



PCSAS APPLICATION - GENERAL TEMPLATE

(Revised 1/2024)

(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:

1. Table of all active program faculty members, their ranks, and roles in program, with list of their current and former graduate student advisees.
2. For each listed faculty member, a CV/bio-sheet, with education, employment history, honors, grants, and most recent and significant publications. (To simplify collecting these data, grant bio-sheets may serve as a model.)

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, GPA, and GRE scores (if GRE scores are available).
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, GPA, and GRE scores (if GRE scores are available).
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.

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/Equivalent.) 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.

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).

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.

Diversity, Equity, Inclusion, and 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.