving these goals.
5. The program's website address.
6. An endorsement of the following statement (Please include this specific statement in the Letter of Intent.):

We agree that if deemed eligible for PCSAS accreditation, we will (a) conduct a detailed self-study prior to preparing our application and will provide an accurate summary of our self-study results in our application materials; (b) provide the PCSAS Review Committee with all the information it requires; (c) arrange and host a site visit of our program; and (d) accept and abide by the Review Committee's eventual accreditation decision.

7. Signature, title, and contact information for the person submitting the Letter.
8. Full eligibility is contingent on the institution's acceptance of the terms of the PCSAS Applicant Agreement.

Letters of Intent should be on letterhead, submitted electronically (as a Word file or PDF file) or as a hard copy to Joe Steinmetz, PCSAS Executive Director. (Note that the \$10,000 application fee is due later, but prior to submission of the final application, is waived if the institution has joined the PCSAS Founders' Circle. To learn more about the Founders' Circle, contact Joe Steinmetz.)

Joe Steinmetz, Executive Director
Psychological Clinical Science Accreditation System (PCSAS)
Department of Psychological & Brain Sciences
1101 E. 10th Street
Bloomington IN 47405 USA
JSteinmetz@PCSAS.org
(479) 301-8008

APPENDIX G:

APPLICANT AGREEMENT

So that the Psychological Clinical Science Accreditation System (“PCSAS”) may process your application, we need you to understand and agree to certain formal matters. In today’s highly litigious society, PCSAS believes that it is essential to avoid lawsuits against it relating to accreditation and that protection from such lawsuits will help ensure its viability, which will in turn benefit programs committed to the values of PCSAS. We therefore need your acknowledgement that, to be considered, you will take full responsibility for preparing a proper application and that PCSAS may make its decisions on your eligibility and application in its sole discretion. You must abide by PCSAS’s decisions and not bring any legal action if you are not happy with its decisions.

Applicant, by signing and returning this Applicant Agreement, agrees to the following to participate in the application process. First, this addresses the application process and PCSAS’s decisions:

- (1) **Actions In Connection With Application Process:** Applicant agrees to (i) conduct a detailed self-study prior to preparing its application, and to provide an accurate summary of the self-study’s results in its application materials, (ii) fully disclose all information the Review Committee requires to carry out its responsibilities of evaluating programs and reaching decisions relating to accreditation, and (iii) arrange, coordinate, and complete a site visit of its program after submitting the application and prior to the scheduled Review Committee’s consideration of the application.
- (2) **PCSAS’s Decisions:** Applicant acknowledges and agrees that: (i) accreditation with PCSAS is voluntary, does not bestow any special privileges, and is not a professional requirement; (ii) PCSAS’s decisions regarding accreditation of Applicant’s program, including its eligibility, and, if Applicant is permitted to apply, its possible accreditation, shall be made in PCSAS’s sole discretion; and (iii) PCSAS is entitled to consider factors as it deems appropriate without duty to consider interests of Applicant. Applicant agrees to accept and abide by the decisions of PCSAS relating to its accreditation, including as to its eligibility to apply for accreditation and, if Applicant is deemed eligible to apply by PCSAS, as to PCSAS’s decisions on Applicant’s accreditation, even if a denial or deferral.

Next, this addresses your release of claims in connection with PCSAS accreditation (i.e. you will not bring a lawsuit if you do not like the process or decisions):

- (3) **Release Of Claims:** Applicant (including employees and agents) irrevocably releases PCSAS (defined here and hereinafter to include past, present and future members, directors, managers, officers, employees, and agents, including Review Committee members) from the Released Claims. “Released Claims” means all

past, present and future claims, causes of action and suits at law or in equity, and whether known or unknown, relating to PCSAS accreditation of Applicant's program, including PCSAS's considerations and decisions regarding Applicant's eligibility and accreditation (including non-action, deferral or denial, and including claims based on alleged negligence, gross negligence, breach of contract, breach of duty, tort, unfair trade practices, restraint of trade, antitrust or other statutory or common law).

Applicant acknowledges that it might hereafter discover facts related to the Released Claims, but that it is intentionally releasing unknown claims, notwithstanding such additional facts.

For an Applicant in California: Applicant understands and acknowledges that all rights under Section 1542 of the California Civil Code and under comparable laws in other jurisdictions with respect to such Released Claims hereby are expressly waived. Applicant understands and agrees that this is a **FULL AND FINAL RELEASE OF THE RELEASED CLAIMS.**

Here are some belt and suspender provisions:

(4) **In the event of a claim by Applicant against PCSAS:**

(a) Prior to filing: Applicant acknowledges it may avail itself of PCSAS's complaint procedures and may participate in good faith discussions or mediation with PCSAS to attempt to resolve any issues for which Applicant would contemplate filing a claim. Applicant acknowledges that no claim by it would be ripe absent exhaustion of administrative remedies with PCSAS (including right of appeal of a decision to the PCSAS Board of Directors).

(b) Forum selection: Applicant agrees it would bring any claim against PCSAS exclusively in the state or federal courts located in the State of Delaware, (ii) waives any objection to venue or the inconvenience to Applicant of such Delaware forum, and (iii) waives any argument that any jurisdiction other than Delaware, including Applicant's home forum, would be convenient for PCSAS.

(c) Relief: Applicant waives any rights: to specific performance or other equitable relief; to compensatory damages in an amount exceeding its application fee; to punitive, special, exemplary or multiplied damages; and to recover costs and attorney fees.

(d) Governing law and no jury trial: To the extent that sovereign immunity of an Applicant that is a public institution does not preclude its agreement to the following: (i) This Agreement is governed by, and shall be construed in accordance with, the laws of the State of Delaware, excluding any conflict-of-laws rules or principles that might refer the governance or the construction of this Agreement

to the law of another jurisdiction; and (ii) Applicant hereby waives any right to trial by jury of any claim against PCSAS.

(e) For the avoidance of doubt: Applicant's agreements in this Paragraph (4) shall in no way limit its release of Released Claims (Paragraph 3 above).

Finally, here are three general provisions to help with understanding and interpreting this Agreement.

- (5) **Severability**: If any provision or portion of Applicant's Agreement is held invalid or unenforceable, the remainder of this Agreement will not be affected, and such provision or portion shall be enforced to the greatest extent permitted by law.
- (6) **Entire Agreement**: Applicant acknowledges that: no promises, representations or inducements have been or are being made by PCSAS to Applicant (e.g. as consideration for its Agreement); and the Agreement is not one for procurement of goods or services from PCSAS.
- (7) **Continuation**: Accreditation as used in this Agreement includes any reaccreditation.

APPLICANT:

By: _____

Signature of Authorized Representative

Print Name and Title

Date

RECEIPT OF SIGNED APPLICANT AGREEMENT ACKNOWLEDGED BY PCSAS:

By:

Signature of Authorized Representative

Print Name and Title

Date

Rev. 08/24/2021

[APPLICANT AGREEMENT SIGNATURE PAGE]

APPENDIX H:



PCSAS APPLICATION - GENERAL TEMPLATE (Revised 11/2023)

(More specific information begins on p.2. Contact PCSAS Executive Director Joe Steinmetz (jsteinmetz@pcsas.org) with questions.)

1. Face Page and Outline: This template and related materials are provided to (1) new programs that have submitted a Letter of Intent and have been deemed eligible for initial application to PCSAS, and (2) currently accredited PCSAS programs that have applied for renewal (i.e., there is no need for a Letter of Intent from renewing programs).
2. Body of Application: Applications must be submitted electronically as PDF files. Narrative section is limited to 20 pages and should be formatted as: single-spaced; double spacing between paragraphs; minimum of 11-pt. Arial font; minimum of one-inch margins; and pagination. Although not a requirement, it is helpful if programs use the structural outline of PCSAS accreditation criteria (see Application Content Categories at the end of this document) to organize the narrative description of their programs.
3. Appendices: Data for at least the last ten years must be provided to document the applicant program's performance in relation to all the various PCSAS criteria.
4. Submission: When ready for submission, the program will be given access to the on-line submission portal of the PCSAS website by the Executive Director. Note that the application should not be submitted as a single unit but rather as natural units and labeled to help reviewers find the materials they are looking for (e.g., Graduate CVs/Equivalent as one unit and, as much as possible, comprised of one file). More detailed instructions for the on-line submission will be given prior to submission.
5. Fees: Application Fee: \$10,000. The Application Fee is due at the time of initial application and again at the time of application for renewal. Accreditation normally is for ten years, although programs must submit annual reports each fall. The information in these reports may prompt requests for additional information that may lead to a review and possible change of the program's status.
Annual Fee: \$2,500. Invoices are sent in June-July of each year. (Annual refers to the July 1-June 30 PCSAS fiscal year.)
6. Applicant programs, whether new or renewing, must have signed, and returned the PCSAS Applicant Agreement prior to submitting their applications.

7. See the PCSAS website for detailed information about application content. Also see the PCSAS Purpose, Organization, Policies, and Procedures Manual (and appendices) on the Publications and Links page of the website.

Psychological Clinical Science Accreditation System
Application for Accreditation

- A. Cover Page:
1. University Information: Name, Address, Phone, Web Address
 2. Responsible University Official: Name, Title, Signature, Date
 3. Department Information: Name, Address, Phone, Web Address
 4. Responsible Departmental Official: Name, Title, E-mail, Signature, Date
 5. Program Information: Name, Address, Phone, Web Address
 6. Responsible Program Official: Name, Title, E-mail, Signature, Date
- B. Abstract: One-page summary of the program's aims and achievements
- C. Faculty Pages: Table of all active program faculty members, their ranks, and roles in program, with list of their current and former graduate student advisees.
- D. Body of Application: Not more than 20 pages, single spaced, with double space between paragraphs, minimums of one-inch margins and 11 pt. fonts; see www.pcsas.org for more specific details regarding the content of this narrative section.
- E. Appendices: **N.B.** To the extent possible, combine individual files (e.g., one file for Graduates' CVs/Equivalentents, one for Faculty Narratives, etc.)
1. **Graduates' CVs/Equivalentents:** *For each individual graduate from the program over at least the past ten years, provide a CV or equivalent narrative. These should include the individual's date of matriculation, date of degree, dissertation title and major advisor, and clinical science activities and achievements (e.g., past and current positions, responsibilities, list of publications, significant presentations, dissemination achievements, grants, honors and awards, etc.). Please include bookmarks in this file, so that reviewers can find specific graduates' CVs more easily.*
 2. **Faculty Narratives of Graduates:** The faculty should provide a written narrative for each graduate. This should elaborate on the graduates' CVs, describing an individual's career path and involvement in clinical science in sufficient detail to allow reviewers to assess the training outcomes. The name of the primary mentor should be included.
 3. **Graduates' Percent Effort on Professional Activities in Current Position(s):** Each graduate needs to provide the percentage of their time spent in the following activities in their current positions over the last year (or since they assumed the positions if less than a year ago) to

facilitate evaluation by the Review Committee: 1) Conducting and disseminating research: includes all aspects of research process, including work as a PI as well as work as a collaborator; 2) Teaching: includes course, seminar, and other direct instruction to undergraduate students, graduate students, or other professional trainees; 3) Supervising the research activities of trainees/students: includes supervision of graduate, undergraduate, medical students, residents, or research activities of other trainees; 4) Formal service provision training of trainees and other health professionals : The training activities here should include significant didactics on clinical problems and implementation of therapeutic/assessment approaches as well as readings from the research literature. These may be referred to as a practicum, training workshop, trainings, etc.; 5) Supervision of service provision: This activity primarily includes regular case consultation and direction of supervisees, but does not include significant didactics and readings; 6) Direct service provision to clients/patients: delivery of assessment, intervention, and prevention services; 7) Editorial work: includes reviewing/evaluating grants, manuscripts, chapters for publication; 8) Program development and evaluation: includes activities involving the development, establishment, oversight, and evaluation of service delivery programs or entities; 9) Administration/leadership: includes activities devoted to administration, leadership, and oversight of professional activities; 10) Clinical Consultation: includes professional consultation/advising on services related to any professional clinical activities; and 11) Other activities not described. Note that percentages should sum to 100. **The CVs, narratives, and percent-effort data** are central to evaluating accreditation applications.

4. **Program's Outcome Judgments:** The faculty should rate each graduate's career outcome as to whether they are functioning as a "clinical scientist" in their current position(s) (not since graduation) and explain the basis for these ratings by describing the faculty's scale, algorithm, and method, including who made the judgments (DCT, each mentor, committee).
5. **Table of Selection Credentials:** For every student who entered and/or graduated from the program over the past ten years (*without providing names*), list the year of entry, undergrad institution, and GPA. Include GRE scores only if they are being used as part of the admissions process.
6. **Course Information:** Provide recent syllabi for all core courses and all other major courses that the faculty considers central to the program's curriculum. Please include bookmarks in this file, so that reviewers can find syllabi for specific courses more easily.
7. **Core Program Faculty CVs or most recent NIH Biosketch**

8. **Table Showing Timeline of Required Courses and Major Milestones**
 9. **Table of Selection Credentials:** For every student who entered the program over the past ten years (*without providing names*), list the year of entry, undergraduate institution. Include GRE scores only if they are being used as part of the admissions process.
 10. **Distribution of Current Students and Program Graduates to Faculty Mentors**
 11. **Current Student Productivity:** CVs and Data Table containing the mean/median/SD for peer-reviewed publications for students in their first three years of the program and for students in their later years of the program.
 12. **Internship Placements** for past ten graduating classes.
 13. **Internship Letters:** End-of-year letters for all interns from internship director(s) over the last two years. At the beginning of the Appendix (and/or in the body of the self-study), please provide a brief summary of internship directors' final evaluations of their graduates' clinical skills that focuses on the percentage of grads who received favorable evaluations and a brief description of the issues for any grads who did not receive favorable evaluations. Identifying information for each student can be removed from the internship letters before they are submitted.
 14. **Student Support:** Mechanism of support for all students currently in the program
 15. **Table Showing Time to Complete and Attrition Data** for past ten graduating classes.
 16. **Program Handbook**
 17. **Department Graduate Handbook**
 18. **Department Clinic and/or External Practicum Policies and Procedures Documents:** These or other information should include a discussion of external practicum sites, detailing how they are chosen (such as how the program determines that each is consistent with the program's training model), the nature of the relationship between the program and the practicum sites, and how frequently each site is used.
 19. **Other Information Deemed Helpful by Program**
- F. **Application Fee:** The application fee is \$10,000. Institutions that are members of the PCSAS Founders' Circle pay no application fee; if accredited, they also pay no dues for their first five years. For institutions that are not members of the Founders' Circle, a check for \$10,000 should be made out to the Psychological Clinical Science Accreditation System. (Note that we can also arrange for electronic transfer upon request.) Checks should be sent to:

Joseph E. Steinmetz, Executive Director
Psychological Clinical Science Accreditation System (PCSAS)
Dept of Psychological & Brain Science
Indiana University
1101 E. 10th Street
Bloomington, IN 47405 USA

A program may join the Founders' Circle at any time, including after having paid the application fee or after receiving accreditation. The application fee then will be counted toward their subsequent pledge to the Founders' Circle. We also welcome renewing of Founders' Circle memberships by accredited programs applying for renewal.

- G. Submission Process:** The application process is handled electronically. Programs must post their full applications and supporting materials, including all appendices, on the PCSAS Website as PDF files, making these materials accessible to all PCSAS Reviewers. Note that files are listed alphabetically on the reviewers' portal. We encourage programs to label units as A, B, C... followed by description (e.g., A-Graduates' CVs/Equivalentents.) We also ask that, as much as possible, these units be comprised of one file (e.g., individual CVs combined into one PDF). Prior to this, each applicant, after being deemed eligible to apply, will ask for and be assigned an ID and password. These credentials provide access to the applicant portal of the PCSAS Website and permit the applicant to upload application materials. New material may be added to the application, but once marked completed by the program, only the PCSAS Executive Director can modify or delete the uploaded material. Posted application material will remain accessible on the Website *at least* one month after being reviewed by the PCSAS Review Committee; then it will be archived and cannot be altered. Applicants will receive official notification of the Review Committee's evaluation and accreditation decision within a month after the committee's review.

APPENDIX I:

PCSAS Standards of Accreditation

General Accreditation Standards: The Review Committee (RC) evaluates applications from programs that explicitly claim to fit within the narrowly defined scope of PCSAS accreditation and to satisfy PCSAS's standards. Accordingly, the RC's task essentially is one of evaluating each program's integrity and quality. Applying the principle of "truth in advertising" as its benchmark, the RC rigorously examines the evidence from each program's application materials and its site visit report to assess how well the program lives up to its claims and to PCSAS's standards. The RC makes qualitative evaluations of each program in:

- a. **Conceptual foundations:** To be eligible for review, each applicant program necessarily will have endorsed the epistemology, mission, goals, and domain that define PCSAS accreditation. A hallmark of PCSAS accreditation is its flexibility; programs are given leeway to develop their own distinctive and innovative approaches to translating these abstract principles into practical, effective, real-world doctoral programs, because PCSAS believes that the field and the public benefit from variation in how clinical science training is accomplished. This variability may reflect not only local resources and opportunities, but also efforts to move the field forward with well-conceived training innovations. A second hallmark of PCSAS accreditation is the integrated and bidirectionally influential nature of training experiences in research and application. Research (e.g., the problems studied, the measures selected) should be informed by experience gleaned from clinical settings, and clinical application should be informed by research findings (e.g., the treatments selected, the mediators and moderators that should be considered, the importance of evaluation of outcomes and mediating processes). A third hallmark is a demonstrated commitment to Diversity (broadly construed), Equity, Inclusion, and Social Justice (DEIJ) in both the research and application areas; the infusion of DEIJ into both domains is critical given marked and pervasive diversity-related disparities in mental health, physical health, and well-being.
- b. **Design and resources:** The RC examines the quality, logic, soundness, and coherence of each program's overall operation: its stability; educational plan and pedagogical approach; content and curriculum; administration; and availability and use of resources. The RC evaluates how effectively the program's design and resources are channeled toward realizing the program's goals.
- c. **Quality of the science training:** The RC evaluates the overall quality of the scientific content, methods, and products of the program's doctoral training and education (i.e., how well the program embodies and promotes the very best, cutting-edge science of the discipline).
- d. **Quality of the application training:** The Review Committee evaluates the extent to which clinical training is based on science/application integration that

- prepares program graduates to function as independent providers of clinical services and assume responsibility for patient care by making clinical decisions based on the best available scientific evidence.
- e. **Quality improvement:** The Review Committee examines the program’s investment in continuous quality improvement to determine: on-going critical self-examination; openness to feedback; flexibility and innovation; monitoring of program results; and engagement in strategic planning as the field changes in response to the dynamic mental health care environment. The Review Committee expects each program to monitor its design, operations, and outcomes, and to use these data to pursue excellence and strategically plan for the future.
 - f. **Curriculum and related program responsibilities:** PCSAS accreditation requires that training programs demonstrate that their students have the necessary breadth and depth of knowledge and training experiences to engage in high-quality clinical science scholarship and clinical applications. Programs must clearly articulate their training goals; present a coherent training plan by which students will obtain the necessary breadth and depth of knowledge and experience (e.g., courses, workshops, practica, laboratory rotations); and describe the ways that they ensure that students have achieved these goals. In addition, programs must ensure that ethical standards and concern for diversity are reflected in training for scholarship and clinical application as well as in program characteristics and policies (see below).
 - o **Ethics.** PCSAS accreditation requires that programs provide training in relevant codes of ethical behavior and legal and regulatory requirements for scholarship, research, and clinical application, including those nationally recognized professional ethics codes pertinent to psychological clinical science. Clinical science training programs must ensure that ethical standards are integrated into all major aspects of clinical science training, including didactic experiences, applied training, and research. Such integration should promote the production and application of clinical science that is fair and compassionate, reflecting the fundamental principle of beneficence by promoting the well-being of clients, research participants, and colleagues.
 - o **Diversity, Equity, Inclusion, and Social Justice.** PCSAS accreditation requires that programs demonstrate a commitment to the integration of diversity, equity, inclusion, and social justice into all aspects of the program. Programs must attend to the demonstrable role played in mental and physical health by dimensions of human diversity, including but not limited to race, color, ethnicity, age, gender, gender identity, sexual orientation, socioeconomic status, marital status, national origin, ability status, beliefs, religion, physical appearance, and culture, as well as how these identities and others may intersect. Programmatic activity should acknowledge and reflect how dimensions of diversity have historically and persistently been shown to meet with prejudicial,

stigmatizing, and discriminatory experiences that result in negative health impacts and disparities. Programs should promote the principles of social justice by recognizing and attending to the broader social, economic, and political forces and structures that contribute to health and mental health disparities. The specific mechanisms by which programs meet these requirements may vary, but the values of DEIJ should be incorporated into the scholarly content of instruction and program requirements (e.g., research and application training; required coursework/experiences, presentations, and milestones, etc.); recruitment and retention of faculty and students; client populations; and the inclusiveness of the climate and student well-being within the program.

- g. **Outcomes:** The RC's evaluations place the greatest weight on each program's record of success: To what extent do the activities and accomplishments of a program's faculty, students, and graduates – especially its graduates from the last ten years – exemplify the kinds of outcomes one expects of programs that successfully educate high-quality psychological clinical scientists? Included here are graduates' ongoing contributions to clinical science in terms of new research and broad dissemination of science-based practice.

For each applicant program, the RC examines, integrates, and evaluates all the evidence across these areas and on the basis of its judgment about conformance to these criteria decides whether the program deserves to be awarded the distinctive recognition of PCSAS accreditation.