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November 7, 2025

Dr. Julie Castello
Marriage and Family Therapy Program
National University (MA)

Dear Dr. Castello:

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), at its October 13-14, 2025 meeting, reviewed the Marriage and Family Therapy (MA) program at National University for Renewal of Accreditation. This review included consideration of the program's Self-Study, COAMFTE's Self-Study Review Letter, Program's Additional Information, Site Visit Report, Program's Response to Site Visit Report, and any additional materials submitted by the program.

The Commission voted to grant Renewal of Accreditation for a period of four (4) years, November 1, 2025 - November 1, 2029, with **Stipulations** on the following Key Elements:

Key Element I-B	Key Element III-F
Key Element I-C	Key Element IV-A
Key Element II-B	Key Element IV-B
Key Element III-A	Key Element IV-C

Consistent with the COAMFTE policy on Notification to Program of COAMFTE Actions, the program must agree in writing to any stipulations for accreditation before the status can be conferred (COAMFTE Accreditation Manual: Policies and Procedures, p. 28). **The program is required to respond in writing by November 12, 2025, to coa@aamft.org.**

The Commission's review of the program's Renewal of Accreditation materials is below:

STANDARD I: OUTCOME-BASED EDUCATION FRAMEWORK AND ENVIRONMENTAL SUPPORT

Key Element I-A: Outcome-Based Education Framework

The program has an overall outcome-based education framework that includes the following:

- *A program mission generally consistent with the program's larger institutional setting.*
- *Specific program goals that implement the program's mission and promote the COAMFTE Developmental Competency Components.*

- *Student learning outcomes (SLOs) that set clearly defined targets for measuring specific student competencies and achievement of program goals. Note: Please refer to the glossary definition of assessment measure.*
- *Annual collection and publishing of graduate achievement required by type of program (masters, doctoral, post-degree).*
- *Selected communities of interest (COI's) who are direct stakeholders in the program's outcomes, effectiveness, and improvement.*
- *Availability of the program's outcome-based education framework to communities of interest and others selected by the program. to the program's mission and goals.*

Commission's Response:

The program meets the requirements of this Key Element.

Key Element I-B: Plan for Assessing Outcome-Based Educational Achievement

The program has an overall assessment plan for collecting, reviewing, and acting on the achievement data identified in Key Element I-A for the purpose of program improvement. Data-informed review actions may address improvements to program mission, goals, student learning outcomes measures and targets, communities of interest inclusion, and review processes/policies.

The outcome-based education assessment plan includes the following:

- *A description of how and by whom assessment data for student learning outcomes and graduate achievement are collected, reviewed, and acted on as needed.*
- *Mechanisms for assuring that selected communities of interest input are included in the review process.*
- *An assessment timeline that identifies expected completion of assessment review cycles.*
- *A description of how and by whom the program's outcome-based education framework and its assessment plan are reviewed for improvement actions as needed.*

Please note: Graduate achievement data are presented and discussed in Key Element IV-A. Student learning outcome data are presented and discussed in Key Element IV-B.

Commission's Response:

The program does not meet the requirements of this Key Element. The program indicated that Local Clinical Supervisors provide feedback through student evaluations. However, this is an assessment measure and not a feedback mechanism. The program needs to provide evidence of a formal feedback mechanism for Local Clinical Supervisors into the outcome-based education framework. The program also needs to provide evidence of the complete feedback loop, demonstrating in a clear assessment plan how and by whom assessment data for student learning outcomes and graduate achievement are collected, how and by whom the data is evaluated, how and by whom decisions on that evaluation are made, and how and by whom acts on those program improvements.

Key Element I-C: Plan for Assessing Environmental Supports

Environmental supports are institutional and program resources that contribute to successful student achievement, program quality and an inclusive and diverse learning environment. The program has a plan for maintaining effective environmental supports through a process of review that includes collection of feedback from identified communities of interest, program review, focused corrective action/advocacy where needed, and input to and from institutional leaders.

The plan for reviewing environmental supports includes the following areas:

- *How the program promotes an inclusive and diverse learning environment.*
- *How the program follows published policies for receiving, reviewing, and responding to complaints and grievances, and student concerns.³*
- *How the program monitors other environmental supports including:*
 - *fiscal and physical resources*
 - *technological resources*
 - *instructional and clinical resources*
 - *academic resources and student support services*
- *How the program complies with institutional policies and procedures concerning the use or technology, including policies on disaster planning and recovery of information, and responses to illegal or inappropriate uses of technology systems and resources.*
- *How the program ensures the reliability of technology systems, the integrity and security of data, and safeguards student and client information in accordance with applicable regulations and guidelines.*

Please note: Results of this review process are reported and discussed in Key Element IV-C

Commission's Response:

The program does not meet the requirements of this Key Element. The program indicated that a student climate survey was used to assess the broad student body beyond the COAMFTE-accredited program. The results of this survey were not disaggregated for the COAMFTE-accredited master's MFT program. The program needs to provide evidence of how it promotes and follows its evaluation process and mechanisms for ensuring, assessing, and reviewing the diverse and inclusive learning environment.

STANDARD II: PROGRAM LEADERSHIP, PROGRAM FACULTY, AND PROGRAM CLINICAL SUPERVISORS

Key Element II-A: Program Leadership Qualifications and Effectiveness

Direction and oversight of the program occurs continuously throughout the year (12 months). Program leadership is qualified, assigned ultimate responsibility for the administration of the program, and meets the following criteria:

- *Is a core faculty member who demonstrates professional identity as a Marriage and Family Therapist.*

- *Is responsible for oversight of the outcome-based education framework, assessment activities, curriculum, clinical training program, facilities, services, and the maintenance and enhancement of the program's quality.*
- *In master's degree programs, has or shares leadership responsibilities for the foundational curriculum and foundational practice component and is an AAMFT Approved Supervisor or AAMFT Supervisor Candidate (Supervisor Candidate who assumes this role must become an AAMFT Approved Supervisor within three years.).*
- *Participates in an established effectiveness review that includes input from communities of interest and as needed, plans to support further leadership development and enhanced effectiveness.*

Commission's Response:

The program meets the requirements of this Key Element.

Key Element II-B: Qualifications of Program Faculty and Program Clinical Supervisors

Program faculty and program clinical supervisors who contribute to the program's curriculum and application components are qualified to fulfill their specific roles. Qualifications and roles are identified in the context of the program's institution and congruent with the program's goals.

- *All program faculty members and program clinical supervisors are academically, professionally, and experientially qualified to fulfill their specific program responsibilities.*
- *Program faculty and program clinical supervisors have expertise in their area(s) of teaching and/or supervisory responsibility and knowledge of their instructional modality (e.g., distance learning) or method of MFT relational/systemic supervision (e.g., teletherapy, live observation).*
- *Program clinical supervisor roles are distinguished from instructional faculty roles and consistent with the program's application component.*
- *All program faculty receive position descriptions describing their responsibilities, required qualifications and institutional and program expectations for scholarship, teaching, research, MFT relational/systemic supervision, practice, and/or service.*
- *Fifty percent or more of core faculty, including the program leader(s) are qualified to provide MFT relational/systemic supervision as a program clinical supervisor.*

Commission's Response:

The program does not meet the requirements of this Key Element. The program indicated that program clinical supervisors complete the required 100 hours of relational systemic supervision in Key Element III-C. The program needs to provide evidence of a mechanism, policy, and process for regularly updating the program list of faculty members on the program's website. The program needs to provide evidence of a mechanism, policy, and process for regularly attending to faculty qualifications when they become outdated and verifying that it has the appropriate documentation on file. The program needs to provide a mechanism, policy, and process to ensure that ALL faculty complete the annual compliance training. The program needs to provide evidence that these mechanisms, policies, and processes are being regularly adhered to.

Key Element II-C: Core Faculty and Program Clinical Supervisor Sufficiency

The core faculty and program clinical supervisors must be sufficient to implement the program's outcome-based education framework (Standard I), curriculum instruction, and application component.

- *Core faculty sufficiency is demonstrated by*
 - *a core faculty-to-student FTE ratio of 1:15, OR*
 - *as an alternative, the program may designate and meet a core faculty-to-student FTE ratio that the program demonstrates to be sufficient to support core faculty responsibilities and institutional and program expectations as reported in Key Element II-B. The program must define sufficiency criteria that support the alternative ratio and demonstrate how these criteria are evaluated, reviewed, and revised as needed. Noncore faculty may be included in this alternative ratio if the program demonstrates defined and ongoing non-core faculty contributions that support core faculty areas of responsibility beyond course instruction and/or clinical supervision.*
- *The program must have a sufficient number of program clinical supervisors to support the program's application component in Key Element III-C, as demonstrated by a ratio the program determines to be sufficient to meet program responsibilities and expectations for program clinical supervisors.*

Commission's Response:

The program meets the requirements of this Key Element.

Key Element II-D: Program Faculty Evaluation and Effectiveness

Program faculty which includes core faculty and non-core faculty members, meet the expectations of their institutional and program roles. The program reviews program faculty effectiveness and contributions to program quality.

- *The program must have an established process for evaluation of the contributions and effectiveness of program faculty as appropriate to each individual faculty member's role.*
- *The evaluation process must identify who directs the process, the evaluation methods and data used, timeline, and as needed, include a plan to support further development and enhanced effectiveness.*
- *The program must demonstrate that it completes its program faculty evaluation and effectiveness review process and assures that the results of the evaluation are provided to each program faculty member.*

Commission's Response:

The program meets the requirements of this Key Element.

Key Element II-E: Program Clinical Supervisor Evaluation and Effectiveness

Program clinical supervisors meet the expectations of their program and professional roles. The program reviews clinical supervisor effectiveness and contributions to program quality.

- *The program must have a stated process for evaluation of the program clinical supervisor's contribution and effectiveness appropriate to the supervisor's role.*

- *The evaluation process must identify who directs the process, the evaluation methods and data used, timeline, and as needed, include a plan to support further development and enhanced effectiveness.*
- *The program must demonstrate that it completes its program clinical supervisor evaluation and effectiveness review process and assures that the results of the evaluation are provided to each program clinical supervisor.*

Commission's Response:

The program meets the requirements of this Key Element.

STANDARD III: CURRICULUM

Key Element III-A: Curriculum Alignment and Monitoring

The program must provide descriptions of:

- *How the curriculum and practice components support the program attainment of student learning outcomes and aligns with the COAMFTE Developmental Competency Components.*
- *Logical sequencing of the curriculum and practice components.*
- *Processes and procedures used to monitor and ensure student progress and completion of requirements in the curriculum and practice components.*
- *Governance processes and procedures for designing, approving, implementing, reviewing, and changing the curriculum*

Commission's Response:

The program does not meet the requirements of this Key Element. The program indicated that student and program outcomes are reviewed annually and used to guide curricular or pedagogical changes. The program indicated on page 16 of the program handbook that summaries of student and program outcomes are reviewed annually and used to guide curricular or pedagogical changes. The program also included an item in meeting minutes from 5-23-25, which discussed the governance process, including CNET, levels of approvals, the curriculum review committee, and catalogue updates. The program needs to provide evidence of a curriculum governance policy that outlines the governance processes and procedures for designing, approving, implementing, reviewing, and changing the curriculum.

Key Element III-B: Foundational and Advanced Curricula

Foundational Curriculum

The foundational curriculum areas (FCAs) below cover the knowledge and skill required to practice as a Marriage and Family Therapist (MFT):

- *Master's degree programs must demonstrate they offer course work that covers all the foundational curriculum areas that make up the foundational curriculum.*
- *Programs may combine more than one of these foundational curriculum areas into a single course, as they build their curriculum in ways that are congruent with the program's mission, goals, and student learning outcomes.*

- *Programs may emphasize some of the areas more than others and include other areas that are consistent with their program's mission, goals and student learning outcomes. Programs may include another layer of requirements based on a specialization or emphasis (e.g., faith-based orientation, licensure laws, specialized certification, and so on) as long as there is a clear rationale and MFT relational/systemic philosophy in the majority of the program.*
- *Programs must require students to develop and/or present an integrative/capstone experience before completion of their degree program as part of the foundational curriculum below. Programs must decide how to meet this requirement in keeping with the program's mission, goals, and student learning outcomes. Examples include: requiring students to complete a theory of change/therapy theory presentation/paper, a thesis, a therapy portfolio, or a capstone course.*

FCA 1: Foundations of Relational/Systemic Practice, Theories & Models (Minimum of 6 semester credits/8 quarter credits/90 clock hours)

This area facilitates the development of competencies in the foundations and critical epistemological issues of MFT. It includes the historical development of the MFT relational/systemic philosophy and contemporary conceptual foundations of MFT, and early and contemporary models of MFT, including evidence-based practice and the biopsychosocial framework.

FCA 2: Clinical Treatment with Individuals, Couples and Families (Minimum of 6 Credits/8 quarter credits/90 clock hours)

This area facilitates the development of competencies in treatment approaches specifically designed for use with a wide range of diverse individuals, couples, and families, including sex therapy, same-sex couples, working with young children, adolescents and elderly, interfaith couples, and includes a focus on evidence-based practice. Programs must include content on crises intervention.

FCA 3: Diverse, Multicultural and/or Underserved Communities (Minimum of 3 Credits/4quarter credits/45 clock hours)

This area facilitates the development of competencies in understanding and applying knowledge of diversity, power, privilege, and oppression as these relate to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious, spiritual and/or beliefs, nation of origin or other relevant social identities throughout the curriculum. It includes practice with diverse, international, multicultural, marginalized, and/or underserved communities, including developing competencies in working with sexual and gender minorities and their families, as well as anti-racist practices.

FCA 4: Research & Evaluation (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area facilitates the development of competencies in MFT research and evaluation methods, and in evidence-based practice, including becoming an informed consumer of couple, marriage, and family therapy research. If the program's mission, goals, and student learning outcomes include preparing students for doctoral degree programs, the program must include an increased emphasis on research.

FCA 5: Professional Identity, Law, Ethics & Social Responsibility (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area addresses the development of a MFT identity and socialization and facilitates the development of competencies in ethics in MFT practice, including understanding and applying the AAMFT Code of Ethics and understanding legal responsibilities.

FCA 6: Biopsychosocial Health & Development Across the Life Span (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area addresses individual and family development, human sexuality, and biopsychosocial health across the lifespan.

FCA 7: Systemic/Relational Assessment & Mental Health Diagnosis and Treatment (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area facilitates the development of competencies in traditional psycho-diagnostic categories, psychopharmacology, the assessment, diagnosis, and treatment of major mental health issues as well as a wide variety of common presenting problems including addiction, suicide, trauma, abuse, intra-familial violence, and therapy for individuals, couples, and families managing acute chronic medical conditions, utilizing a MFT relational/systemic philosophy. The following areas must be covered in the curriculum in some way, though there are no minimum credit requirements.

FCA 8: Contemporary Issues

This area facilitates the development of competencies in emerging and evolving contemporary challenges, problems, and/or recent developments at the interface of Marriage and Family Therapy knowledge and practice, and the broader local, regional, and global context. This includes such issues as immigration, technology, same-sex marriage, violence in schools, etc. These issues are to reflect the context of the program and the program's mission, goals, and student learning outcomes. Programs are encouraged to innovate in this FCA.

FCA 9: Community Intersections & Collaboration

This area facilitates the development of competencies in practice within defined contexts (e.g., healthcare settings, schools, military settings, private practice) and/or nontraditional MFT professional practice using therapeutic competencies congruent with the program's mission, goals, and student learning outcomes (e.g., community advocacy, psycho-educational groups). It also addresses developing competency in multidisciplinary collaboration.

FCA 10: Preparation for Teletherapy Practice

This area facilitates the development of competencies in teletherapy. This may include such issues as emerging legal and ethical requirements, documentation, response to crises, awareness of the therapeutic space, joining, appropriate individual and systemic interventions (e.g., couples, play therapy), or other topics of importance to the context of the program and with diverse populations. Programs are encouraged to innovate in this FCA.

Commission's Response:

The program meets the requirements of this Key Element.

Key Element III-C: Foundational and Advanced Application Components

The program must demonstrate it offers an application component with appropriate placement in the curriculum, duration, focus, and intensity consistent with the program's mission, goals, and student learning outcomes.

Foundational Practice Component

Master's degree programs and post-degree programs that teach the foundational curriculum must offer the foundational practice component (practicum and/or internship) with the following requirements:

- *Direct clinical contact hours: Students must acquire a minimum of 300 direct clinical contact hours with individuals, couples, families, or other systems, at least 100 of which must be relational hours that occur over a minimum of twelve months of clinical practice.*
 - *Programs including teletherapy for required direct clinical contact hours must have policies and procedures in place to support student teletherapy practice and its MFT relational/systemic supervision by program clinical supervisors including attention to applicable legal and ethical requirements and current/emerging professional guidelines.*
- *MFT relational/systemic supervision: Students must receive at least 100 hours of MFT relational/systemic supervision from a program clinical supervisor on a regular and consistent basis while seeing clients. When the supervision schedule is interrupted for any reason, the program must have a plan to assure student access to supervisory support. MFT relational/systemic supervision can be individual MFT relational/systemic supervision (one supervisor with one or two supervisees) or group MFT relational/systemic supervision (one supervisor and eight or fewer students) and must include a minimum of 50 hours of MFT relational/systemic supervision utilizing observable data.*
- *Published procedures and agreements with practice sites: Programs must have formal agreements in place that outline the responsibilities of the institution, practice sites and students, and policy in place for managing any difficulties with sites, program clinical supervisors, or students.*

Commission's Response:

The program meets the requirements of this Key Element.

Key Element III-D: Experience with Diverse, Marginalized, and/or Underserved Communities

The program demonstrates student experience in Marriage and Family Therapy practice with diverse, marginalized, and/or underserved communities. Experiences may include:

- *Professional activities (such as therapy, research, MFT relational/systemic supervision, consultation, teaching, etc.) with diverse, marginalized, and/or underserved communities; and/or*
- *Other types of activities (such as projects, service, interviews, workshops, etc.), as long as the program can demonstrate that the experience is directly related to MFT activities, and students are in interaction with members of these communities.*

Commission's Response:

The program meets the requirements of this Key Element.

Key Element III-E: Program Transparency and Informed Acknowledgement

The program demonstrates that the curriculum aligns with the educational and clinical practice requirements (e.g., coursework, clinical experience, and supervision) that satisfy the regulatory requirements for entry-level practice either in the state/province/location in which the program physically resides or in which the student intends to practice.

Programs must provide prospective and entering students information regarding the MFT profession's licensure and regulatory requirements as follows:

- *The program demonstrates use of a policy and process to ensure that all students are informed of the MFT profession's general regulatory structure and that practice/licensure requirements, including qualifying degree requirements, may vary across state/provincial jurisdictions.*
- *This information, along with resources for contacting state/provincial regulatory bodies, must be provided to students and acknowledged in writing, prior to beginning the program's course of study.*
- *Programs that include teletherapy and/or virtual supervision as part of the clinical practice experience must have a policy on how the program ensures that such practices are compliant with relevant federal, state, or provincial regulatory requirements.*

Commission's Response:

The program meets the requirements of this Key Element.

Key Element III-F: Curriculum/Practice Alignment with Communities of Interest

The program demonstrates that it considers the needs and expectations of identified communities of interest in developing and revising its curriculum and application component.

Commission's Response:

The program does not meet the requirements of this Key Element. The program indicated that local site supervisors provide feedback through the MFT Local Supervisor Guide, and students provide feedback through the Jotform and end-of-course evaluations. The program needs to provide evidence of examples of how the review process has led to curriculum/practice improvement—specifically from student, alumni, and site supervisor feedback.

STANDARD IV: PROGRAM ACHIEVEMENT AND IMPROVEMENT

Key Element IV-A: Demonstrated Graduate Achievement and Improvement

The program demonstrates that aggregated data on graduate achievement is collected and reviewed as specified in Key Element I-B. Graduate achievement data and analysis demonstrate that the program is meeting established benchmarks or is using the data to make improvements.

Commission's Response:

The program does not meet the requirements of this Key Element. The program indicated that graduate data is collected and reviewed. The program does not meet the 70% benchmark for GAD III: Licensure Rates for more than one cohort. The program failed to provide an explanation for the low licensure rates, and the strategies/plans for improving licensure rates have not led to an adequate

improvement of licensure rates to meet the required benchmark. Therefore, the program is required to submit a revised improvement plan in the Response to Stipulations for the Decision on Accreditation with the following information to address this concern:

- The program is required to provide specific details and contextual information for the failure to meet the benchmark for GAD III.
- An improvement plan with a timeline and strategies/plans that are directly linked to the specific details and contextual information for the failure to meet the benchmark for GAD III.
- Evidence of the strategies and plan's effectiveness in improving licensure rates that demonstrate the program is on track or meeting the required benchmark for licensure rates.

Key Element IV-B: Demonstrated Achievement of Program Goals and Improvement

The program demonstrates that aggregated data on student achievement is collected and reviewed as specified in Key Element I-B. Student learning outcome data and analysis demonstrate that the program is meeting program goals or is using the data to make improvements.

Commission's Response:

The program does not meet the requirements of this Key Element. The program indicated that data is shared with Communities of Interest in various ways. The program needs to provide evidence of how data from Communities of Interest is collected and reviewed for meeting targets to guide maintenance of program effectiveness and/or program improvement. The program provided examples of actions taken in response to reviews of Student Learning Outcome target reviews.

Key Element IV-C: Review and Improvement of Environmental Supports

The program demonstrates that aggregated data on environmental supports are collected and reviewed as specified in Key Element I-C. Data and analysis from program review demonstrate that the program is maintaining its environmental supports or making improvements where needed.

Commission's Response:

The program does not meet the requirements of this Key Element. The program indicated that environmental support data is shared with Communities of Interest in various ways. The program needs to provide evidence of how environmental support data from Communities of Interest is collected and reviewed for maintaining its environmental supports or making improvements where needed.

Key Element IV-D: Communication with Communities of Interest

The program demonstrates that it communicates results of assessment data compiled according to the program's assessment plan (outlined in Standard I) and any resulting program changes to relevant communities of interest.

Commission's Response:

The program meets the requirements of this Key Element.

NOTE: Consistent with the COAMFTE Corrective Action Policy (COAMFTE Accreditation Manual: Policies and Procedures, pp. 25-26), COAMFTE accredited programs carrying stipulations will have a maximum of two years from the date of stipulation to come into compliance with the standards. Year One will include Imposing of Stipulations; Year Two will include Probation and hosting a Focused Site Visit. Programs that fail to rectify such compliance issues will be subject to revocation of accreditation status at the beginning of Year Three.

Please note that the program is now in its Year 1 – Impose Stipulations stage. Consistent with the Corrective Action Policy, programs must submit a compliance report addressing deficiencies by the noted deadline, review accreditation materials, and consult with Accreditation Staff. Additionally, it is recommended that the program attend accreditation trainings and seek consultation from an external consultant (a list of consultants can be obtained from the Accreditation Office).

Programs may elect to submit their response to stipulations earlier, for an interim review, to clear their stipulations. The interim response can only be submitted during the first year of the Corrective Action Policy. Following the interim response, programs will continue to report on the established timeline. Programs interested in submitting an interim response should contact COAMFTE staff to confirm the submission deadline.

Program’s Response to Stipulations Instructions:

- 1) Program’s response should address all Key Elements that have Stipulations and include definition of all referenced Key Elements.
- 2) Program’s response should not refer to previously submitted documents (Self-Study, appendices, etc.).
 - *Programs may provide additional information as supporting evidence of the program’s response.*
- 3) Program’s Response to Stipulations and any supporting documentation must be in one document, in a PDF format with bookmarks linked to the individual components. The bookmarks MUST follow the order of the individual components. The PDF document must not exceed 30 MB in size.
- 4) Program’s Response to Stipulations must be submitted on or before the due date to coa@aamft.org.

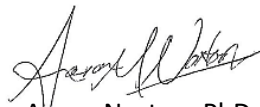
The following documents must be submitted in the required format by the noted deadlines:

Document	Submission Deadline
<i>Interim Response to Stipulations (optional)</i>	<i>January 31, 2026</i>
Response to Stipulations	July 31, 2026
Annual Report	

In accordance with COAMFTE policy, the program will need to submit an Annual Report on July 31st of every year of your accreditation term.

Please feel free to contact the Accreditation Office by e-mail at coa@aamft.org or by phone at (703) 253-0448 if you have further questions or if you would like any additional information.

Sincerely,



Aaron Norton, PhD
COAMFTE Chair



Jill Fogolin
Director of Accreditation