



# **GRADUATE PROGRAM ACCREDITATION COMMITTEE**

## **Policies and Procedures**

*Adopted April 2024*

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## Introduction

The Graduate Program Accreditation Council (GPAC) was established by AASP to promote the highest standards of applied sport psychology practice through the development, implementation, coordination and evaluation of all aspects of the accreditation process. The GPAC is solely responsible for establishing, reviewing, and overseeing implementation of the accreditation program. The GPAC has the sole authority to establish accreditation program policies and standards for initial accreditation and reaccreditation. The GPAC is responsible for governance and oversight of the accreditation program.

## Scope of Accreditation

Graduate programs eligible for accreditation by the GPAC, include those programs that:

- Demonstrate a mission and vision which is consistent with the mission/vision of AASP;
- Have a graduate-level curriculum emphasizing sport and performance psychology; and
- Have a recognized pathway (i.e., track) focused on applied training in alignment with criteria for the CMPC credential.

## Establishing, revising, and implementing accreditation standards and policies & procedures

The Graduate Program Accreditation Committee (GPAC) establishes its own accreditation standards, policies and procedures. These standards, policies and procedures are incorporated in two publications: 1) the policy & procedures manual (this document), which establishes fair and equitable processes for accreditation review and ongoing monitoring for quality assurance and improvement, and 2) accreditation standards, which identify the standards by which programs are evaluated.

Policies and procedures and accreditation standards are adopted by the Committee after review, discussion and comment by sport and performance psychology practitioners, educators, students, alumni and other interested parties. Policies and procedures and accreditation standards are evaluated and revised periodically. The Committee provides interested parties with an opportunity of at least 60 days to review and comment on any proposed changes of a substantive nature. Review and revision of policies and procedures and accreditation standards is scheduled approximately every five years, or more frequently as needed.

A wide range of information may be considered by the Committee as a basis for change including, but not limited to, comments from program representatives or site visit team members; changes in the practice of sport and performance psychology; feedback from students, clients, and other interested parties; adjustments for good practice as determined by the accrediting community; and changing situations in education, legislation, regulation.

The Committee will define an implementation date or schedule for all adopted changes of a substantive nature and notify all parties impacted by the revisions. The implementation date or schedule will balance best practice in accreditation, the need for consistency, and programs' practical considerations.

## The Accreditation Process

### Applicant Programs

#### Program Eligibility

Before GPAC accepts an Application for Accreditation, the program demonstrates it meets the following eligibility criteria:

- *Located in an institution that is Institutionally Accredited:* Institutional accreditation is defined by the United States Department of Education. An applicant in Canada may demonstrate a comparable external evaluation process.
- *Sport and Performance Psychology Degree:* Offers a graduate-level degree in sport and performance psychology that is focused on educating students with the goal of becoming Certified Mental Performance Consultants (CMPC).
- *Program Mission and Expected Learning Outcomes:* The program mission communicates the program's purpose and commitment to providing quality graduate-level education in sport and performance psychology. The mission statement may include other program-specific aspirations related to research contributions, professionalism, service, teaching, leadership, etc. Expected learning outcomes are consistent with the graduate-level skills needed to become a Certified Mental Performance Consultant (CMPC).
- *Program Degree Requirements:* Graduate-level sport and performance psychology programs present a curriculum that integrates empirical evidence with practical application. Training is sequential, cumulative, and designed to prepare students for individual certification. Training must prepare future professionals to engage in and contribute to a wide range of topics in applied sport and performance psychology as specified in the eight knowledge groups that were derived from the Job Task Analysis. Degree requirements also include supervised work experience hours and may include thesis/dissertation requirements, comprehensive exams, etc.
- *Student Enrollment:* The student enrollment supports the viability of the program.
- *Faculty:* Appoints a sufficient number of qualified faculty who possess the academic background, professional experience, and ongoing professional development to ensure the delivery of quality education. Faculty include AASP-approved mentors.
- *Program Resources:* The program resources include adequate staff, physical space, and other funding, as applicable to program offerings.
- *Accurate Publication of Educational Offerings:* The program confirms that catalogs, bulletins, program handbook, websites, promotional materials, and recruitment literature contain accurate information that is consistent with the offerings presented in the application.

## Application Review

A new program must complete the Application for Accreditation located on the AASP website. The application, and any supporting documentation, is submitted to GPAC staff who distribute the application to two Committee members for initial review of compliance with the eligibility requirements. Each of the selected Committee members review the program's application and provide feedback on each of the eligibility criteria. If the documentation is sufficient to demonstrate that the program has met the eligibility requirement, it is "met." If the documentation is insufficient to demonstrate that the eligibility criterion has been met, the Committee member will indicate that the eligibility criterion is "not met" and will give specific feedback to the program on what would strengthen the application. If the two reviewers agree, both sets of feedback are returned to the program. If the Committee reviewers disagree on any of the items, they discuss the discrepancy, and either come to agreement that the eligibility criterion in question has been satisfied or on what would be required to satisfy both reviewers and provide this feedback directly to the program. This review is completed no later than 8 weeks following submission of the completed application.

If concerns are identified during the initial application review, the program has up to eight weeks/two months to address the reviewers' concerns and resubmit the application to GPAC, and the process is repeated. This is intended to be a consultative process. When the application is satisfactory to both Committee reviewers OR after the application has been resubmitted twice using this process, the application is considered by the full GPAC for a final decision about applicant status at the next monthly meeting. If the application is not accepted, the program must wait for six months before submitting another application and repeating the process. The decision of the Committee not to accept an application is not appealable.

If the application is accepted, the applicant period begins. Programs seeking initial accreditation begin to work on their self-study immediately upon acceptance of their application.

Following application acceptance, the program will be assigned a GPAC member to act as an Accreditation Liaison (AL). The AL will be available to the program throughout the applicant period to answer questions about the self-study preparation process.

## Applicant Status Disclosures

A program publishes the following disclosures on its website and/or marketing materials, provides them to students, and documents students received notice of these disclosures. Granting of applicant status enables a program to publicly disclose a recognized relationship with GPAC and indicate the intent to seek initial accreditation. If a program granted applicant status fails to publish required disclosures, GPAC will suspend consideration of the program until such disclosures are published.

*(Name of Program) is an applicant for accreditation with GPAC. Achieving applicant status is not an indication that GPAC will grant initial accreditation. If granted initial accreditation, the*

*effective date will be the date of the site visit upon which the successful accreditation decision was based.*

## Applicant Period

Following acceptance of the application, a program has up to one calendar year to submit a preliminary self-study and supporting documentation to GPAC. If the program needs more time to complete its self-study, it may request an extension of up to 6 months. If the self-study is not submitted by the end of the extension period, the applicant period will expire and the program must re-submit an initial application.

## Program Changes During the Applicant Period

Following acceptance of the application by the Committee, a program may not make any substantive changes before its initial accreditation. If a program makes a substantive change, the program must notify GPAC, in writing, within 30 days. Depending on the nature of the change, GPAC may suspend or delay consideration of the program. GPAC notifies a program within 30 days that the review has been suspended or delayed.

## Requests for Additional Information

If an applicant program fails to submit additional information requested within 15 days, GPAC will suspend the review process. Lack of communication with GPAC following a request for additional information could result in the review process being terminated. GPAC notifies a program within 30 days that the review has been suspended or delayed.

## Withdrawal from the Accreditation Process

An applicant program may withdraw its application or self-study at any time by submitting a letter of withdrawal from the program director or organization administrator to GPAC prior to GPAC making an initial accreditation decision.

## Accreditation Process

### Initial Accreditation Review Process

An applicant program has up to one calendar year from the time the application is accepted by GPAC to submit its preliminary self-study (and associated supporting documentation). If the self-study documentation is acceptable and the program is likely to be able to demonstrate substantial compliance with the GPAC standards, the site visit follows approximately 4 to 6 months later.

The program's assigned APL completes a preliminary review of the applicant's self-study and exhibits. The review for accreditation will move forward if the APL sees evidence that the documentation is sufficient to support an on-site visit. The APL reviews the self-study for completion and determines whether the applicant program has provided sufficient



documentation to move forward with the initial accreditation review based on the information provided. If additional information is necessary to complete the self-study document, it must be provided within 30 days. If an applicant program fails to submit additional information requested within 30 days, GPAC will suspend the review process. Lack of communication with GPAC following a request for additional information could result in the review process being terminated. GPAC notifies a program within 30 days that the review has been suspended or delayed.

When the preliminary self-study has been accepted to move forward in the accreditation process, the site visit team will be selected and the site visit dates will be scheduled at a mutually acceptable time (typically within 6 months) for both the program and the site visit team members. A program submits the final self-study with exhibits at least 6 weeks prior to the scheduled onsite visit. Failure to submit materials within this time frame may result in cancellation of the site visit at the program's expense. Programs undertaking the initial accreditation process will host an in-person site visit by two team members.

The accreditation process will not move forward if the program is unable to demonstrate adequate policies, procedures, and curriculum and that it is making satisfactory progress toward compliance with GPAC's standards. If the determination by the APL is that the program is unlikely to successfully demonstrate meeting the accreditation standards by the time of the review, the APL makes recommendations for continued improvement of the self-study, and this feedback is provided to the program within 45 days. The program then has an opportunity to use the feedback from the reviewers to improve the program substantively and the documentation provided in the self-study before resubmitting the report for another round of APL review. The report must be resubmitted within six months and the program is encouraged to use as much of this time as it needs to make suggested revisions to avoid further delay. In this case, the program should request an extension of the applicant period of up to 12 months from GPAC. If the extension is not adequate for necessary improvements to be made, the program must withdraw its application.

#### Renewal of Accreditation Process

GPAC staff notifies programs scheduled for renewal of accreditation 15 months prior to the expiration of accreditation.

Nine months prior to the expiration of the accreditation term the site visit team will be selected and the site visit dates will be scheduled at a mutually acceptable time for both the program and the site visit team members.

A program submits the self-study and exhibits at least 6 weeks prior to the scheduled onsite visit. Failure to submit materials within this time frame may result in cancellation of the site visit at the program's expense.

An accredited program is required to host a site visit prior to the expiration of its current accreditation term. Accreditation remains in effect until such time as GPAC makes an

accreditation decision. The program's current accreditation expires at the end of the accreditation period following failure to timely submit the above required renewal of accreditation documentation. A program that allows accreditation to expire may re-apply for initial accreditation following GPAC's published procedures.

#### Provision of Self-Study Report and Exhibits

A program electronically submits its self-study with exhibits to GPAC staff, who provides it to the site visit team, 6 weeks prior to the scheduled onsite visit.

#### Site Visits

##### Site Visit

A comprehensive site visit is conducted to assess the program's full compliance with GPAC Standards. Site visits, whether for initial or renewal of accreditation, are 1 ½ days in length. GPAC, at its discretion, may extend the length of the site visit when a special or complex organizational structure exists. Meetings, interviews, and observations occur in person and on site at the program.

#### Requirements for Site Visits

##### *Before the visit:*

- The final self-study with exhibits will be provided electronically six weeks prior to the scheduled visit for site visit team members to access and review in advance of the site visit.
- The program must ensure that the site visit team has access to appropriate and knowledgeable participants in all required meetings.
- Program representatives and the team leader work together to develop a site visit agenda. The agenda will include meetings with program representatives, including the program director, institution's administrator, faculty, students, and graduates of the program.

##### *During the site visit:*

- No one other than individual(s) listed in the site visit agenda participant list may be present in the meeting during interviews with site visit team members. The program director may not attend all meetings - they are to be present only when indicated on the agenda.
- Legal counsel shall not be present at any stage of the site visit.
- No part of the site visit may be audio or video recorded, unless explicitly agreed upon by GPAC and the program.

## Purpose of Site Visit and Role of Team

The site visit provides the program an opportunity to elaborate on information provided in the self-evaluation report and exhibits.

The site visit team is tasked with collecting evidence and data documenting the program's compliance with GPAC Standards. The site visit provides an opportunity for site visit team members to verify the implementation of the program's processes and procedures as described in the self-study and exhibits. A comprehensive site visit:

- Verifies the narratives submitted in the self-evaluation report and evidence submitted through exhibits. The site visit team members verify that the program is meeting its mission and demonstrate successful student achievement.
- Collects data that documents the extent of a program's compliance with GPAC standards.
- Reviews implemented policies and procedures that promote continuous program improvement. The onsite team confirms implemented processes and procedures through discussions/directed interviews with administration, faculty, staff, students, and graduates.

## Site Visit Team Selection

A two-member team, one designated as the team leader, is selected by the GPAC Chair to conduct a peer evaluation of the program based on GPAC's Standards. The site visit team comprises one academic member (e.g., sport and performance psychology faculty and/or program administrator) and one member who is primarily a sport and performance psychology practitioner. The team leader may be either of the team members. Both team members must be a CMPC, CMPC-emeritus, or an AASP-approved mentor. The selected site visit team members will be identified to the program following selection.

## Conflicts of Interest

Each team member signs conflict of interest and confidentiality policies prior to service on the site visit team. The program must notify GPAC within 10 calendar days of any real or perceived conflicts of interest that may be of concern to the program. If GPAC determines that a conflict of interest exists with any team member, that member will be replaced.

## Team Leader Responsibilities

The team leader is responsible for the completion of the site visit in accordance with the Committee's processes and procedures by ensuring that the team members complete their tasks during the evaluation. The team leader assigns primary responsibility for certain standards to each team member for review. The Team Leader ensures all team members submit their individual assessments of each standard on time and compiles the team's

reports so as to provide GPAC with a clear representation of the program's compliance with published standards.

#### Site Visit Team Responsibilities

Prior to the site visit, each team member carefully reviews the program's self-evaluation report, and exhibits provided by the program.

The site visit team documents whether the program meets the published standards in a detailed report. The site visit team evaluates the program's compliance with each standard.

#### Possible compliance findings

There are four possible compliance findings. A separate finding is returned for each accreditation standard.

##### *1. Met*

The program fully complies with or exceeds the expectations embodied in the standard.

##### *2. Met with commentary*

The program evidences the minimum characteristics expected by the standard, but some aspects of performance could be strengthened, or some aspect of the program's performance warrants discussion.

##### *3. Partially met*

The program fails to meet one or more aspects of the standard.

##### *4. Not met*

The program fails to meet the standard in its entirety or performs so poorly in regard to the standard that the efforts of the program are found to be unacceptable.

Findings of met and met with commentary are compliant findings, and no further action is required. Findings of partially met and not met are noncompliant findings and will require action to remediate the issue(s) that gave rise to the noncompliant finding. Remediation is required through submission of a compliance report.

#### Site Visit Team Report

GPAC staff provides the team's report to the program for response five weeks following the onsite visit. The report is based on the findings of the site visit team. Two weeks following the site visit the site visit team member submits written reports to the team leader. Four weeks following the onsite visit, the team leader submits a final written report to GPAC staff.

## Program Response

Upon receipt of the team's report, the program has six weeks to provide a response and supporting evidence for any findings of the standards that are not met or partially met. The program must demonstrate that processes or policies are implemented to meet the corresponding standard. The program may submit new or supporting information or correct any incorrect statements made in the accreditation report. The program submits a response to the accreditation report for GPAC consideration at its next scheduled meeting with an open agenda.

## GPAC Accreditation Decisions

### Initial and Renewal of Accreditation Decision

After the program has responded to the team's report, then the self-study with exhibits, the team's report, and the program's response will be provided to the GPAC for review in preparation for its next regularly scheduled meeting. Committee members must be given two weeks, at a minimum, to review all materials.

In all cases, the Committee makes decisions based on the totality of the information, rather than making decisions based on the compliance status of any individual criterion in isolation.

Following a full or focused/abbreviated self-evaluation and site visit, the Committee will make one of the following decisions:

*Accredit (Initial & Renewal):* Grant an initial accreditation term for five years or a reaccreditation term for 8 years forward from when the Committee makes the accreditation decision. If applicable, the Committee will define requirements for demonstrating that the program has remediated any criteria found to be noncompliant. Mechanisms for demonstrating compliance and timelines and consequences associated with compliance are defined elsewhere in this document.

*Accredit (Initial & Renewal – Shortened Term):* Grant an initial accreditation or reaccreditation term for a period shorter than the maximum of five or ten years, respectively, if the Committee deems it necessary to assure continued compliance with all criteria.

*Accredit – Probation:* Grant probationary accreditation to an accredited program that is judged either deficient in resources and procedures to continue to accomplish its stated mission and objectives, or that fails to meet the requirements for its reaccreditation review. This status is conferred for a specific length of time and may not exceed three years in total. Typically, a program receiving probationary accreditation can expect an immediate requirement to begin a new full or focused self-evaluation and site visit process, with the site visit occurring within 12-18 months of the conferral of probationary accreditation. The three-year maximum allowable period for probationary accreditation includes up to two years in which the program must come into compliance with the accreditation standards. If it fails to do so, the Committee will either withdraw accreditation, or it can allow up to one additional year for the program to remedy the

deficiencies if the program shows good cause. Extension for good cause must be based on specific reasoning and is not guaranteed, as described in this document's information on addressing noncompliance. Additional definitional information for probationary accreditation is available in this document's information on accreditation status, and additional public disclosure requirements associated with probationary accreditation also appear in the relevant section of this document.

*Deny Accreditation:* Deny initial accreditation to a program in its applicant period when the program does not meet standards for accreditation and the Committee deems that reasonable remedial actions will not bring the program into compliance within the required timeframe.

*Withdraw Accreditation:* Withdraw accreditation of a program that does not meet the standards for continued accreditation or does not permit a re-evaluation after proper notice by GPAC. Withdrawal also applies when an institution disestablishes or closes a program.

*Defer:* Defer an accreditation decision if the Committee requires further information to be able to make an appropriate decision. This occurs in rare circumstances, and the Committee will define a specific time limit for deferral. The program will maintain its existing status (eg, applicant, accredited) until the time of the Committee's next decision.

*Extension:* GPAC reserves the right to extend any accreditation term or postpone a site visit due to natural disasters or similarly severe and unusual circumstances.

### Compliance Reports

Following a site visit, when the Committee identifies a deficiency in compliance but determines that reasonable remedial actions could bring the program into compliance with the standard, the Committee will typically require a compliance report. The request for a compliance report will specify the areas of deficiency and the date of expected submission (typically between 6 months and two years, depending on the nature of the deficiency). Upon submission of the compliance report, the Committee will act either to accept or to not accept the report. Compliance reports are accepted if the Committee concludes, based on evidence provided, that the program has demonstrated full compliance with the standard. If the program has not fully resolved the cited deficiencies within the timeframe specified by the Committee, the Committee will act not to accept the compliance report and will a) withdraw the program's accreditation; or b) extend, for good cause, the time period by which the program must come into compliance. In the rare case that good cause is demonstrated, the Committee may extend that time frame for one additional year.

### Date of Initial Accreditation

The Committee's acceptance of the application is an indication that the program has presented evidence that it meets all requirements outlined in the Program Eligibility section; however, it is not eligible for initial accreditation until it can demonstrate satisfactory student learning and other outcomes. Given that the accreditation decision is based on data and student outcomes

from the applicant period, the date of initial accreditation accounts for the evidence presented during this period by assigning, as the date of initial accreditation the date on which the program's site visit occurred.

The Committee assigns the date of initial accreditation during the Committee meeting at which the accreditation decision is made.

## Appeals

### Appealing the Committee's Adverse Decision

The program may appeal the Committee's decision to deny initial accreditation or withdraw accreditation. The program submits a letter indicating the intent to appeal, which must be accompanied by the required fee, to the GPAC staff within 30 days following receipt of the Committee's letter notifying the program of the denial or withdrawal of accreditation. The program's failure to submit the letter and fees within 30 days is deemed a waiver of its right to appeal and will cause the Committee's action to become final.

### Written Statement

The program files a written statement detailing the grounds for its request of appeal within 30 days following the submission of the letter indicating the intent to appeal. The program's decision to appeal is limited to appealing the factual record that was before the Committee at the time it made its decision, and to the decision that the Committee made in executing its standards and procedures.

### Appeal Panel

During the appeal process, the program's appeal is heard by an independent Appeal Panel that is separate from the GPAC and serves as an additional level of due process for the program. The Appeal Panel does not have authority concerning the reasonableness of GPAC's policies and procedures, or Standards. The Appeal Panel affirms, amends, or remands the prior decision of the Committee as follows. The Appeal Panel determines whether the Committee's action was not supported by the record or was inconsistent with GPAC policies or procedures. The program has the burden of proof in demonstrating that the action of the Committee was not supported by the record or was otherwise inconsistent with GPAC policies or procedures.

The Appeal Panel consists of three people appointed by the GPAC: a public member, a sport and performance psychology practitioner, and a program director. Potential members of the Appeal Panel are selected from among former members of the Committee, GPAC onsite team members, and active faculty of GPAC-accredited programs. All panelists receive a training session on GPAC's Standards and appeal procedures and are subject to GPAC's Conflict of Interest Policy.

The Appeal Panel members possess knowledge of accreditation purposes, standards, and procedures to meet the panel requirements published above. The Appeal Panel members cannot include current GPAC members and cannot have a conflict of interest. No panel member may serve if they participated, in any respect, in the underlying decision by the Committee to deny or withdraw accreditation. If the Committee determines that a conflict exists, the panelist will be replaced.

### Consideration and Decision of the Appeal

The consideration of the appeal is based on the Committee's written findings and reasons related to the action, the program's written response detailing the grounds for appeal, and relevant supporting documents. The Appeal Panel only considers whether the Committee's decision was not supported by the record or was inconsistent with GPAC policies or procedures.

The program has the burden to show that the Committee's decision resulted from errors or omissions in the execution of GPAC's Standards, policies, or procedures, or that the decision was arbitrary or capricious, or was not based on substantial evidence on the record. No new documentation may be presented for the Appeal Panel to consider. The Appeal Panel considers the grounds for appeal, the program's oral presentation, and the record that was before the Committee when it made the decision to deny or withdraw accreditation.

### Appeal Panel Hearing

The GPAC will have at least one representative present at the hearing. The GPAC representative and program representatives will have the opportunity to make opening and closing statements to the Appeal Panel. Oral statements may not exceed 20 minutes in length. The program must provide information relevant to the specific grounds for the appeal. If the program leadership intends to make an oral statement, the program director should provide, in writing, to GPAC staff 30 days prior to the hearing date, the names and affiliations of those appearing. The program is entitled to be represented by counsel during the hearing.

### Appeal Panel Decisions

The Appeal Panel, on a majority vote, may make any of the following three decisions based on the information presented for review.

*Affirm:* If the Appeal Panel determines the program failed to meet its burden of proof in showing the Committee's action was not supported by the record or was inconsistent with GPAC policies or procedures, it must affirm the decision of the Committee.

*Remand:* The Appeal Panel may remand a decision to the GPAC when it finds that the Committee's action was not supported by the record or was inconsistent with GPAC's policies or procedures. A remand is a directive to the Committee that it must reconsider its action in light of all relevant facts in the record that was before the Committee at the time of its



decision, including the specific material fact or facts that are the basis for the remand or that the Committee must review the policies and procedures applied to its action. The Appeal Panel must identify those material facts in the record or the specific policy or procedure, that it wants the Committee to review on remand.

*Amend:* In certain circumstances, the Appeal Panel may amend the decision. A decision to amend an adverse action sets forth the specific grounds for the decision and directs the Committee to modify its decision in accordance with the specific direction of the Appeal Panel.

The GPAC will act in a manner consistent with the Appeals Panel's decisions or instructions and the Accreditation Policies & Procedures.

#### Committee Receipt and Implementation of Appeal Panel Decision

The written decision of the Appeal Panel is provided to the GPAC within 30 days. The GPAC implements the decision of the Appeal Panel to either affirm, remand, or amend the prior Committee decision and notifies the program of the decision within 30 days of implementation.

#### Notification and Public Disclosures of Accreditation

##### Initial and Renewal of Accreditation

GPAC staff provides written notice to the Program Director and the public no later than 30 days after the Committee makes its decision to grant, deny, or withdraw initial or renewal of accreditation. A final decision to deny or withdraw accreditation is only reached after a program has either exhausted the appeal process or opted not to appeal the Committee's adverse decision.

##### Authorized Statement

GPAC specifies how an accredited program may refer to its accreditation status. A program may refer to its accredited status only as follows:

*(Name of Program) (track or concentration) is accredited by the Graduate Program Accreditation Committee (GPAC) of the Association for Applied Sport Psychology.*

##### Other Unaccredited Programs

If in addition to its GPAC-accredited program(s), the sponsoring university offers other sport and performance psychology programs not currently accredited by GPAC, the sponsoring university's marketing materials must clearly indicate and identify those additional programs are not accredited by GPAC.

If GPAC staff determines that a program failed to comply with the authorized statement, the staff may require the program to take immediate corrective action or recommend Committee action including the withdrawal of the program's accreditation.

### GPAC Accreditation Logo Use

The GPAC Accreditation Logo and License is solely for use, as set forth below, by currently accredited GPAC programs in good standing. The following are the Terms of Use for the GPAC Accreditation Logo:

- Programs will use the GPAC Accreditation Logo only in accordance with the license granted under these Terms of Use. Nothing in these Terms of Use grants any party other than the accredited program any rights, title or interest in the ownership of the GPAC Accreditation Program Logo.
- The program warrants and represents that it is fully accredited and is in good standing with GPAC.
- The GPAC Accreditation Logo is to be used only to represent a program's accreditation with GPAC.
- The logo cannot be displayed in any manner that implies sponsorship or endorsement by GPAC or that shows any kind of relationship with GPAC other than as an GPAC-accredited program. The GPAC Accreditation Logo may not be placed on any documents, such as contracts or otherwise, and can only be used as set forth herein. The GPAC Accreditation Logo is not to be used in connection with disparaging statements.
- The GPAC Accreditation Logo must never be modified, including the design, adding or deleting words or changing colors or font.
- GPAC grants GPAC-accredited programs in good standing a revocable, limited, non-exclusive, non-transferable, non-assignable license to use the GPAC Accreditation Logo on business cards, promotional fliers and brochures, Web pages of the accredited program and print advertisements, provided the program is an GPAC-accredited program in good standing, and provided further that the GPAC Accreditation Logo is still an GPAC-approved Logo. If at any time a program is no longer an GPAC-accredited program in good standing or if GPAC withdraws the GPAC Accreditation Logo as an GPAC-approved Logo, this permission will automatically cease and that program must immediately cease all uses of the GPAC Accreditation Logo.
- These Terms of Use are subject to change.

### Public Disclosure

#### Public Disclosure of Probation Decision

GPAC provides written notice to the public (via its website) of all probation decisions within 24 hours of its notice to the program. As soon as a probationary accreditation decision is finalized, the program must provide notice to all current students and potential students about the probationary accreditation decision. The notice must indicate to students the specific date by which they must complete the program (i.e., the ending date of the probationary accreditation term) to guarantee completion of an accredited program. The notice must be disseminated and posted in a manner that ensures transparency for all current and potential students. GPAC encourages the program to share additional information related to the probationary

accreditation decision with Students and the public, including plans to address identified deficiencies, timelines leading up to the end of the probationary accreditation term, etc.

#### Public Disclosure of Adverse Decisions

GPAC provides written notice to the public (via its website), appropriate state agencies, and institutional accreditor of all final adverse decisions within 24 hours of its notice to the program.

#### Public Disclosure Related to Resigning or Voluntarily Withdrawing Accreditation

GPAC posts a notice of a program's decision to resign or withdraw accreditation on its website within 30 days of receiving notification from the program.

#### Accreditation Lapses

GPAC posts a notice 30 days after the program's accreditation lapses following a lack of communication, required documentation, or action of indicating the program's intent to complete all the steps in the accreditation process.

#### Scope of Public Information

GPAC will make available to the public and in GPAC publications, including its website, the following information for applicant, and accredited programs:

- Program name, address, telephone number, email address, and website;
- Name of program director and program coordinator, if applicable;
- Current program status (applicant, accredited, or probationary accreditation);
- Dates of initial accreditation and current accreditation expiration;
- Summary of information pertaining to an adverse action;
- Summary of information pertaining to an action subject to appeal; and
- Date of voluntary withdrawal of accreditation.

#### Confidentiality of Records

Information pertaining to the Committee's actions is confidential and is not shared with third parties, other GPAC-accredited programs, the media, or the public except as authorized by the program or as required by government regulation, judicial or administrative processes, and other legal requirements.

#### Sharing Information with Government Entities and Other Accrediting Organizations

GPAC grants all reasonable special requests for accreditation information made by other accrediting organizations and government entities. Requests for information from such entities must be in writing and submitted to the GPAC staff and must state the name and address of the program for which information is sought, the nature of the information

requested, and the purposes for which the information is to be used. A decision to deny such a request is not subject to appeal.

#### Authorized Disclosure of Information

When a program requests specific confidential accreditation information to be released to third parties, the Program Director or other designated individual must provide a program-initiated acknowledgement or written release on official letterhead to the GPAC staff stating the precise information to be released and the party or parties to whom the information should be provided.

#### Correction of Misleading or Inaccurate Information

GPAC requires an accredited program to correct any misleading or inaccurate information it releases. GPAC will notify the program of the misleading or inaccurate information and request that the program immediately make the correction, post a notice of the correction, and document to GPAC that the correction was made. Failure to correct any misleading or inaccurate information within 10 days may result in a focused visit.

#### Record Retention

##### Record Retention

GPAC maintains at its offices in electronic form complete and accurate records of the following:

- Last full accreditation review for each program, including the application, the site visit team's accreditation report, the response to that report, annual report data, periodic review reports, focused visit reports that occur between accreditation cycles, and a copy of the program's most recent self-study.
- All decisions made throughout accreditation with GPAC regarding accreditation and substantive change decisions including all correspondence significantly related to those decisions; and
- Minutes of all GPAC meetings.

#### Maintaining Accreditation

The program maintains accreditation on an ongoing basis by remaining in continuous compliance with all GPAC Standards, policies and procedures, and eligibility requirements. The program maintains continuous operations; educates students in support of its mission; fulfills all GPAC reporting requirements in a timely manner; maintains compliance with all applicable local, state, and federal requirements; and pays all GPAC fees in a timely manner, as applicable.

## Annual Reports

Every year, GPAC requires an annual report submission by all accredited programs. The annual report and annual accreditation fee must be submitted by January 31. The annual report and all supporting documentation are submitted via email to GPAC staff. The Committee monitors continuous improvement and student achievement based on the program's mission, goals, and outcomes. If the Committee observes significant or consistent declines in student achievement, the Committee may require the submission of additional information.

## Failure to Submit Annual Report and Fees

If an accredited program fails to submit an annual report and the annual fee on time, GPAC may withdraw accreditation effective upon the deadline for submission. Within 10 days following the annual and annual fee submission deadline, GPAC advises the program that its annual report and dues have not been received and reminds the program that its accreditation may be withdrawn. If GPAC does not receive a response from the program, annual fee, and annual report within 30 days of this notice, a letter is sent to the program communicating the withdrawal of accreditation effective January 31.

## GPAC Review and Follow-Up Action

Upon submission of the annual report, GPAC staff may request additional supporting documentation, as necessary. All annual reports are reviewed by GPAC. The Committee will follow up, as necessary, by requiring additional information or compliance reporting from programs or, for cases which threaten the integrity or continued operation of the program, a focused or full site visit.

## Substantive Changes

A substantive change is one that may significantly affect a program's mission, quality, scope, instructional modality or curriculum, or control. Substantive changes are reviewed to ensure that changes are made in compliance with GPAC Standards. The Committee's review of the substantive change notice seeks to determine whether the substantive change adversely affects the capacity of the program to continue to meet the GPAC Standards. Committee approval is not required before the program can implement the substantive change; however, the program is required to notify GPAC within 30 days of making the change. GPAC will review all substantive changes at regularly occurring meetings. Substantive changes received within two weeks of a meeting will be reviewed at the subsequent meeting.

Substantive changes include the following:

- A change to the program's mission;
- A change in organizational ownership of the program;
- A change of leadership (e.g., changes in program director);
- Any permanent change in faculty;

- A change in curriculum content that represents a significant departure from existing offerings of the program;
- A change in method of program delivery (e.g., changes to in-person versus distance learning or changes from full-time to part-time offering); or
- Any other change that impacts the program's ability to meet GPAC Standards.

The Committee may make a full range of accreditation decisions following receipt of notice of substantive change, including: accept the change and continue accreditation, request additional information from the program so that an appropriate decision can be made, require a compliance report if a compliance concern is identified, require a focused review or early comprehensive review if integrity of the program is in question, confer probationary accreditation, or withdraw accreditation.

The Committee allows for due process by providing reasonable time for a program to comply with its request for additional information and documentation. In all cases, the Committee will allow the program sufficient time to respond to any findings before making any final decision regarding a program's accredited status.

### Focused Review

A focused review may be required by the Committee as a result of unusual circumstances or failure by the program to meet its accreditation obligations. The Committee's requirement of a focused review may be triggered because of the following:

- A serious or an unusually large number of student or other complaints against a program;
- State investigations or legal action taken against the program or the sponsoring institution;
- A program's failure to comply with a condition of accreditation;
- Reported negative financial conditions or events;
- Governmental complaints against the program or sponsoring organization; or
- Similar serious concern.

If the program refuses to undergo a focused review or observe timelines specified by the Committee for executing the focused review, the Committee may withdraw accreditation.

### Complaints (Accredited Programs, Applicant Programs, and GPAC)

#### Definition of Complaints and Limitations

Complaints that reasonably and credibly allege instances of noncompliance with GPAC standards, policies, and procedures by accredited programs, applicant programs, site visit team members, Committee members, GPAC, and staff are investigated in a fair and timely manner.

A complainant must document that all administrative processes and appeals within their own program and university have been exhausted before filing a complaint with GPAC. Where issues of educational quality or compliance with GPAC Standards or procedures are not central to the complaint, GPAC may refer the complainant or complaint to the appropriate federal or state agency or private entity with jurisdiction over the subject matter of the complaint.

GPAC is not a mediator of disputes and, generally, will not interpose itself in a manner that limits the discretion of GPAC-accredited programs in the normal operation of their personnel or academic policies and procedures, unless a violation of GPAC standards or policies is specifically alleged. Such matters include admission; grading; credit transfer decisions; fees or other financial matters; disciplinary matters; and contractual rights and obligations of students and personnel. GPAC will not seek any type of compensation, re-admission or other redress on behalf of an individual. GPAC will not respond to or take action on any complaint that is defamatory, hostile or profane. GPAC will not involve itself in matters involving collective bargaining agreements.

If, for any reason, GPAC suspects any type of unethical behavior, including fraud and abuse, by an accredited program or an applicant program, GPAC reserves the right to investigate the allegations at any time.

#### Complaints Against Accredited Programs

When GPAC grants accreditation, it expects the program to remain in compliance with GPAC standards, policies, or procedures throughout the accreditation term. Therefore, the principal concern of GPAC when it receives a complaint about an accredited program is whether the program is in compliance with published standards, policies, and procedures. The burden of proof rests with the program to prove that it is meeting GPAC standards, policies, and procedures at all times, including proving compliance after accreditation is granted. Another concern of GPAC involves the methods, policies, philosophy, and procedures followed by the program for handling complaints on an ongoing basis. GPAC expects its accredited programs to have operational procedures in place for fairly and promptly resolving complaints so that they do not become a matter for concern by outside agencies. GPAC will consider a complaint even if the program is involved in litigation with GPAC or other third parties. Therefore, in investigating a specific complaint against an accredited program, GPAC also examines whether or not the program has effective methods for handling student complaints on a routine basis. This examination includes verifying whether the program's procedures are equitable, consistently applied, and effective in resolving complaints. Finally, GPAC is concerned with the frequency and pattern of complaints about an accredited program. GPAC expects all programs to monitor all complaints they receive and expects all programs to take steps to assure that similar complaints do not become repetitive or routine.

## Required Publication of Complaint Process

Programs are required to publish, in an easily accessible manner, the procedures by which students, faculty, or other interested parties may communicate any formal complaints and/or grievances to program leaders. Examples may include, but are not limited to, publishing complaint procedures in student orientation materials, student handbooks, and on the program's website. While GPAC expects that most complaints are resolved at the program or institutional levels, programs must also publish contact information (website and phone number) for GPAC. GPAC will publish the process for receiving and processing complaints about accredited programs on its website.

## Submitting Complaints

GPAC accepts written complaints that include the complainant's name, contact information, and a summary of the complaint. Where circumstances warrant, the complainant may remain anonymous to the program, however, all identifying information must be provided to GPAC. Written complaints must provide the following information:

- Identification of the specific GPAC Standards, policies, and procedures that have been violated and the basis for any allegation of a violation or noncompliance with those Standards, policies, and procedures;
- All relevant names, dates, and a brief description of the actions forming the basis of the complaint;
- Copies of any available documents or materials that support the allegations; and
- A release authorizing GPAC to forward a copy of the complaint, including identification of the complainant to the program. In cases of anonymous complaints, or when the complainant requests their name to remain confidential, GPAC considers how to proceed and whether the anonymous complaint sets forth reasonable and credible information that a program may be in violation of GPAC Standards and whether the complainant's identity is necessary to investigate the allegations.

## Complaint Actions

When GPAC receives a complaint against a program seeking initial accreditation or an accredited program, GPAC's procedures for responding to complaints consists of the following steps:

1. Following receipt of the complaint, GPAC staff sends a letter or email to the complainant acknowledging receipt of the complaint and explains next steps in the process. The complaint is forwarded to the GPAC Chair.
2. The GPAC chair conducts an initial review of the complaint to determine whether it contains all of the required information. If additional information or clarification is



required, the GPAC chair sends a request to the complainant. If the requested information is not received within 15 days, the complaint will be considered abandoned and will not be investigated by GPAC.

3. If the GPAC Chair determines after review of the complaint that the information remains incomplete or is inapplicable to GPAC standards, policies or procedures, the complaint will be considered closed and will not be investigated by GPAC. The complainant is notified in writing.
4. If the GPAC Chair determines after the initial review of the complaint that the information constitutes a valid complaint related to GPAC standards, policies, or procedures, the chair notifies the program that a complaint has been filed. The notice summarizes the allegations, identifies the GPAC standards, policies, or procedures that were allegedly violated, and submits a copy of the original complaint to the program. The program is given 30 days to provide a response.
5. The GPAC chair will provide the complaint materials and the program's response, to the GPAC at its next regularly scheduled meeting, or sooner where circumstances require.
6. The GPAC shall be the final decision-making body on the complaint and its decision may include any of the following:
  - Consider the complaint resolved and continue the accreditation status of the program without change;
  - Continue the accreditation status of the program, but require that the program pursue specific corrective action to resolve the complaint;
  - Direct an on-site or virtual focused visit to be conducted at the program by a full or partial site visit team, to investigate the allegations;
  - Continue the accreditation status of the program, but initiate an earlier review of the program;
  - Place the program on probation; or
  - Withdraw the program's accreditation, subject to appeal in accordance with GPAC policies and procedures.

In all instances, GPAC will send a letter to the complainant and the accredited program informing it of the final disposition of the complaint. If the Committee takes an adverse action against a program based on information arising from a complaint, the program may appeal the decision as outlined in this document.

#### Complaints against GPAC

Complaints about GPAC's performance related to its own procedures, policies or standards or about agency conduct inconsistent with good accreditation practices, should be forwarded to

GPAC staff. Complaints must be in writing, must be specific and must be signed by the complainant. GPAC staff, working with the GPAC chair, will seek to achieve an equitable, fair and timely resolution of the complaint. As necessary, complaints may be referred to the full GPAC and will be considered at the GPAC's next regular meeting. GPAC decisions relative to the complaint will be communicated to the complainant in writing within 30 days of the meeting. GPAC maintains complete and accurate records of complaints, if any, against itself for a period of eight years.

#### Records of Complaints

GPAC maintains a record of all complaints. Complaints received against programs, whether accredited or seeking initial accreditation, and all correspondence related to the complaints, are retained for eight years. GPAC may consider these complaint files when it acts on a program's grant of initial accreditation or renewal of accreditation.

#### Payment of Fees

The GPAC publishes its fee schedule for application, annual accreditation fees, and other services on the AASP website. In addition to the listed fees, accreditation units must reimburse GPAC for travel and expenses for site visit teams.

Applicant and accredited programs must pay all fees as required. Failure to pay required fees by the defined deadline will result in action by GPAC, including the following:

- Removal of the program's name from its list of accredited programs
- Suspension of all review activities, including consideration of a future application submitted by the program, if applicable

Fees, including application fees, are not refundable if the accreditation unit later decides to withdraw from the accreditation process.