



COAMFTE

Commission on Accreditation for
Marriage and Family Therapy Education

ACCREDITATION MANUAL: POLICIES AND PROCEDURES

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www.coamfte.org

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PREFACE

The *Accreditation Manual* describes the policies and procedures used by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) in the accreditation process of graduate and post-graduate degree training programs in marriage and family therapy.

The *Accreditation Manual* is intended for a variety of audiences:

- Marriage and family therapy programs offering master's degrees, doctoral degrees, and/or post-degree clinical training;
- Programs, Site Visitors, Eligibility Review Committee members, Standards Review Committee members, Accreditation Reviewers, Commission members, staff, and consultants who have responsibilities in the accreditation process; and
- Organizations, agencies, and individuals who desire information about accreditation in marriage and family therapy and what an educational program must do to achieve accreditation.

Any questions or comments should be addressed to the [Accreditation Office](mailto:coa@aamft.org) at coa@aamft.org.

INTRODUCTION

MISSION

The Commission on Accreditation for Marriage and Family Therapy Education's (COAMFTE) mission is to promote best practices for marriage and family therapy educational programs through the establishment, review and revision of accreditation standards and policies, and the accreditation of graduate and post-graduate educational programs.

HISTORY

The Commission on Accreditation for Marriage and Family Therapy Education ("COAMFTE" or "the Commission") is the accrediting agency for marriage and family therapy education and training. In 1971, the American Association for Marriage and Family Therapy (AAMFT) published a document outlining standards for the approval of training programs in marriage and family counseling. This early review process was gradually formalized into standards for accreditation of graduate degree and post-degree programs which were published as the first *Manual on Accreditation* in 1975. The initial Committee on Accreditation was established by the AAMFT Board of Directors in 1974. In 1978, the Committee was restructured and renamed the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE).

RECOGNITION AND MEMBERSHIP

COAMFTE is recognized by the Council on Higher Education Accreditation (CHEA) as the only accrediting agency for graduate degree and clinical training programs in marriage and family therapy in the United States and Canada since CHEA's inception in 1997. COAMFTE is also a member of the Association of Specialized and Professional Accreditors (ASPA) since 1995. COAMFTE was recognized by the United States Office of Education from 1978 until the Commission's unanimous decision to end USDE recognition in 2013. For more information on this decision, [please click here](#).

The Council on Higher Education Accreditation (CHEA) is a non-governmental organization that recognizes accrediting bodies and works to foster and facilitate the role of accrediting bodies in promoting and ensuring the quality and diversity of American post-secondary education. CHEA recognition provides external validation and recognition for COAMFTE as a specialized professional accreditation agency for the MFT field.

The Association of Specialized and Professional Accreditors (ASPA) is a non-profit organization that is dedicated to enhancing the quality of higher education through specialized and professional accrediting agencies. ASPA membership ensures that COAMFTE stays current with best practices in accreditation and fosters consistency and innovation in its accreditation processes and procedures.

As a semi-autonomous component within AAMFT, COAMFTE is a self-governing organization within AAMFT. COAMFTE is responsible for establishing standards for competence in clinical education for the profession of marriage and family therapy and for the review and accreditation of programs successfully meeting these standards. COAMFTE has final authority for the conduct of accreditation activities, policies, procedures, elections, and determination of accreditation status.

PURPOSE

The Commission recognizes the following specific purposes in performing its function:

- To promote quality marriage and family therapy educational programs through the establishment, review and revision of accreditation standards and policies, and the accreditation of graduate and post-graduate educational programs.
- To stimulate the improvement of professional marriage and family therapy education, including helping training institutions and agencies develop quality programs by fostering ongoing Self-Study and development.
- To establish and maintain standards that will ensure that institutions and agencies meeting them provide students with appropriate learning resources to acquire the requisite skills, knowledge, and ethical sensitivity to be professionally competent.
- To provide an authoritative guide to programs in the field of marriage and family therapy, which deserve public and professional confidence and support, including providing prospective students with a dependable basis for the selection of educational programs and providing state boards which license or certify marriage and family therapists with a list of accredited graduate degree and post-degree programs.

GUIDING PRINCIPLES

COAMFTE is committed to developing standards based on the involvement and perspectives of multiple Communities of Interests, and in doing so, promoting educational standards endorsed by the Marriage and Family Therapy (MFT) profession. To that end, the standards review process and current updating of accreditation standards are based on the following guiding principles:

- Programs prepare MFT professionals for the variety of roles they fulfill within the contemporary and emerging professional climate while serving diverse communities of interest.
- Programs train new professionals based on state-of-the-art MFT scholarship, infuse a culture of research, and establish the importance of research-based education within the profession.
- MFTs have a relational/systemic philosophy and endorse relational/systemic ethics; programs educate students to have this distinct perspective across all student competencies.
- Programs demonstrate an outcome-based educational framework that allows them to define student learning outcomes and assess identified student competencies for professional readiness by program completion.
- Programs strive for an inclusive and diverse learning environment that displays commitment to a multi-cultural education approach and diversity of program personnel, students, and client experience.
- Programs prepare students for entry-level licensure under current applicable regulation, including a broad-based understanding of the profession's varied regulatory structures.
- Growth of MFT education and training includes programs in diverse educational contexts, with unique missions and goals, striving to serve specific communities of interest.
- Success of MFT educational quality incorporates well-defined, manageable thresholds of accreditation compliance with ongoing program leadership, collaboration, and innovation.

SCOPE OF ACCREDITATION

Master's degree, doctoral degree, and post-degree clinical training programs in marriage and family therapy in the United States and Canada.

Master's degree programs provide students with the broad areas of theory and practice in marriage and family therapy. The master's degree is the entry-level educational requirement for independent clinical practice in the field. These programs are designed to prepare individuals for beginning careers in marriage and family therapy by providing didactic and clinical skills and professional development.

Doctoral degree programs provide students with advanced specialized instruction in marriage and family therapy, emphasizing research, theory, and supervision. In addition to assuring that students have obtained the broad areas of theory and practice in marriage and family therapy, doctoral degree programs prepare individuals for academic careers, research, and advanced clinical practice and supervision.

Post-degree clinical training programs provide specialized clinical education in marriage and family therapy to trainees with master's or doctoral degrees in marriage and family therapy or in closely related fields. Although post-degree programs may reflect a variety of structures and orientations, they must ensure that students obtain the requisite broad areas of theory and practice in marriage and family therapy.

ROLE AND VALUE OF ACCREDITATION

Accreditation is a public service that aims to: a) improve the quality of educational programs in marriage and family therapy; b) encourage programs' ongoing self-evaluation, development, and improvement; and c) serve as an indicator that programs continually evaluate themselves in relation to their institution's and program's mission, and meet established standards as measured by their own stated goals, educational objectives, and established outcomes.

COAMFTE Accreditation Standards address master's, doctoral, and post-degree programs. The collaborative relationship of COAMFTE and the parent organization, AAMFT, helps to ensure that the Accreditation Standards are related to the current requirements for professional practice.

COAMFTE encourages program improvement by:

- Applying accreditation standards to measure student and graduate achievement of marriage and family therapy programs and to make judgments about the overall quality of programs.
- Requiring all accredited programs to conduct periodic self-evaluations to identify what they do well, to determine areas in which improvement is needed; and to develop plans to make improvements.
- Providing feedback to the programs relative to the Eligibility Criteria, Self-Study and on-site review conducted by Site Visit Team members.
- Providing the established standards to non-accredited programs as specific goals to be achieved.

State licensure boards' educational requirements are often fulfilled by completion of the COAMFTE curriculum.

COAMFTE ORGANIZATION

The Commission on Accreditation for Marriage and Family Therapy Education is committed to attracting, recruiting, and retaining a diverse and inclusive community that fosters innovation and honors differences in MFT practice where diversity is celebrated and valued. COAMFTE defines diversity as being inclusive of race, age, gender, ethnicity, sexual orientation, relationship status, gender identity, socioeconomic status, disability, health status, religious or spiritual belief, religious or spiritual affiliation and national origin. If diversity is viewed from this perspective, COAMFTE is comprised of a diverse group of professionals, who represent groups from a wide range of ages, and different genders, ethnicity, sexual orientation, relationship/family status, health status, religious or spiritual belief, religious or spiritual affiliation, primary language, and national origin. COAMFTE Commissioners and other volunteers also represent a diverse group of training programs such as, but not limited to; accredited and non-accredited programs, small campus-based and large online programs, public, private, faith-based programs that offer master's, doctoral, and post-degrees, and programs located in a variety of geographical locations.

COMMISSION

General Activities

To accomplish these purposes, the Commission shall:

- Develop and implement a process of self-evaluation as a mechanism for program improvement and innovation.
- Set criteria and standards for accreditation while serving as a conduit for moving the profession forward.
- Accredit training programs in marriage and family therapy.
- Provide guidance to programs preparing Eligibility Criteria and Self-Study reports for accreditation or for renewal of accreditation.
- Appoint Site Visit Teams, schedule and conduct visits, and consider and evaluate the report of Site Visit Teams.
- Provide for a review and appeal process when a program believes it has cause to challenge its accreditation status.
- Maintain contact with programs and provide support relative to their accreditation status.
- Review and evaluate substantive changes in programs that might affect accreditation.
- Conduct special inquiries into unusual or critical conditions that may develop in an accredited program.
- Endeavor to stimulate and promote continued improvement of educational programs.
- Regularly examine and revise (where appropriate) standards for education and training.
- Evaluate and determine a program's level of compliance with standards sufficient to warrant accreditation.
- Review, research and revise accreditation practices, policies, and procedures to ensure compliance with industry standards.
- Participate in continual strategic planning to ensure a stable and vital future for COAMFTE and relevancy among accreditors.

Composition

The Commission shall consist of a minimum of seven (7) members elected for three-year terms. A minimum of two (2) members shall be public representatives from outside the professional field of marriage and family therapy, and the remaining minimum of five (5) members shall have demonstrated competence in marriage and family therapy education and training. The final number of members will be determined by the Commission to support its mission and scope of accreditation. Members of the Board shall not serve on the Commission.

Two members employed by the same institution shall not serve on COAMFTE simultaneously. If a COAMFTE member accepts employment at an institution where another member is employed, the member accepting the employment must resign from COAMFTE.

Professional Members

Professional members must be: (a) MFT educators or clinicians who demonstrate knowledge of and experience with COAMFTE accreditation standards, policies, and procedures and (b) who meet **each** of the following criteria:

- A minimum of five (5) years of professional experience beyond attainment of the graduate professional degree. Professional experience may include program or administrative leadership in the discipline, faculty member in COAMFTE-accredited program, professional education, research, community and/or independent practice; and
- Demonstrated recent experience in one of the following areas:
 - Active Site Visitor
 - Eligibility Review Committee member
 - Standards Review Committee member
 - Accreditation Review Committee member
 - Current or former Commissioner

The slate of Professional Members is nominated and elected by the COAMFTE governance policies and procedures.

Public Members

Public members of the Commission shall represent the general public.

The appointment of Public members is guided by those public interests that can enhance the information base relevant to the discipline, such as knowledge of: (a) accreditation and regulatory processes, (b) education, civil rights, family law, (c) higher education, or (d) specialty areas related to current policy development.

- Public members should have a minimum of five (5) years of professional experience beyond the attainment of the graduate degree within their profession.
- Public members may not be (1) a professional MFT educator, supervisor, practitioner or member of AAMFT; (2) an employee, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that is accredited by COAMFTE or has applied for COAMFTE accreditation; (3) a member of any trade association or membership organization related to, affiliated with, or associated with the COAMFTE; or (4) a spouse/partner, parent, child, or sibling of an individual identified in paragraph (1), (2), (3) of this definition.

- Nominations shall be solicited from state licensing or authorizing agencies, the appropriate accrediting groups, AAMFT membership, education groups, and other relevant public interest groups.
- Nominations shall be submitted to the Commission for review and selection of a candidate. The Commission shall select a Public Member.
- COAMFTE shall notify the AAMFT Board of the selected individual as a Public Member.

Terms of Office

Each Commission member shall serve for a three (3) year term which commences the first day of the calendar year. Commission members shall not serve more than two (2) consecutive terms unless a portion of one term was devoted to completing the remainder of an unexpired term of two (2) years or less.

Participation and Voting

All Commissioners (Professional and Public members) shall engage in review, deliberation and voting on all program reviews and policy and procedure decisions, unless a conflict of interest applies.

Professional members shall serve as subject matter experts in the review and decision-making processes. Public members advise and make recommendations to the Commission regarding issues of fairness, due process, and consistency.

The Commission may take actions outside of its scheduled meetings by the means of virtual voting. For purposes of COAMFTE, virtual voting will make use of a secure electronic platform allowing Commission members to record their vote.

Where voting is conducted virtually, (1) a consent form containing the action language (motion) will be made available to each voting Commission member via a secure electronic platform; (2) each voting Commission member must approve the action by signing the consent form; and (3) the vote must be unanimous. In a case where a vote is not unanimous, the Commission must conduct the vote in-person.

Vacancies

The current Commission shall appoint a qualified person to fill unexpired terms that have been created by unanticipated vacancies.

Officers

- The officers of COAMFTE shall be a chair and chair elect.
- COAMFTE members shall elect a new chair elect no later than the Fall Commission meeting. The chair elect shall serve in that office from January through December of the following year and shall serve a one-year term as chair in the second year. Officers shall not serve more than two terms in the same office.

Duties of the Officers

- It shall be the duty of the COAMFTE Chair to preside over the meetings of the Commission and the Executive Committee, to ensure compliance with COAMFTE governance policies, external recognition agencies and organizations where COAMFTE is a member, and other

relevant accreditation organization policies and charges, and to oversee the orderly and efficient conduct of COAMFTE business. In collaboration with the Chair Elect, COAMFTE members, and Accreditation staff, the COAMFTE Chair will set the agenda for meetings and ensure that it is followed. The COAMFTE Chair shall also perform other such duties that are necessary for the welfare, viability, and continued growth of the accreditation process, including maintaining regular contact with and providing reports to the AAMFT Board.

- The Chair Elect shall, in the absence of the Chair, preside over COAMFTE meetings. In the case of a permanent vacancy of the Chair, the Chair Elect shall succeed at once to the office of Chair and serve for the remainder of her or his current term on COAMFTE.

Conduct of Meetings

- Meetings shall be conducted in an efficient, orderly, and respectful manner, and shall follow the agenda. COAMFTE meetings shall be governed by Robert's Rules of Order. Deliberation will be fair, open, and thorough, but also relevant to program accreditation.
- All COAMFTE meetings shall be staffed by Accreditation staff. Staff shall provide relevant information and administrative support for all COAMFTE activities. Neither the Commission officers, individual COAMFTE members, nor COAMFTE as a whole, however, may independently supervise or direct the activities of Accreditation staff. Questions about staff conduct and interactions are addressed in the Executive Limitation policy on staffing of governance units in the AAMFT Governance Policies.
- The professional and public members of the COAMFTE shall meet to conduct official business on a quarterly schedule as determined by COAMFTE Leadership. This schedule of meetings shall include at least two in-person meetings, unless prevented by extenuating circumstances. Additional virtual meetings may be scheduled as needed.

Commission Member Conduct

- a. Commissioners must discharge their duties in good faith recognizing their fiduciary duty to COAMFTE and with the care that an ordinarily prudent person in like position under similar circumstances would exercise.
- b. Professional members of COAMFTE shall adhere to the Code of Ethics of AAMFT. Public members of COAMFTE shall adhere to the codes of ethics of their respective professions. All COAMFTE members shall abide by AAMFT rules governing the conduct of elected and appointed AAMFT volunteers.
- c. COAMFTE members shall abide by the COAMFTE Conflict of Interest policy and shall not engage in activities which compromise the integrity or confidentiality of the COAMFTE operation or the accreditation process. COAMFTE members must respect the confidentiality of materials submitted in the accreditation process. All materials furnished to COAMFTE for the purpose of accreditation reviews are considered confidential information and the contents of those materials are not to be disclosed except in accordance with established procedures.
- d. COAMFTE members may not communicate with programs under review regarding the status of the review or report or imply the outcome of the review process.
- e. COAMFTE members shall direct all questions related to their programs' accreditation to the general COAMFTE email inbox and shall not address these questions to the Commission or individual Commissioners.

- f. COAMFTE members shall complete and return the AAMFT Conflict of Interest statement and COAMFTE Conflict of Interest Form on an annual basis throughout their terms of service on the COAMFTE and shall comply with all other policies and procedures governing voluntary service on the Commission. COAMFTE members are expected to be present for all scheduled meetings. Barring emergencies, COAMFTE members who miss all or part of two meetings will automatically vacate their seats.
- g. Complaints against an individual Commission member shall be handled under procedures of the COAMFTE Complaint Policy.

COMMITTEES OF THE COMMISSION

EXECUTIVE COMMITTEE

The Executive Committee is a committee comprised of three members of COAMFTE: chair, chair elect, and senior public member. The Director of Accreditation and the immediate past COAMFTE Chair, if still a member of COAMFTE, are ex-officio members of the Executive Committee. The Executive Committee is empowered to act on special problems requiring immediate action, but may not change standards, policies, grant accreditation or continuation of accreditation or remove accreditation. When reason exists to indicate significant departure from accrediting requirements or to otherwise question a program's compliance with standards of accreditation, the Executive Committee, in the absence of the full Commission, may take any action it deems necessary with the exception of removing a program from the accredited list.

ACCREDITATION REVIEW COMMITTEE

Role and Responsibilities

The Accreditation Review Committee (ARC), a subcommittee appointed by the COAMFTE Chair, is responsible for reviewing accreditation materials (self-studies, annual reports, etc.) and providing recommendations to the Commission. The ARC is comprised of marriage and family therapy educators with one year of accreditation experience which includes any of these: program director, program core faculty, site visitors, ERC experience. The ARC can also include doctoral students enrolled in COAMFTE accredited programs, who have a minimum of a master's degree in marriage and family therapy or a related mental health field and familiarity with COAMFTE's accreditation standards, policies, and processes. Doctoral students will serve as tertiary reviewers.

Composition

The COAMFTE Leadership will determine the number of members needed to fulfill the roles and responsibilities of accreditation review during upcoming accreditation cycles. The COAMFTE Chair will appoint a primary mentor to the ARC. The COAMFTE Chair appoints a sufficient number of ARC members to address the workload related to the accreditation review.

Term of Service

ARC members that serve as primary and secondary reviewers shall serve a term of two (2) years. Doctoral students shall serve a term of one (1) year. Terms are renewable upon approval by the COAMFTE Leadership.

ELIGIBILITY REVIEW COMMITTEE

Role and Responsibilities

The Eligibility Review Committee (ERC), a subcommittee appointed by the COAMFTE Chair, is responsible for conducting reviews of Eligibility Criteria and determining when a program has demonstrated, through a substantially complete response, that it is prepared to proceed in the accreditation process. The ERC is comprised of marriage and family therapy educators and doctoral students enrolled in marriage and family therapy programs, who have a minimum of a master's degree in marriage and family therapy or a related mental health field and familiarity with COAMFTE's accreditation standards, policies, and processes. ERC members cannot be concurrently serving on the COAMFTE Board, the AAMFT Board or any committees or task forces of the AAMFT Board. ERC members serve terms set forth by the COAMFTE Chair and are eligible for reappointment by the Chair. ERC members are required to complete training before each ERC member begins the first term.

Composition

The COAMFTE Leadership will determine the number of members needed to fulfill the roles and responsibilities of Eligibility Criteria review during upcoming accreditation cycles. The COAMFTE Chair appoints a sufficient number of ERC members to address the workload related to the accreditation review.

Term of Service

ERC members that serve as primary and secondary reviewers shall serve a term of two (2) years. Doctoral students shall serve a term of one (1) year. Terms are renewable upon approval by the COAMFTE Leadership.

STANDARDS REVIEW COMMITTEE

The Standards Review Committee (SRC), a subcommittee appointed by the COAMFTE Chair, is responsible for: (1) implementing procedures for the review process every ten (10) years, and (2) providing the COAMFTE with ongoing feedback reflecting the state of accreditation standards and interpretations throughout the ten-year cycle. The Standards Review Committee will be comprised of COAMFTE members and marriage and family therapy educators not serving currently on COAMFTE.

AD HOC ADVISORY COMMITTEE

Ad hoc Advisory Committees may be appointed by COAMFTE to fulfill certain specified tasks. These committees shall serve as consulting bodies to the Commission on specific issues. The Commission must propose a chair, a specific charge, and a timetable for the completion of the ad hoc committee's work, after which the body will be dissolved.

SITE VISITORS

Qualifications for Site Visitors

- Minimum of five (5) years of advanced experience as a licensed MFT practitioner and/or educator/researcher in the field of marriage and family therapy (which includes but is not limited to: experience in a university, clinical, or related setting)
- AAMFT Approved Supervisor and/or State Approved Supervisor
- Current knowledge of the standards for marriage and family therapy education
- Successful completion of COAMFTE Site Visitor Training
- Licensed marriage and family therapist

- Current knowledge and experience in the profession of marriage and family therapy
- Participation in a site visit or site visitor refresher training every two (2) years to maintain “active” status

New site visitors must participate in a site visit within two years from completing the site visitor training. Continuing site visitors who do not participate in a site visit or complete a site visitor refresher training every two years will be considered inactive and must retake and successfully complete the site visitor training prior to participation in a site visit.

Qualified site visitors who are ineligible to participate in site visits due to other AAMFT organizational service shall retake and successfully complete the site visitor training prior to participation in a site visit. COAMFTE members who satisfy the site visitor qualifications during their terms as Commissioners shall retain their “active” site visitor status for their terms of service and for the two years immediately following the completion of their terms of service.

Site visitors employed by a program hosting a COAMFTE Site Visit are ineligible during the cycle in which their program is hosting a site visit.

CONFLICT OF INTEREST POLICY

COAMFTE strives to ensure that its decisions represent objective and reasonable interpretations of COAMFTE standards and policies as informed by its professional judgment, the professional judgment of those engaged in the peer review process, and the characteristics of the programs that are subject to review. To preserve the integrity of this decision process and the quality of the education it intends to assure, it is imperative that the Commission avoid actual conflicts of interest and the appearance of such conflicts.

Individuals involved in the accreditation review and decision process related to a program’s accreditation must act in the best interests of the Commission in accordance with its mission. The potential for a conflict of interest arises when an individual’s responsibility to exercise judgment is or may appear to be inconsistent with competing interests of a professional, personal, or private nature, including but not limited to financial interests.

An individual’s capacity to make impartial and unbiased decisions may be affected by a prior, current, or anticipated affiliation or significant relationship with an accredited program, a program seeking accreditation or with an organization, or the relationship of an immediate family or household member.

The duty to avoid conflicts of interest and the appearance of conflicts of interest applies to all participants in the accreditation process pertaining to a program, including members selected to serve on review teams, the Commission, site visit teams, work groups, staff, and any other individual who acts on behalf of the COAMFTE.

Disclosure: Disclosure is required for affiliations and significant relationships that currently exist or existed within the past 5 years. The following are examples of affiliations and other significant relationships that should be disclosed by peer review team members, Commission members, appointed panels, Commission staff and consultants to the Commission.

- Service as an employee, applicant for employment, board member (including institutional foundation boards), volunteer, appointee, paid consultant or is an applicant for admission, student, graduate, instructor, or administrator at an institution with a COAMFTE accredited program or applicant program under review.
- Prior professional or personal relationship with the applicant program (e.g., consultant on accreditation to the program, faculty, marriage, kinship, supervisor-supervisee, business partner, co-authors, Commission members, etc.).
- Any relationship involving a written agreement and/or compensation arrangement with a COAMFTE accredited or applicant program under review or with an organization external to COAMFTE which may create a conflict of interest or the appearance of a conflict of interest.
- Having a close relative (spouse, child, or parent) or a household member affiliated with the COAMFTE accredited or applicant program under review.
- Having received an award from the program, and/or having a close personal or professional relationship at the sponsoring institution under review.
- Ownership interest in a sponsoring institution of an applicant or accredited program, or in the respective parent company or affiliated entity (excluding shares held indirectly through mutual funds, insurance policies, or blind trusts). This requirement also applies to immediate family and household members.
- Service as a site visitor, Eligibility Review Committee member, consultant or on an Appeal Panel for the program in the immediate prior accreditation cycle.
- Service as a Board member, consultant, advisor, or staff of an accrediting or other organization that competes with COAMFTE.

COAMFTE Commissioners, Eligibility Review Committee members, Accreditation Reviewers and Site Visitors cannot be concurrently serving the AAMFT Board or any committees or task forces of the AAMFT Board.

Procedure for addressing Commission Members Conflict

COAMFTE Board members shall complete and return the AAMFT Conflict of Interest statement and COAMFTE Conflict of Interest Form on an annual basis throughout their term of service and shall comply with all other policies and procedures governing voluntary service.

Recusal: While not every situation requires recusal, when it is determined that a conflict of interest exists, or that the appearance of a conflict of interest may affect confidence in the integrity of the COAMFTE accreditation process or a decision concerning a policy, governance or business matter, the individual subject to the conflict, must not accept an assignment and must abstain from participating in any discussion, deliberation and decisions related to the matter, including voting. While decisions regarding recusal will generally be made by COAMFTE in accordance with the procedures below, if anyone serving on behalf of COAMFTE determines that they should recuse for any reason, the Commission will honor the decision.

Conflict of Interest Procedures

All individuals serving on behalf of COAMFTE (Commissioners, ARC, ERC, and Site Visitors) who have a conflict or the appearance of a conflict must exercise their duty of disclosure as soon as a conflict becomes apparent.

A Commission member who becomes aware of circumstances believed to present a conflict of interest must:

1. Inform the Chair of the facts and circumstances believed to present a conflict or the appearance of a conflict of interest.
2. The Chair will determine whether recusal is warranted under the circumstances or present the matter to the Commission for a decision regarding recusal.
3. Recusals are recorded in Commission meeting minutes.

ERC members, ARC members, and site visitors are required to disclose conflicts to the appropriate COAMFTE liaison as soon as they become aware of facts or circumstances that present a conflict or the appearance of a conflict of interest. The liaison, in consultation with the Director of Accreditation, will determine if recusal is required and revise review assignments accordingly.

Staff, consultants, and advisors to COAMFTE are required to disclose conflicts to the Director of Accreditation. The Director of Accreditation will determine if recusal is required and may consult with the COAMFTE Chair.

Review of Conflict of Interest Policy

Each Commissioner and committee member, site visitor, staff, and consultant to COAMFTE is required to:

- Review a copy of this Conflict of Interest Policy and to acknowledge in writing that he or she has done so on an annual basis.
- Annually complete the AAMFT Conflict of Interest Statement and the COAMFTE Conflict of Interest Disclosure Form identifying any relationships or affiliations that would present a conflict of interest or the appearance of a conflict. Site visitors must also complete the COAMFTE Conflict of Interest Form before serving on a review team.
- Disclose any potential Conflict of Interest that may arise during the course of the year between the submission of the Annual Disclosure Forms.

Related Policies, Forms and Guidelines:

- Conflict of Interest Forms
- Confidentiality and Disclosure Policy
- Confidentiality Forms
- Code of Conduct
- Guidelines for Reviewers

Guidelines for COAMFTE Reviewers

Review members invited to participate are expected to decline to serve in the review of a program as to which they have a conflict of interest. If unsure about a conflict of interest or the appearance of a conflict, COAMFTE volunteers are expected to disclose the circumstances to the COAMFTE staff liaison assigned to the review for discussion and evaluation. Review team members (Commissioners, ARC and ERC) are requested to be sensitive to and avoid activities that could raise concerns about the appearance of a conflict of interest such as using their participation in the accreditation process to promote their own professional opportunities, consulting or accepting employment with a program soon after they have participated in any review of that program.

Selection of Site Visit Team

Accreditation Site Visit Teams generally consist of three to four qualified site visitors, for single and dual programs, respectively. The number of site visitors is determined by the Commission and may vary depending on program size, complexity, special needs, and other circumstances. Every effort is made to ensure that site visitors have appropriate background, knowledge, and experience with regard to the type of program being visited. Issues related to diversity and inclusion will be considered in the composition of Site Visit Teams. Site visitors who cannot assure the Commission of their objectivity due to a potential conflict of interest will not be selected (see Conflict of Interest policy). Staff will appoint a chair of the Site Visit Team. A Commission representative (usually Accreditation staff member) may accompany a Site Visit Team.

The Director of Accreditation will make a concerted effort to avoid selection of a Site Visit Team member who has a conflict of interest with the applicant program. If upon receipt of the Site Visit Roster, however, the program recognizes a team member who presents a conflict of interest as defined above, the program has the right to request dismissal of a site visitor at no additional financial expense if the program has previously noted its conflict of interest with the site visitor. Programs that failed to identify a conflict of interest will be charged an additional service fee for replacing the site visitor.

If the program wishes to request dismissal of a site visitor who was not previously identified as having a Conflict of Interest, the Program Director must notify the Director of Accreditation in writing within ten days of receipt of the Site Visit Roster. The request must outline the reasons for requesting a dismissal. The Director of Accreditation, in consultation with the Chair of the Commission, will review the request and either grant or deny the program's request. If a site visitor is dismissed, the site visitor will be informed in writing and an effort will be made to replace the team member. Programs will be assessed an additional service fee to replace the site visitor. Declining a site visitor for belonging to diverse, marginalized, or underserved communities, as defined in the glossary, is considered discrimination and is in violation of accreditation procedures.

Staff

COAMFTE staff adheres to conflict of interest guidelines outlined above.

Appeal Panel

Any of the described conflicts of interest above will disqualify an individual from serving as an Appeal Panel member.

Gift Policy

All individuals serving on behalf of COAMFTE (Commissioners, ARC, ERC, and Site Visitors) must refrain from accepting gifts, entertainment, or other favors from any individual or entity that is under review, is seeking to do business with, or is a competitor of COAMFTE unless those gifts are nominal in nature.

STANDARDS REVISION PROCESS

COAMFTE periodically conducts a review of its objectives, standards and interpretations, and policies and procedures. Typically, the review of accreditation standards will occur every ten years (or sooner in extenuating circumstances). Programs will be provided ample notification of changes and given numerous opportunities to provide input.

In the event that additional revisions to the standards are needed, COAMFTE will adhere to the following policies and procedures. Reasons for revisions may include, but are not limited to, alignment with the intent of the standard, changes in the regulatory environment, changes in best practices in the profession, and ensuring rigorous quality training for students. Changes may be major or minor.

Major revisions are defined as removing or adding new key elements, standards, eligibility criteria, or a substantive reorganization of standards or eligibility criteria. COAMFTE examines SRC Annual Reports to the Commission and any additional public feedback and drafts any necessary revisions.

When the COAMFTE proposes a major revision in standards, the following procedures shall be followed:

- The Standards Review Committee (SRC) proposes a draft of revisions to the Commission.
- The Commission considers the proposed draft from the SRC.
- The Commission prepares a draft of the revised standards, with input from legal counsel.
- The Commission announces the draft of the revised standards for public comment.
- Public comment is solicited through the following avenues:
 - A draft of the proposed standards is circulated for comment to marriage and family therapy educators (from accredited and non-accredited programs), clinicians, COAMFTE site visitors, members of regulatory boards, students, and other appropriate individuals.
 - The proposed standards are published in appropriate publications with a request for comments, due at a time determined by the COAMFTE.
- The SRC summarizes the written comments and feedback from the public comment period and develops recommendations for the Commission.
- The Commission then considers all the information given to the SRC in the development of final standards. The Commission may seek additional comment before finalizing the standards, should it be warranted.
- The Commission votes to approve the final revised standards.
- The final revised standards are published one year before the required date of implementation.

COAMFTE will establish procedures for notifying and soliciting feedback from various communities of interest consistent with the best practices in accreditation.

Minor revisions are defined as changes to key elements and glossary definitions necessary to ensure clarity and adequacy to support the effectiveness of the accreditation process. The Commission may update the Standards with minor revisions and then notify its Communities of Interest of such changes.

When COAMFTE proposes a minor revision in standards, the following procedures shall be followed:

- The SRC proposes a draft of revisions to the Commission with input from legal counsel.
- The Commission reviews and approves the proposed minor revisions to the standards.
- The final revised standards are published with a date of implementation no later than 90 days after publication.
- Programs identified as being out of compliance must submit a substantive change, demonstrating evidence of how the program implemented the revision. For more information, programs should refer to the substantive change policy.

ACCREDITATION PROCESS

PREPARATION FOR ENTERING THE ACCREDITATION PROCESS

Readiness for Accreditation Review

Every step in the process of seeking COAMFTE accreditation addresses a program's compliance with Standards Version 12.5. This requires programs to have fully implemented program policies, processes, resources, outcome-based educational structures, curricular components, and achievement data review consistent with Standards Version 12.5 prior to completing the Letter of Intent.

Letter of Intent

The Letter of Intent is the program's notification to COAMFTE of its intent to seek accreditation. Programs must submit a Letter of Intent specifying their intent to seek accreditation (initial or renewal) six months prior to the submission of the Eligibility Criteria for initial accreditation, and six months prior to the submission of the Self-Study for renewal of accreditation. The Letter of Intent must include a projected date for submission of the Eligibility Criteria or Self-Study consistent with the schedule of the submission deadlines; provide evidence of support from the institutional administration and program faculty; be on institution letterhead; and be signed by the Program Director and an institutional administrator.

The Letter of Intent does not need to include any evidence of program compliance with eligibility criteria and/or accreditation standards for programs applying for initial accreditation. A program wishing to make a formal application for accreditation should do so only after studying the eligibility criteria and accreditation standards, accreditation process, policies, and procedures, and having discussion with the Director of Accreditation regarding requirements and application deadlines. All programs applying for initial accreditation are required to have a representative attend a COAMFTE accreditation training prior to the submission of an Eligibility Criteria Report.

Eligibility Criteria Process and Documentation

Programs submitting Eligibility Criteria materials must refer to the Accreditation Process available on the COAMFTE website for instructions.

Programs seeking initial accreditation are required to submit the Eligibility Criteria Report providing evidence that the program is qualified for accreditation with each Eligibility Criterion in Standards Version 12.5. Programs seeking initial accreditation must meet all Eligibility Criteria before proceeding further in the accreditation process. Once the eligibility to seek accreditation is substantially complete, a Self-Study and a site visit are required to assist the Commission in the evaluation of the program's compliance with Accreditation Standards.

If, for any reason, a program cannot submit the Self-Study document by the due date indicated by COAMFTE, the program must submit a written request for an extension of the deadline (see Extension Policy). The program must submit the Self-Study document by the next submission deadline, not to exceed six months. A program failing to submit the Self-Study document by the expiration date of the extended deadline will be required to begin the accreditation process again by resubmitting an updated Eligibility Criteria Report and associated fees.

Review of the Eligibility Criteria Document

- Eligibility Criteria materials received by the submission due date will be reviewed by Accreditation staff for completeness and compliance with submission requirements.
- Eligibility Criteria materials that are incomplete or do not meet the format and submission requirements will be returned to programs with explanation and timeline for resubmission.
- Complete Eligibility Criteria materials will be forwarded to the Eligibility Review Committee (ERC) for review.
- A primary and a secondary reviewer will be assigned to review the Eligibility Criteria Report submitted. A tertiary member may also be assigned as a reviewer to assure consistency of the review process.
- Reviewers will determine whether or not eligibility criteria have been met.
- Reviewers will provide one of the following recommendations to the program:
 1. *Accept the Eligibility Criteria* documents and invite the program to proceed with the accreditation process by submitting a completed Self-Study to COAMFTE.
 2. *Defer action and request additional information* from the program. The reviewers could not determine program's compliance with the Eligibility Criteria due to insufficient information at this time. Additional information is required to be submitted for review by the next submission deadline.
 3. If the program resubmitted its Eligibility Criteria materials and the revisions do not demonstrate a substantially complete response, reviewers defer action and refer the program's Eligibility Criteria materials to the Commission; then
 - the Commission will review the referred program's Eligibility Criteria materials to determine whether or not the program can proceed with the accreditation process by submitting a completed Self-Study to COAMFTE.
 - Upon receiving such a referral, the Commission will determine, based on its own review of the Eligibility Materials, whether or not the program meets the Eligibility Criteria and can proceed with the accreditation process by submitting a completed Self-Study to COAMFTE. If the Commission determines that the program does not meet the Eligibility Criteria, the Commission will reject the application.
 - A program whose application is rejected may apply for initial accreditation one year following the decision by the Commission.

Renewal of Accreditation

Notification will be forwarded to the Program Director by the Accreditation Office twelve (12) months before the program's Self-Study is due. This notification includes:

- a renewal notice indicating the date of expiration of accreditation, due date of the Self-Study and renewal fee;
- a list of requirements for renewal of accreditation process; and
- a list of resources to assist programs in the renewal of accreditation process.

Programs entering into the renewal process with outstanding non-compliance issues from complaints, stipulations, special reports, or corrective action related to annual maintenance may be required to resolve any outstanding non-compliance issues prior to submission of the self-study. Depending on the severity and context, COAMFTE may make the following decisions:

- Extend the deadline for submission of the self-study to permit more time for the program to resolve all non-compliance issues; or

- Take any action permitted under the policies and procedures of COAMFTE up to and including probation or withdrawal of accreditation.

If, for any reason, a program cannot submit its Self-Study documents by the due date indicated by COAMFTE, the program must submit a written request for an extension of the deadline. The written request should be sent to the Director of Accreditation and should outline the reason(s) for the extension request. A program failing to submit the Self-Study documents by the expiration date of the extended time will relinquish its accreditation status at the end of the extension period. Failure to request an extension will also result in relinquishment of accreditation.

If the Commission is unable to complete its re-evaluation and render a decision prior to the expiration date, the program's accreditation status will continue until a final decision is rendered.

Fees and Financial Obligations of the Program

Fees vary depending upon the number of programs applying from the same institution and the status of the applicant program(s). Fees are nonrefundable unless a program withdraws its application within the specified period of time (see Voluntary Withdrawal). Programs will submit fees electronically, (e.g., ACH, credit card).

Accredited programs are responsible for all applicable fees and expenses. The COAMFTE reserves the right to change all fees, as necessary. Programs will be notified of these changes in advance of their implementation.

Consultation

The Accreditation staff is available to answer questions regarding policies and procedures for accreditation and to provide additional information regarding marriage and family therapy education. Programs shall not contact individual Commissioners with questions regarding accreditation standards, policies and procedures, or other accreditation related activities.

A list of consultants is available from the Accreditation Office. Consultants do not represent the Commission and the use of their services does not guarantee accreditation of the program. Consultants may not serve as members of a Site Visit Team to a program for which they have acted previously as consultants. Commission members cannot serve as consultants while on the Commission. All arrangements, including fees, must be made between the consultant and the program.

SELF-STUDY

Purpose of Self-Study

Programs seeking initial accreditation and meeting the requirements of Eligibility Criteria will be invited to submit their Self-Study document. Programs seeking renewal of accreditation are encouraged to begin the process at least two years prior to the submission of the Self-Study to ensure collection of achievement data and allow for any changes needed to support program effectiveness.

The Self-Study is a program's comprehensive analysis of its educational resources and effectiveness in relation to its stated mission and program goals. A program should already have in place a mechanism to ensure that its mission and goals are continually pursued, and its outcomes are achieved. This broad-based planning process should include all the constituencies that it seeks to serve: institutional officers,

program administrative staff, teaching faculty, clinical faculty, students, and other significant groups. The COAMFTE accreditation standards and process provide a structure to facilitate that effort.

The Self-Study process should not detract from the broad-based planning process already in place by the program to ensure continued improvement. This process is ongoing and should be continually reviewed, evaluated, and revised, if needed. Although a program has considerable latitude in conducting its self-evaluation, the Commission views the involvement of all constituent groups as essential. The purpose of a Self-Study is to help programs become more effective by clarifying their goals, assessing achievements, identifying problems, and implementing needed changes. Accreditation staff is available for consultation regarding the Self-Study process.

Preparation of the Self-Study Document

The Self-Study document is the written product of a program's self-evaluation. It is submitted to the COAMFTE by programs seeking accreditation. The Self-Study is the program's opportunity to describe how it meets and/or exceeds COAMFTE accreditation standards and is used by the Commission and Site Visit Team to assess the program's compliance with the COAMFTE accreditation standards. All Self-Study documents must be in the English language.

Applicants for Initial Accreditation or Renewal of Accreditation must demonstrate in the Self-Study document how the program meets and/or exceeds the accreditation standards.

Review of the Self-Study Document

- Self-Studies received by the submission due date will be reviewed by Accreditation staff for completeness and compliance with format and submission requirements.
- Self-Studies that are incomplete or do not meet the format and submission requirements will be returned to programs with explanation and timeline for resubmission.
- Complete Self-Studies will be forwarded to COAMFTE ARC (Accreditation Review Committee) for review.
- A primary and a secondary reviewer will be assigned to review the Self-Study. A tertiary member may also be assigned as a reviewer to assure consistency of the review process.
- Reviewers will examine a Self-Study and determine whether a program provided sufficient information to recommend a site visit.
- Reviewers will identify areas of the Self-Study that need additional clarification, verification and/or supporting evidence.
- Reviewers will provide one of the following recommendations to the program:
 1. *Recommend a Site Visit* – The program provided sufficient information at this time and is recommended to continue in the accreditation process by hosting a site visit.
 2. *Defer a Site Visit* – The program did not provide sufficient information at this time and is recommended to continue in the accreditation process by submitting an Addendum to the Self-Study. The site visit is recommended to be deferred until the review and acceptance of the Addendum.
 3. *Deny a Site Visit* – This action is taken when it appears from examination of the Self-Study document that:
 - a. the program seeking accreditation does not meet the standards; or
 - b. the program seeking initial accreditation status does not meet standards and cannot be expected to achieve compliance with the standards within two years.

Recommendations go directly to the program as review of Self-Study documents and subsequent recommendations regarding a site visit are not considered a final action and do not require a vote.

Notification of COAMFTE Review

Following the COAMFTE review of a program's Self-Study, the Accreditation staff will prepare and send a Self-Study Review Letter to the Program Director indicating whether a site visit has been recommended and include a detailed review of the program's Self-Study. The purpose of the Self-Study Review Letter is to assist programs in preparing for the COAMFTE Site Visit. The Self-Study Review Letter indicates areas of deficiencies identified during the Self-Study Review. It is highly recommended that programs strive to address these areas prior to the site visit.

In a case where a site visit has been recommended, the Site Visit Team will receive all of the program's accreditation materials, including the Self-Study Review Letter. In a case where the recommendation was to defer or deny a site visit, a program may request that a site visit be conducted despite the COAMFTE's recommendation. To continue in the accreditation process, a program must provide a response to the Self-Study Review Letter by the stated deadline.

SITE VISIT

Purpose

One of the ways COAMFTE encourages program quality and improvement is by providing feedback to programs through site reviews conducted by subject matter experts with experience in education, clinical practice, and research in the field of marriage and family therapy. The purpose of an accreditation site visit is to determine the accuracy and completeness of the Self-Study document and gain an understanding of those aspects of a program which cannot be fairly and adequately evaluated from documentation alone.

Preparation for Site Visit

Site visits are generally scheduled in the Spring and in the Fall and occur over a two-day period. Preparation materials and any additional documentation submitted by the program are provided to site visitors for their review prior to the site visit.

- Programs seeking accreditation must submit a site visit date request, a conflict of interest, and a confidentiality form by the noted deadline.
- The Accreditation staff will select potential site visitors and designate a chair, taking into account the conflict of interest information provided by the program. Programs are responsible for updating their conflict of interest forms and informing the Accreditation Office prior to the selection of the team of any existing conflicts of interest with potential site visitors.
- The programs are responsible for submitting to the Accreditation Office, by the noted deadline, a tentative Site Visit Agenda and Site Visit Logistics. Accreditation staff will forward the tentative Site Visit Agenda to the Site Visit Team chair for review and approval. The staff and chair will review and modify the Site Visit Agenda, in consultation with the Program Director, as appropriate. The Program Director must inform the faculty, administrators, students, and all others who will participate in the site visit of the nature and purpose of the site visit and explain their involvement in the process.

Expenses

The program is responsible for a site visit fee that covers all costs related to the site visit. Site visitor expenses are reimbursed in accordance with the COAMFTE Reimbursement Policy. The Program Director may contact the Director of Accreditation to discuss the cost of a site visit. All changes made to the site visit that result in additional costs as a result of the program's action in violation of COAMFTE policies will be at the program's additional expense and additional service charges may apply. COAMFTE may reschedule a site visit for reasons beyond its control.

Conduct of the Site Visit

- At the beginning of each site visit cycle, the Accreditation staff will conduct a 'Refresher' to inform the site visitors of any recent developments relative to accreditation or COAMFTE policies and procedures. All site visitors participating in site visits during the cycle must attend a Refresher.
- Prior to each site visit, all Site Visit Team members must:
 - review all the program materials thoroughly,
 - discuss their review of the program's materials, and
 - identify any additional documents that the program will need to provide prior to or at the time of the site visit.
- During the site visit, the site visitors will:
 - review the physical facilities,
 - discuss the academic and clinical program with the staff,
 - confer with the institution's administrators on attitudes toward, and plans for the program,
 - conduct meetings with students and graduates of the program,
 - review materials and records of the clinical program,
 - review records of current students' academic and clinical experience, including educational achievement and progress in meeting degree or certificate requirements
 - review formal student complaints and grievances,
 - review records of recent graduates to determine their educational achievement and completion of all degree or certificate requirements, and
 - review public documents related to the program's representations, including disclosure of admission policies, academic offerings, graduation rates and requirements, and student achievement; and gather information relative to deficiencies noted by the COAMFTE regarding the Self-Study.
- Prior to the end of the visit, the Site Visit Team will:
 - complete the process of information gathering and verification of the evidence,
 - prepare a preliminary Site Visit Report, and
 - provide Closing Remarks to the Program Director and any others the Program Director wishes to include. That prerogative does not include legal counsel.

The closing remarks provide a brief expression of the Site Visit Team's findings up to that point. The Site Visit Team Chair, in collaboration with Site Visit Team members, determines what information will be shared with the program. It is not a conversation or a dialogue. Only the chair delivering Closing Remarks speaks during the meeting. The Site Visit Team does not offer an evaluation, make recommendations, suggest changes, or function in a consultative manner. Site Visit Team members must refrain from attempting to anticipate or suggest the potential response of the Commission.

Site visitors are expected to maintain the strictest confidentiality regarding all aspects of the site visit (see Confidentiality and Disclosure).

Program Responsibilities for Site Visit

- It is the Program Director's responsibility to provide the Site Visit Team with adequate opportunity to engage with designated participants in all required meetings.
- Programs are responsible for providing all documents requested by the Site Visit Team prior to and during the visit.
- Materials will be available for site visitors to access and review in advance of the site visit, as required by COAMFTE.
- The Program Director should assure that any technology needed to support meetings with faculty, administrators, students, and graduates is set up and in good working order in advance of the visit.
- Contingency plans must be in place in the event of technological difficulties including power loss or other acts of nature.
- The Program Director will work with the COAMFTE staff to schedule meetings as necessary to complete the work of the visit.
- If, for any reason, the Site Visit Team is not provided with the opportunity to hold required meetings for technological or other reasons, the Commission will schedule another site visit, at the program's cost.
- The Program Director is responsible for ensuring the confidentiality of all meetings.
- No one other than the individual(s) listed in the Site Visit Agenda may be present during meetings with site visitors.
- Legal counsel shall not be present at any stage of the site visit, including the Closing Remarks meeting.
- No part of the site visit may be video or audio recorded, unless explicitly agreed upon by COAMFTE and the program.
- Generative artificial intelligence (GenAI) shall not be used during the site visit. If the program's technological interface possesses these capabilities, they must be disabled for the duration of the site visit and all site visit proceedings.

Site Visit Report

The Site Visit Team will prepare a preliminary written report before leaving the applicant program. The Site Visit Report will be forwarded to the Program Director and Chief Executive Officer of the institution within forty-five (45) days of the site visit completion, consistent with the following schedule.

- The Site Visit Team Chair will forward the report to the Accreditation office for final preparation within fifteen (15) days of the visit.
- The final report will be forwarded to the Program Director and the Chief Executive Officer of the institution within thirty (30) days of receipt of the preliminary report.

The written report serves as one of the bases of the Commission's decision and provides officials and administrators of the program with an impartial guide to the qualitative and quantitative aspects being evaluated. Accreditation Site Visit Reports address only accreditation standards and do not include recommendations or advice to the program.

Program's Response to the Site Visit Report

Upon receipt of the final report, the program must prepare a written response and or submit pertinent supplemental materials to the Accreditation office. The purpose of the Response to the Site Visit Report is to allow the Program Director to demonstrate how the program is in compliance with COAMFTE Accreditation Standards and to address the concerns noted in the Site Visit Report by the Site Visit Team. It is the program's responsibility to demonstrate clearly that it is in compliance with Accreditation Standards.

Instructions for Preparing and Submitting a Response to Site Visit Report

- The program's response should address the On-Site Observations as they relate to each of the Accreditation Standards and each of the Key Elements. If the program does not have additional information to provide, please note "The program concurs with the Site Visit Team's findings."
- Programs may provide additional information as supporting evidence of the program's response.
- The program's response may reference the original Self-Study, or any documentation included in the original Self-Study only when the information was already provided. A specific location of the documents within the Self-Study must be provided.
- The program's response containing the Site Visit Report Response Template and any supporting documentation must be in one document, in a PDF format with bookmarks linked to the individual components.
- The program's response must be submitted within thirty (30) days of receipt of the Site Visit Report. Extensions can only be granted in case of emergencies.
- The program's response must be submitted to the Accreditation Office, via email at coa@aamft.org.
- PDF files may not exceed 30 megabytes.

ACCREDITATION DECISIONS AND COAMFTE ACTIONS

INITIAL AND RENEWAL OF ACCREDITATION REVIEW

- A primary and a secondary reviewer will be assigned to review the Self-Study, the Site Visit Report, the program's response to the Site Visit Report, and any additional documentation submitted by the program.
- Reviewers will complete a review that includes all of the following:
 - documents areas of compliance and non-compliance with accreditation standards
 - indicates deficiencies and needed corrections
 - states a recommendation regarding the decision on accreditation
- A tertiary reviewer may also be assigned as an auditor to assure consistency of the review process.
- The reviews containing recommendations will be forwarded to the Commission for a final decision.

Reviewer recommendations will be forwarded to the Commission as these reviews carry final actions and required a vote. The Commission's level of analysis will be to review ARC recommendations and ensure that these recommendations are supported by the evidence provided by the program.

During the Commission deliberations, all Commissioners, except those with a conflict of interest, will have access to all of the program's documents/records to make an accreditation decision, including but not limited to the program's Self-Study and supporting documentation furnished by the program, the report of the on-site review, the program's response to the report, and any other appropriate information from other sources to determine whether the program complies with the COAMFTE accreditation standards. The Primary and Secondary Reviewers will present and discuss their reviews with the entire Commission at the meeting. The Commission, by a majority vote of members present, will take one of the actions described below.

AWARD ACCREDITATION

The Commission will award initial accreditation or renewal of accreditation to programs evidencing substantial compliance with accreditation standards. Initial accreditation shall be granted for a period not to exceed six (6) years. Renewal of accreditation shall be granted for a period not to exceed seven (7) years. (Shorter periods of accreditation may be awarded at the discretion of the Commission.)

A program with deficiencies may be awarded accreditation with stipulations provided they can be corrected within a specified period of time. COAMFTE will specify "stipulations" that must be addressed in an interim report, due at a time determined by COAMFTE, or by an interim site visit to be conducted at a time determined by COAMFTE.

Programs that carry stipulations will enter the renewal cycle in accordance with timeframes established by COAMFTE. Any outstanding deficiencies will be carried through the review cycle until the program addresses them. For programs carrying deficiencies from their maintenance cycle into the renewal cycle, the Commission reserves the right to assign an additional site visitor.

DENIAL OF ACCREDITATION

Denial of initial accreditation or renewal of accreditation indicates that a program does not meet accreditation standards. A program denied initial accreditation or renewal of accreditation, or a program whose accreditation has been revoked, must wait one (1) year before reapplying.

REVOKE ACCREDITATION

The Commission may revoke a program's accreditation at any time if:

- a. the program fails to demonstrate that it has maintained compliance with the standards for accreditation, or
- b. the program violates Commission policies and procedures for provision of required information, or
- c. the program fails to pay fees after adequate notice.

Prior to the revocation of accreditation, the Commission may request a "Show Cause" as to why the accreditation status of a program should not be removed. A program whose accreditation has been revoked must wait one (1) year before reapplying.

DEFER DECISION

In the event that the Commission requires additional information to complete its review of a program, it may defer rendering a decision. A deferment may not exceed six (6) months.

CORRECTIVE ACTIONS POLICY

The following measures will be enforced, as illustrated, to those programs incurring stipulations and upon those programs failing to comply with COAMFTE Standards of Accreditation. In cases where a program receives accreditation with stipulations, an Action Letter with Corrective Actions will be sent to the Program Director and CEO of the institution.

Timeline for Corrective Action

Programs must clear all stipulations within two (2) years of receiving them. Programs that fail to clear all stipulations within the two-year period may have their accreditation revoked. Programs receiving stipulations from the COAMFTE's first meeting of the calendar year will be required to submit their first response by January 31st of the following calendar year. Programs receiving stipulations from the COAMFTE's second meeting of the calendar year will be required to submit their first response by July 31st of the following calendar year.

Regardless of the date of the stipulation, programs may elect to submit their response 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 deadlines.

Year 1 (beginning) – Impose Stipulations

Programs that receive stipulations must:

- Submit a compliance report addressing deficiencies by the noted deadline
- Review accreditation materials and consult with Accreditation staff

Programs are recommended to:

- Attend Accreditation Training
- Seek consultation from an external consultant (list of consultants can be obtained from the Accreditation Office)

Programs have the option to:

- Submit a compliance report addressing deficiencies at the reporting deadline immediately following the notice of being granted accreditation with stipulations

If optional compliance report submitted - Year 1 (midpoint) – Continue Stipulations

Programs that fail to clear all stipulations must:

- Submit a compliance report addressing deficiencies by the noted deadline
- Review accreditation materials and consult with Accreditation staff

Programs are recommended to:

- Attend Accreditation Training
- Seek consultation from an external consultant (list of consultants can be obtained from the Accreditation Office)

Year 2 - Place on Probation

Programs that fail to clear stipulations in their first year of carrying stipulations will be placed on probation for a period of time not to exceed one year. During the probation, programs must:

- Submit a compliance report addressing deficiencies by the noted deadline

- Host a focused site visit scheduled by COAMFTE at the expense to the program
- Submit a Response to Site Visit Report

Year 3

- Programs that clear stipulations will be considered accredited for the remainder of the accreditation term originally granted.
- Programs that fail to clear stipulations may have their accreditation status revoked.

EFFECTIVE DATE OF ACCREDITATION

The effective date of accreditation (initial and renewal) shall be May 1st or November 1st.

NOTIFICATION TO PROGRAMS OF COAMFTE DECISIONS AND ACTIONS

Program Notification

The Accreditation Office will provide written notification of COAMFTE decision to the Chief Executive Officer of the institution and the Program Director no later than thirty (30) days after the final decision. The program must agree in writing to any stipulations for accreditation before status can be conferred. In the case of an adverse decision, the program will be notified of the reasons for that action, informed of the right to request reconsideration by the Commission, and informed of filing procedures.

Public Notification

The Commission will provide written notice of all final actions to the Council for Higher Education Accreditation (CHEA), the appropriate State regulatory entity, the relevant accrediting bodies, and the public to a) award or deny initial accreditation, b) award or deny renewal of accreditation, c) revoke accreditation, or d) to place a program on probation or equivalent status within 24 hours of its final notice to the program. The Commission will provide written notice to CHEA, the appropriate State regulating entity, the relevant accrediting bodies, and upon request, the public of decisions by programs to voluntarily withdraw their accreditation or to let their accreditation status expire within 30 days of notification or date on which accreditation lapses. Commission action to award accreditation to a program will not be publicized until receipt of the program's written agreement to the terms of its accreditation. In the case of an adverse action, public notice may occur only after completion of the Request for Reconsideration and Appeal Procedures. If the program chooses not to request reconsideration or appeal, the decision will be final, and public notice will occur within thirty (30) days.

Within sixty (60) days after a final decision, the COAMFTE will make available to CHEA, the appropriate State regulatory entity, appropriate accrediting bodies, and the public upon request, a statement summarizing the reasons for the COAMFTE decision to deny or revoke accreditation. Mechanisms for providing public notice may include publishing the list of accredited programs, publication in appropriate professional journals, use of the COAMFTE Website and notice to CHEA, State regulatory entities, other accrediting bodies, and other organizations.

The Commission will publish a list of accredited programs on its website and, upon request, provide a copy of its updated list of accredited programs annually to CHEA and relevant accrediting bodies and state agencies.

MAINTENANCE OF ACCREDITATION

In order to maintain accreditation, a program must be: (1) in continuous operation (have at least one student in the program and publish graduate achievement data on its public program website); and (2) must demonstrate its continuing compliance with COAMFTE standards through the submission of an annual report and other reports related to the maintenance criteria; and (3) must demonstrate continuing compliance with all aspects of the Eligibility Criteria. Programs that do not demonstrate continuous operation will be considered closed, have their accreditation withdrawn, and they will be removed from the directory of accredited programs.

Each maintenance criterion describes a standard that accredited programs must meet to demonstrate ongoing compliance with accreditation. Programs that have been awarded accreditation are encouraged to review these criteria, so they can adequately prepare to comply with the standards.

GRADUATE ACHIEVEMENT DATA

Programs applying for Initial Accreditation or Renewal of Accreditation are required to demonstrate that students and graduates achieve a sufficient level of knowledge and skill to be deemed competent therapists.

Accredited programs are expected to have met and continue to meet, throughout their accreditation term, the COAMFTE Graduate Achievement Data (GAD) requirements. The GAD requirements will be established by COAMFTE and may include, where appropriate, Graduation Rates, AMFTRB National/State Exam Pass Rates, and/or MFT State Licensure Rates. COAMFTE may periodically revise the Graduate Achievement Data requirements. COAMFTE may establish separate thresholds for master's, doctoral, and post-degree training programs.

- Master's degree programs and post-degree programs applying for initial accreditation must have graduates, and data related to student/graduate achievement.
- Doctoral degree programs applying for initial accreditation must have students who have completed the advanced curriculum, the advanced experience component, and must have data related to student achievement.

Note: Programs are required to collect and publish data on all of the required Graduate Achievement Data set by the Commission per cohort on an annual basis on their program's website (refer to GAD Disclosure Form). It is recommended that programs interested in seeking COAMFTE accreditation begin collecting data at least two (2) years prior to submitting their application for accreditation.

The current COAMFTE Version 12.5 Standards Graduate Achievement Data are as follows:

Program Type	Graduation Rates	Job Placement Rates	Licensure Rates
Master's	Graduation Rates for, advertised length of time* for each cohort	Job Placement Rates for each cohort	Licensure Rates: Programs must demonstrate 70% of graduates for each cohort that achieve any level of MFT licensure

Doctoral	Graduation Rates for advertised length of time* for each cohort	Job Placement Rates for each cohort	<i>Licensure Rates not required, but programs are encouraged to report on each cohort</i>
Post-Degree Programs	Graduation Rates for, advertised length of time* for each cohort	<i>Job Placement Rates not required, but programs are encouraged to report on each cohort</i>	<i>Licensure Rates not required, but programs are encouraged to report on each cohort</i>

* Advertised length of time is how long the program is designed to complete as written.

The only benchmark set by the Commission is the Licensure Rate for master’s programs. The other Graduate Achievement Data require data (rates per cohort) to be published.

COMMISSION PROCEDURES FOR HANDLING MAINTENANCE OF ACCREDITATION DOCUMENTS

Both the Primary and Secondary Reviewers will carefully examine the program’s maintenance of accreditation documents. The Primary and Secondary Reviewers will complete a review that includes all of the following:

- documents areas of compliance and non-compliance with accreditation standards
- indicates deficiencies
- states a recommendation

The reviews containing recommendations will be made available to the entire Commission for review prior to the meeting. During the Commission deliberations, all Commissioners, except those with a conflict of interest, will have access to all of the program’s maintenance documents. The Primary and Secondary Reviewers will present and discuss their reviews with the entire Commission at the meeting. The Commission, by a majority vote of members present, will take one of the actions described below.

ANNUAL REPORT

The purpose of the annual report is to document the continuing development of accredited programs, noting any changes that have occurred since the last annual report or, for new programs, the Self-Study. Programs are encouraged to include student and graduate achievement data in the Annual Report prior to their initial date of accreditation. If the annual report indicates that the program is in violation of the standards, one or more of the following actions will be taken:

- The Commission will impose stipulations and require that programs clear them according to the *Timeline for Corrective Actions Policy*.
- The Commission may order a complete or partial Self-Study to be completed within a reasonable period of time set by the Commission. Failure to respond within the time specified will result in the initiation of the accreditation revocation process.
- The Commission may require an interim site visit. The program is responsible for all expenses related to an interim site visit.
- The Commission may revoke accreditation if the program has failed to address concerns cited by the Commission from previous annual reports (see Revocation of Accreditation).

Programs that have branch locations and various delivery formats (i.e., residential, distance education or blended formats of the same program) must submit a separate Annual Report for each of the locations and delivery formats of the program. A separate Annual Sustaining Fee will be charged for each Annual Report submission.

Programs that do not submit the annual report prior to or on the program's report due date will be found in non-compliance, assessed a Late Fee, and placed on notice. Failure to submit an annual report within thirty (30) days of the due date may result in an interim site visit, at the program's expense, to determine compliance with accreditation standards. Failure to allow an interim site visit will result in the initiation of the accreditation revocation process. The Program Director and Chief Executive Officer of the institution will be notified of the delinquent status of the report and the requirement of a site visit.

Programs must submit an annual report for all years of accreditation on their regular schedule of submission, including the year in which a Self-Study is due.

Maintenance of Accreditation Review: Annual Report

- A primary and a secondary reviewer will be assigned to review the Annual Report. A tertiary reviewer may also be assigned as an auditor to assure consistency of the review process.
- Reviewers will complete a review that includes all of the following:
 - documents areas of compliance and non-compliance with Maintenance Criteria
 - indicates deficiencies and what program must do to correct them
 - states one of the following recommendations:
 - a. accept Annual Report
 - b. accept Annual Report and require additional documentation within the specified timeframe
 - c. defer acceptance of the Annual Report and require a Special Report based on non-compliance with Maintenance Criteria
- The reviews containing recommendations will be forwarded to the Commission for a final decision.

Programs will be notified of response to annual report, stipulations/conditions, and corresponding due dates for response and compliance with identified stipulations/conditions within thirty (30) days of the Commission's decision.

Annual Sustaining Fee

Programs are required to submit an Annual Sustaining Fee prior to or on the due date. Programs that fail to submit an Annual Sustaining Fee by the noted deadline will be assessed a Late Fee.

SPECIAL REPORT

Programs that have deficiencies in their Annual Report will be required to submit a Special Report by the next submission deadline or as required by COAMFTE. In a case where a program's Annual Report and Special Report are not approved, COAMFTE will impose Stipulations. Programs with Stipulations are required to follow and comply with *the Corrective Action Policy*.

COAMFTE Actions

COAMFTE can respond to the program's Special Report in one of the following ways:

- a. accept the special report and previously deferred annual report or
- b. reject the special report and previously deferred annual report and impose stipulations on the corresponding standards where the program is out of compliance. Programs with Stipulations are required to follow and comply with the *Corrective Action Policy*.

Special Report Fee

Programs are required to submit a Special Report Fee prior to or on the submission date of their Special Report. Programs that fail to submit a Special Report Fee by the noted deadline will be assessed a Late Fee.

RESPONSE TO STIPULATIONS

Programs that do not demonstrate continued compliance with COAMFTE accreditation standards and have stipulations attached, are required to submit their Response to Stipulations consistent with the *Timeline for Corrective Actions Policy*.

Programs that carry stipulations will enter the renewal cycle in accordance with timeframes established by COAMFTE. Any outstanding deficiencies will be carried through the review cycle until the program addresses them. For programs carrying deficiencies from their maintenance cycle into the renewal cycle, the Commission reserves the right to assign an additional site visitor.

COAMFTE can respond to the program's Response to Stipulations in one of the following ways:

- a. accept the response to stipulations and remove stipulations
- b. reject response to stipulations and continue stipulations

SUBSTANTIVE CHANGES

Substantive Changes are significant modifications that can impact the quality of the education and training from what was offered when the program was awarded accreditation. These range from a) changes that require review, approval and associated fees, b) changes that require review and approval, and c) changes that only require notification. Programs must receive institutional approval of the change before submitting a substantive change to the Commission and provide evidence of institutional approval to the Commission. Programs submitting a Substantive Change must follow the format and submission requirements posted on the COAMFTE website.

If the substantive change submitted will result in material changes in significant key components of the program, then the substantive change request may not be approved as a change to the current program. Rather, the Commission may determine that the program is considered a new program that would require application for initial accreditation. If the program is viewed as a new program, the program should follow the "programs that are closing" policy in the accreditation manual simultaneously with the application for initial accreditation.

Substantive Changes that Require Review of Application Form, Approval and Associated Fee

The following Substantive Changes require Commission review and approval prior to implementation:

- a. substantial changes of program curriculum (i.e., a change that does not meet the branch location policy or substantial additions/eliminations of 10% or more of the coursework in the foundational/advanced curriculum).
- b. substantial changes to tracking course time of clock or credit hour awarded for successful completion of the program (15% or more aggregate change of clock or credit hours).
- c. conversion of any portion of an approved residential program to a distance education modality.
- d. the addition of a new delivery format of an approved residential program which includes distance education or blended formats.

Substantive Changes that Require Review and Approval

The following changes require Commission review and approval prior to implementation:

- a. any change in the fundamental program or institutional mission
- b. a change in the definition of the Program Director role
- c. the conversion of additional courses or course content to distance education delivery after initial approval of a Substantive Change for the program.
- d. a change in the length of the program

Substantive Changes that Require Notification

The following changes require notification to the Commission:

- a. a change in Program Director
- b. any change in the legal status or form of control of the institution (e.g., for-profit status, changes in Institutional Accreditation/Oversight, etc.)
- c. any loss of or change in Institutional Accreditation/Oversight status (e.g., loss of regional accreditation)
- d. any change in number of core faculty
- e. any change to program administrative structure, not including changes to the Program Director role noted above

POLICY ON BRANCH LOCATIONS

COAMFTE recognizes that institutions of higher education have expanded options for delivering curricular offerings and programs to students. Some of these options may include offering a program at multiple locations, including at main and branch locations. (Branch campus is defined in U.S. Department of Education Regulations. See 34 Code of Federal Regulations § 600.2: Branch location/campus is defined as an additional location that is geographically apart and independent of the main campus of the institution).

Policy on Branch Locations Accredited with the Main Campus

If a COAMFTE accredited program offers their entire program at a main campus and one or more branch locations, the program may be accredited as a single program under the following conditions:

- a. the Program Director is the same for the main campus and all branch locations (the program must demonstrate control over the program by the main campus and consistency across all locations),
- b. faculty at the main campus and the branch location(s) share in governance and decision making with the program director,

- c. the foundational and advanced curricula, topical content and degree requirements are the same,
- d. the delivery and experience of the foundational and advanced application components are substantially equivalent,
- e. students have appropriate access to all environmental supports,
- f. the program offers at least 51% of coursework required for the degree at the branch location, and
- g. the program collects and disaggregates student/graduate data (e.g., GAD, OBE) by campus, branch locations and program. See Annual Report instructions for other reporting requirements.

Programs applying for the accreditation (Initial and Renewal) of a single program offered at a main campus and one or more branch locations at the same time must submit a Branch Location Application Form designating each program location and a separate Eligibility Review Process fee and Self-Study fee for each location. The program must submit one Eligibility document that demonstrates how the main campus and each branch location meet the requirements of the Eligibility Criteria. If accepted, the program will be invited to submit one Self-Study document that demonstrates the program's compliance with accreditation standards as it is offered at the main campus and each branch location. The main campus and each branch location will be required to host a site visit, a site visit fee will be assessed for each location. The Site Visit Team will produce one Site Visit Report that includes information for each location. The main campus and each branch location must submit a separate Annual Report for the program. A separate Annual Sustaining Fee will be charged for the main campus and each branch location.

Accredited programs wishing to expand the program to additional branch locations may do so as early as 18 months prior to the official start date of the proposed branch location. Programs are required to submit a Branch Location Application Form demonstrating that the location seeking accreditation meets the definition of the Branch Location as defined above in (a)-(g) and provide additional evidence of the following for each branch location seeking accreditation:

- a. institutional approval for the branch location,
- b. official start date of branch location,
- c. appropriate physical space,
- d. sufficient fiscal resources to support the new location,
- e. description of how the curriculum will be delivered at the new location (methodology, faculty, etc.), and
- f. operational impact the new location has or will have on location(s) where the program is already being offered.

An application fee for the branch location must be submitted at the time of the application.

Both the Primary and Secondary Reviewers for the main campus will examine the program's Branch Location Application Form. The Primary and Secondary Reviewers will complete a review that (1) documents areas of compliance and non-compliance with accreditation standards and the branch location policy; (2) indicates deficiencies; and (3) states a recommendation. The review containing recommendations will be made available to the entire Commission within forty-five (45) days from the time the reviewers received the Branch Location Application Form. The Primary and Secondary Reviewers will present and discuss their reviews with the entire Commission at which point the Commission will vote on approval of the branch campus location. All COAMFTE actions on Branch Locations will be disseminated to the public.

Branch locations, after being awarded accreditation, will follow the accreditation cycle and schedule of the main campus. Once branch locations have been established, the Commission will deem the main campus program and all branch locations as one program with regard to deficiencies. Unresolved deficiencies of any branch location will be the responsibility of the main campus and may affect the accreditation status of the main campus and other branches.

At any time, the Commission may re-evaluate a branch location to determine if it is meeting the key elements and the definition of a branch location or if it must apply to COAMFTE as an independently accredited program.

Policy on Branch Locations Accredited Independently from the Main Campus

If a COAMFTE accredited program offers their entire program at a branch location and the program does not meet the COAMFTE Branch Location policy, then the program at the branch location must be accredited independently from the main campus program.

Status Change

Free standing COAMFTE-accredited programs that are in different locations, but a part of the same institution may request to designate one location as the main location for the program and other locations as branch campuses. Programs will need to complete the Branch Location Form. A branch location fee in place at the time of application will be assessed.

PROGRAMS THAT ARE CLOSING

A program that intends to close, or which, in the Commission's judgment, may lack sufficient financial resources for the proper operation of the program and discharge of obligations to students, may be required to submit a comprehensive plan for closure. The plan for closure must contain, at a minimum, the following items:

1. a listing by name of all students in the program(s) and their estimated completion dates;
2. a disposition of all student records, including educational, billing, accounting, and financial aid records, in an accessible location and in accordance with applicable legal requirements in the event that the program (institution) closes;
3. an explanation, accompanied by appropriate supporting documentation and timelines of how the school would notify students in the event of closure;
4. a demonstration that the delivery of training and services to students will not be materially disrupted and that obligations to students will be timely met; and
5. in the event of an actual program closure, a proposed teach-out agreement for each student currently enrolled in the program.

REQUESTS FOR TRANSFER OF SPONSORSHIP OF ACCREDITED PROGRAMS POLICY

Institutions may request a transfer of sponsorship of a COAMFTE accredited program from one educational institution to another institution. If the request for transfer of sponsorship results from a merger, acquisition, or change of ownership/control of the sponsoring institution, the program must receive and submit evidence of institutional accreditation approval of the change in ownership, merger, and/or acquisition before submitting a Request to Transfer Sponsorship Form to the Commission. Programs will be considered for a transfer of sponsorship if the program can demonstrate that there will be no material changes in significant key components of the program under the new sponsorship and that the program will maintain compliance with COAMFTE accreditation standards.

The following key components will be reviewed in the transfer of sponsorship request.

Components that need to continue in the sponsored program:

- Administration
- Environmental Supports (Resources) – Key Element I-C
- Curriculum – Standard III
- Policies and Procedures identified in COAMFTE Standards: Eligibility Criterion E
- Qualified and Sufficient Program Leadership, Core Faculty and Program Clinical Supervisors – Standard II
- Geographical Scope
- Enrollment (Student Volume)
- Delivery Modality

If these components remain substantially the same, then the Commission will consider the request for transfer of sponsorship of the program. If one or more of these components will be significantly altered following the change in sponsorship, then the program cannot be considered as a continuation of the same program under different sponsorship. Rather, the Commission will determine that the program will be considered as a new program and will be required to apply for initial accreditation. If the program is viewed as a new program, the accreditation status of the previous program will be discontinued at an appropriate time.

Programs are required to submit information regarding the transfer of sponsorship and its effect on the program's compliance with the accreditation standards prior to implementation of the transfer. The program will need to complete the Request to Transfer Sponsorship Form. Together with the Request Form, programs will need to provide documentation that the new sponsoring institution has agreed to accept responsibility and agrees to support the transferred program.

Programs anticipating a possible transfer of sponsorship are strongly encouraged to consult with COAMFTE staff prior to submitting a request. The Commission has guidelines for preparing a request for transfer of sponsorship, to assist institutions in adequately explaining and documenting such changes.

Transfer of Sponsorship Review

Both the Primary and Secondary Reviewers for the accredited program will examine the program's Request to Transfer Sponsorship Form. The Primary and Secondary Reviewers will complete a review that (1) documents areas of compliance and non-compliance with accreditation standards; (2) identifies the key components that remain the same; (3) indicates areas that may require additional information or substantive change documentation; and (4) develops a recommendation. The review containing recommendations will be made available to the entire Commission at the next Commission Meeting. The Primary and Secondary Reviewers will present and discuss their reviews with the entire Commission at which point the Commission will vote on the recommendation of the reviewers. All COAMFTE actions on transfer of sponsorship will be disseminated to the public.

The Commission may take any of the following actions based on the reviewer recommendations related to requests for transfer of sponsorship:

- a. Approve the transfer of sponsorship: If the Commission does not identify any concerns regarding the program's continued compliance with the accreditation standards and the sponsoring

institution has satisfactorily shown that the program will remain materially the same, then the request for transfer of sponsorship will be approved. The action letter will inform the institution and the program of any additional areas that will be reviewed at the next regularly scheduled site visit to the new sponsoring institution.

- b. Defer action and seek additional information: This action may be taken only once following submission of the initial request. The action letter will inform the institution of the additional specific information regarding the identified concerns. If the additional information submitted does not address the identified concerns, the Commission can 1) require a focused site visit of the program at an appropriate time following implementation of the transfer, or 2) deny the request. The program's accreditation status is continued until the final decision is made.
- c. Postpone the final action (for a period not to exceed 60 days) and require a focused site visit: The Commission will require the program to conduct a focused site visit if the initial request for sponsorship transfer raises significant concerns regarding the program's continued compliance with the accreditation standards; if the sponsoring institution has not satisfactorily demonstrated that the program will remain materially the same following the transfer; and/or if the Commission believes that the necessary information can only be obtained on-site.
- d. Deny the request for transfer: If the submitted information does not indicate that the program will continue to comply with the accreditation standards, the Commission will deny the request for transfer of sponsorship. The institutions will be advised that they may resubmit the request with additional information if they choose or apply for initial accreditation.

Completing Requests for Transfer of Sponsorship of an Accredited Program Form

COAMFTE accredited programs are required to request a transfer of sponsorship from one educational institution to another institution. Programs are required to submit information regarding the transfer of sponsorship and its effect on the program's compliance with the accreditation standards prior to implementation of the transfer according to the timeline indicated below.

Programs can submit the Request to Transfer Sponsorship Form on the indicated submission dates noted below. Programs need to plan accordingly in order to receive approvals within the required timeframe. Programs are encouraged to begin the approval process one year before the transfer takes place due to the length of time between submission and review.

Dates of Submission: January 31st or July 31st

SPECIAL CIRCUMSTANCES

GEOGRAPHIC SCOPE POLICY

COAMFTE accredits master's degrees, doctoral degrees, and post-degree clinical training programs in marriage and family therapy in the United States and Canada. COAMFTE-accredited programs offering distance education or blended formats are permitted to offer the program to students physically located in the United States and Canada. Students shall complete the curriculum areas and the practice components in the United States or Canada.

United States military bases outside the United States are considered to be US territory, and students there may matriculate in a COAMFTE-accredited program. Students may complete the practice component on a military base or by using telehealth for clients at a site in the United States or Canada. Telehealth must be conducted according to the program's policies and procedures, including

adherence to all state, federal, and provincial laws and regulations.

If a program is out of compliance with the geographic scope policy, the Program Director and the Chief Executive Officer of the institution will be notified and informed that corrective action must be taken. The program will be required to submit evidence of corrective action of compliance with COAMFTE policy.

INACTIVE STATUS POLICY

A COAMFTE-accredited program may elect to enter Inactive Status for a limited period of time that shall not exceed one (1) calendar year from the date the Commission approves Inactive Status. Inactive Status typically occurs if a program is undergoing a major curriculum change or a major restructuring during which the program will not be admitting new students.

Procedure

- A program must request inactive status when it decides not to enroll students for a period of time.
- During inactive status, a program must continue to submit documents (e.g., annual reports, maintenance reports, response to stipulations, etc.) and pay an annual maintenance fee that are due during that time.
- Inactive Status requests must be made no later than one (1) year before the Self-Study is due.
- Inactive Status will not extend the timeframe for which accreditation was granted or the renewal of accreditation date.
- To reactivate, a program must submit a substantive change, requesting re-activation of the program.
- If a program in Inactive Status does not re-activate within the period of time specified by the policy, then the program is considered closed, the Commission will withdraw accreditation and the program will be removed from the directory of accredited programs. All subsequent applications for accreditation must be made under the procedures for *Initial Accreditation*.
- Failure to notify the Commission and receive an approval of Inactive Status may result in Administrative Probation.

Eligibility

To qualify, the program must be in continuous operation and must re-activate within the period of time specified by the policy. A program seeking approval of Inactive Status shall submit a substantive change to include the following:

1. Reasons why the program will not be admitting students.
2. Effective date and length of time that the program will not be admitting students.
3. Number of students currently enrolled in the program.
4. The impact on the program, including but not limited to curriculum, faculty, current students, as a result of Inactive Status.
5. Description of resources (as required by the COAMFTE standards) that will be available to the enrolled students.
6. Evidence of the public disclosure on the program's website to the prospective and enrolled students of the program's inactive status.

EXTENSION POLICY

Requests for extension of document submission will only be considered in the case of extenuating circumstances. All requests for extension shall be put in writing, submitted electronically in PDF format to coa@aamft.org, and must be received no less than 30 days prior to the document submission deadline.

All requests must specify the extenuating circumstances and rationale, including but not limited to the following situations:

1. Sudden leadership change
2. Institutional disruptions/financial issues
3. An occurrence over which a program has no control over (natural disasters)

Extensions for submission of documents for Renewal of Accreditation (ex. Self-Study, etc.) shall not exceed six (6) months. Extensions for submission of documents for Maintenance of Accreditation (ex. Annual Reports, Special Reports, and Response to Stipulations) shall not exceed thirty days. In instances where the program's renewal cycle has been extended, COAMFTE will grant renewal of accreditation for a shorter period than the normal seven (7) years.

Procedure for Review of Extension Requests

Requests for Extension will be reviewed by the Director of Accreditation who will forward the request with a recommendation to the COAMFTE Primary and Secondary Reviewers. The Primary and Secondary Reviewers will review the request and recommendation and make the decision. In the event that the Primary and Secondary Reviewers are not available, a Request for Extension and a recommendation from the Director of Accreditation shall be forwarded to the Executive Committee. The Executive Committee will make the decision.

VOLUNTARY WITHDRAWAL OF APPLICATION AND ACCREDITATION

Applicant programs may voluntarily withdraw their application for accreditation at any time prior to the Commission's final review of the program's application without prejudice. Accredited programs may withdraw from accreditation at any time.

All programs withdrawing their application for accredited status must notify the Director of Accreditation in writing of their intent to withdraw. The written notification must specify the date the withdrawal is to become effective and include a statement describing a mechanism by which current and prospective students will be apprised of the program's change in application or accreditation status. All notifications must be sent electronically in PDF format to coa@aamft.org.

Self-Study fees will be refunded as long as the program notifies the COAMFTE in writing of its intent to withdraw within ten (10) days of submission of the Self-Study document. Site visit fees will be refunded as long as the program notifies the COAMFTE in writing of its intent to withdraw within ten (10) days of receiving the dates of the site visit.

REQUEST FOR RECONSIDERATION

A program may make a request for reconsideration, that is, ask the Commission to conduct a review of its adverse decision to deny or revoke accreditation. In doing so, the program seeks to provide evidence that:

- a. the Commission committed an error or violated its procedures,

- b. the Commission made an oversight in its decision-making process, or
- c. newly discovered evidence concerning program's compliance with COAMFTE's eligibility criteria or standards that with reasonable diligence could not have been discovered at the time of the Commission's decision to deny or revoke accreditation.

The burden for establishing the grounds for reconsideration rests with the program.

During the reconsideration procedure, the program retains its accreditation status.

Filing of Request

A Request for Reconsideration must be made before an appeal is filed (see Appeal Procedures).

The Request for Reconsideration must be submitted to the Director of Accreditation within fifteen (15) days of receipt of the adverse decision. It shall clearly state the program's reasons for seeking a reversal or modification of the COAMFTE's decision. If the program does not notify the Commission within fifteen (15) days, the right to the reconsideration is waived, and the decision of the Commission is final.

Documentation

The program must submit written documentation to support its contention that the COAMFTE should reverse its initial adverse decision. The information provided by the program must include a statement that discusses in detail the matters cited in the Request for Reconsideration. It should be accompanied by any documents that would support the program's statement.

The supporting documentation must be sent to the Director of Accreditation and received within thirty (30) days after filing the Request for Reconsideration. The information must be submitted electronically as one document in PDF format with bookmarks linking to individual components of the document. The information must be sent to coa@aamft.org. Files may not exceed 30 MBs.

Review by the Executive Committee

The Request for Reconsideration will be reviewed by the Executive Committee of the COAMFTE no later than the Commission's next scheduled meeting. Any member of the COAMFTE Executive Committee who has served as reviewer for the program or has a conflict of interest may not participate in the Executive Committee's deliberations. The next most senior professional or public member will serve on the Committee for that particular program only. The Executive Committee may request additional data from the program. The program will be notified within thirty (30) days of the decision by the Executive Committee to approve or deny the Request for Reconsideration.

If the Executive Committee's decision is to approve the Request for Reconsideration, the program will be reviewed by the Commission no later than its next scheduled meeting. If the Executive Committee denies the request, the Program Director and Chief Executive Officer of the institution will be informed of the right to appeal.

Programs may request that oral testimony be given at the Commission meeting during which the Request for Reconsideration will be heard. The Executive Committee of the COAMFTE has the sole discretion to grant or deny oral testimony. The Executive Committee will notify the program of the decision within fifteen (15) days following the request for an oral hearing. If the request is granted,

the program will be notified of the date, time, and location of the oral hearing as soon as it is scheduled. The COAMFTE does not cover any costs associated with oral testimony.

Review by the Commission

The Commission will consider the program's Request for Reconsideration, written statement, and all supporting documentation in rendering its decision by majority vote.

Decision on Reconsideration

Within thirty (30) days after the meeting in which the Request for Reconsideration is reviewed, the Program Director and the Chief Executive Officer of the institution will be notified of the COAMFTE's decision to affirm, modify, or reverse its initial decision. The Commission also may take other action, which it believes appropriate for remaining concerns. If the decision is to affirm the initial decision to deny, withhold, or revoke accreditation, notice of the right to appeal and procedures for doing so will be sent with the decision letter.

APPEALS of ADVERSE ACCREDITATION DECISIONS

A program may request an appeal of an adverse accreditation decision (e.g., revocation or denial, denial of initial or renewal of accreditation) when the Commission has:

- a. Denied a program's Request for Reconsideration, or
- b. Affirmed its initial adverse decision following review of a Request for Reconsideration.

Standard of Review

The appellant program has the burden of demonstrating on appeal that the Commission's final decision to deny or revoke accreditation was arbitrary or capricious, not based on substantial evidence on the record or the Commission did not follow its stated policies and procedures.

An accredited program remains accredited while the appeal is pending.

Appeal Procedures

1. Notice of Appeal

A program that wishes to appeal an adverse decision by the Commission must notify the Director of Accreditation in writing of the intent to appeal within fifteen (15) business days of receipt of the adverse accreditation decision. The Notice of Appeal must include a brief statement of the reasons why the appellant program believes the adverse accreditation decision is erroneous. The Notice must also indicate whether the appellant program is requesting a hearing, and if so, who will represent the program during the hearing.

2. Accreditation Record

Within fifteen (15) business days of receiving the Notice of Appeal, COAMFTE will forward to the appellant program, the accreditation record. The accreditation record consists of the materials that were considered by the Reconsideration Panel at the time the adverse accreditation decision was made, relevant COAMFTE decision letters, a chronology of the actions taken by the COAMFTE leading to the adverse accreditation decision, the Notice of Intent to Appeal and Written Grounds for Appeal submitted by the appellant program and, if applicable, COAMFTE's reply brief, the COAMFTE Standards, Policies and Procedures in effect at the time of the adverse accreditation decision.

3. *Written Grounds for Appeal and Reply*

Within forty-five (45) business days of receipt of the adverse accreditation decision, the appellant program must submit its written Grounds for Appeal setting forth the specific reasons why the adverse accreditation decision should be modified or reversed. Within thirty (30) business days of receiving the appellant program's Written Grounds for Appeal, COAMFTE may in its sole discretion submit a brief in reply.

4. *New Evidence Rule*

Neither the appellant program, nor COAMFTE may present any new documentation or evidence that was not before the Reconsideration Panel at the time of the adverse accreditation decision.

5. *Appeal Panel*

The Appeal Panel shall be comprised of a minimum of three (3) members drawn from a pool of candidates who have a working knowledge of and experience with COAMFTE accreditation standards, policies and procedures. The Appeal Panel will be subject to COAMFTE's Conflict of Interest Policy, may not be a current Commissioner and will not have participated in any evaluation of the program or reconsideration process related to the adverse accreditation decision on appeal. The Director of Accreditation will submit a list of proposed Appeal Panel members to the program within fifteen (15) days of receiving the appellant program's Notice of Appeal. The program will have five (5) business days to notify the Director of Accreditation of objections to any of the proposed Appeal Panel members on conflict of interest or other grounds. The Director of Accreditation will evaluate the objections, and as necessary and appropriate will propose alternative Appeal Panel members. The Director of Accreditation will finalize the composition of the Appeal Panel and designate a chairperson.

6. *Transmission of the Record and Review by the Appeal Panel*

Once the Appeal Panel has been fully constituted, and the accreditation record compiled, the COAMFTE Director of Accreditation will deliver the accreditation record to the Appeal Panel. The Appeal Panel will consider all of the facts and information contained in the record, including the appellant program's Written Grounds for Appeal and any reply submitted by COAMFTE in reaching a decision regarding COAMFTE's accreditation action. The Appeal Panel **may not** consider information that is not in the accreditation record, such as information that is not pertinent to the Written Grounds for Appeal, which was not available to the Commission at the time of the adverse accreditation or concerns remedial efforts undertaken since the time of the adverse accreditation decision. The Appeal Panel will render its decision and notify COAMFTE and the program within thirty (30) business days of receiving the accreditation record, or thirty (30) business days of an appeal hearing, if one is requested by the appellate program.

7. *Confidentiality*

Appeal Panel members agree to abide by COAMFTE's confidentiality policies and procedures. All information reviewed during the appeal procedure is to be held in strict confidence by the parties and the Appeal Panel.

8. *Appeal Panel Decisions*

Affirm: The Appeal Panel will affirm the adverse accreditation decision if it finds that the adverse accreditation decision was based on substantial evidence on the record, was not arbitrary and capricious and that in arriving at the adverse accreditation decision, COAMFTE followed its published standards, policies and/or procedures. A decision to affirm the adverse accreditation decision is final and not subject to further review.

Remand: The Appeal Panel will remand the adverse accreditation decision to COAMFTE for further consideration when it finds that the decision was erroneous in that it was not supported by substantial evidence on the record, was arbitrary and capricious or that COAMFTE failed to follow its published standards, policies and/or procedures and that this failure was a significant factor leading the adverse accreditation decision.

A finding error is based on the Appeal Panel's conclusion that no reasonable authority or body would have reached the decision under appeal when taking into account all the facts before it at the time of decision and in light of the requirements stated in COAMFTE's policies and procedures according to their plain meaning and consistent with the usual and common practices of COAMFTE. The Appeal panel has no authority regarding the reasonableness of the accreditation standards, policies or procedures and must accord deference to the Commission in this regard. If the decision is remanded, the Appeal Panel will specify the issues, policies or procedures that the Commission must address on remand. The Commission's decision on remand is final and not subject to further appeal.

9. *Appeal Hearing*

If a hearing is requested by the appellate program, it will take place within sixty (60) days of when the Appeal Panel is fully constituted and has received the accreditation record. The Director of Accreditation will schedule the appeal hearing in consultation with the Appeal Panel and the appellant program. The hearing may take place virtually at the discretion of COAMFTE.

The appellant program will notify COAMFTE of the names and contact information for those who will be representing the program during the hearing. The program may be represented by legal counsel. If representatives of the appellant program do not attend the appeal hearing after receiving proper notice of the date, time, and location, the Appeal Panel shall have discretion to reschedule the hearing or proceed to a decision on the accreditation record. The Appeal Panel will consider an emergency or other unforeseen relevant circumstance (e.g., natural disaster) that prevents a representative(s) from attending the appeal hearing in person and in such cases will consider other arrangements such as participation using internet-based technologies.

The hearing will be scheduled for three (3) hours. The appellant will have thirty (30) minutes to present its appeal to the Appeal Panel and may reserve some of the time for concluding remarks. The remainder of the time will be reserved for questions to the appellant program by the Appeal Panel members. COAMFTE will be given the opportunity to present to the Appeal Panel.

COAMFTE does not consider the appeal hearing to be an adversarial proceeding. Accordingly, there will be no witness testimony or cross-examination of witnesses.

At the conclusion of the hearing, the Appeal Panel will deliberate and make its determination, by majority vote, in executive session.

The appeal hearing will be professionally recorded. A transcript of the proceedings will be made available to the parties who will be responsible for the cost.

Appeal Fees

A program requesting an appeal will be assessed a non-refundable appeal process fee to cover administrative expenses for the appeal. If the program requests a hearing, the program will submit a deposit to cover costs associated with the panel's travel and other expenses. The program will be billed for or reimbursed for any difference between the deposit and the actual cost of the appeal hearing. The program will be responsible for travel expenses of its own representatives. The fee and deposit must be submitted with the program's Notice of Appeal. If the program fails to submit the fee and deposit by the deadline, the appeal will be considered withdrawn and the adverse accreditation decision will become final. See COAMFTE Schedule of Accreditation Fees for more information regarding the appeal fee and deposit.

Implementation of Appeal Panel Decision and Notifications

The decision of the Appeal Panel will be communicated to the parties within thirty (30) days of the Appeal Panel's receipt of the accreditation record or hearing. COAMFTE will implement the decision within ninety (90) days. Decisions will be noticed to other regulatory bodies and the public within thirty (30) days following COAMFTE's notification procedures set forth in Notification to Programs Section of the COAMFTE Policy and Procedures Manual.

ADMINISTRATIVE PROBATION

As a condition of accreditation, all accredited programs are expected to submit all reports and fees on or before the indicated deadlines.

COAMFTE may place on Administrative Probation any accredited program that fails to submit, with due notice, any report or fee by the indicated deadline. Programs that fail to submit a required report and/or fee by the noted deadline will receive a notice of Administrative Probation. Programs that fail to comply with the notice will be put on the next scheduled COAMFTE meeting's agenda. At that Commission meeting, the Commission will review the program's circumstance and may vote to place the program on Administrative Probation. Programs placed on Administrative Probation will receive notice of this action within 30 days of the action by the Commission along with specific instructions on what report(s)/fee(s) need to be submitted and the next steps in the Administrative Probation process.

All programs placed on Administrative Probation will be listed on COAMFTE's public website.

A program may be placed on Administrative Probation for no longer than one year before accreditation is revoked. Once placed on Administrative Probation programs must submit the indicated report(s)/fee(s) as soon as possible. If any delay or failure to submit a report and/or fee is a result of extenuating circumstances, the program may submit a letter to the Commission outlining this circumstance with supporting documentation. The letter must be signed by the Program Director. At the regularly scheduled COAMFTE meeting following a program being placed on probation, the Commission will vote to either remove the program from Administrative Probation or revoke the

program's accreditation. A program will be removed from Administrative Probation if the program submitted the necessary report(s)/fee(s). A program's accreditation will be revoked if the program has not submitted the report(s)/fee(s) listed in the program's Administrative Probation notice. All programs will receive notice of the action taken by the Commission within 30 days of the action by the Commission. Programs removed from Administrative Probation will be removed from the list of programs on Administrative Probation on the COAMFTE public website. If the Commission revokes an accredited program's accreditation under the Administrative Probation process the program will receive information on the Request for Reconsideration/Appeal processes. Programs may use the Request for Reconsideration and/or Appeal process for accreditation revocation taken under the Administrative Probation policy. A program's accreditation will be maintained through the duration of the Request for Reconsideration/Appeal process.

Applicant programs that are not currently accredited will be considered voluntarily withdrawn from the accreditation process if they fail to submit, with due notice, any report or fee by the indicated deadline.

REGARD FOR DECISIONS OF OTHER AGENCIES

The COAMFTE respects the actions of the state postsecondary review entities, other accrediting bodies, and other state regulatory agencies. Specifically:

- When deciding whether to grant initial accreditation or renewal of accreditation, COAMFTE will take into consideration adverse actions by recognized institutional accrediting agencies and state agencies.
- COAMFTE will not award accreditation status or renew accreditation during a period in which the program or institution a) is the subject of an interim action by a recognized institutional accrediting agency potentially leading to the suspension, revocation, or termination of accreditation; b) is the subject of an interim action by a state agency potentially leading to the suspension, revocation, or termination of the institution's legal authority to provide postsecondary education; c) has been notified of a threatened loss of accreditation by a recognized agency, and the due process procedures required by the action have not been completed; or d) has been notified by the state of a threatened suspension, revocation, or termination of the institution's legal authority to provide postsecondary education. If such actions named above occur during the program's accreditation term, the COAMFTE will promptly review the program's accreditation status and take action if warranted.
- COAMFTE will promptly review the accreditation status of a dually accredited program or institution when another recognized agency takes adverse action against the program or institution.

DISCLOSURE POLICIES

PUBLIC NOTIFICATION AND CALL FOR COMMENT

COAMFTE will publish on its public website a list of programs that intend to seek initial accreditation or renewal of accreditation and provide the opportunity for comment prior to accreditation decision. When engaging in an accreditation review of a non-US program, COAMFTE will notify an appropriate governmental and non-governmental entity of the program's intent to seek initial accreditation or renewal of accreditation and provide the opportunity for comment prior to accreditation decision. Additionally, programs are directed to notify members of their own communities of interest of their

intent to seek initial accreditation or renewal of accreditation and provide an opportunity for comment. All comments should be addressed to COAMFTE and directed to the Accreditation Office. Third Party Comments may not be anonymous and will be shared with the program to provide an opportunity for response.

PROGRAM DISCLOSURE

Accredited programs that wish to advertise their status with the COAMFTE must be clear, comprehensive, and indicate the specific program that is accredited. The Commission has authorized the use of the following statement for accredited programs:

The Marriage and Family Therapy Program at _____ is accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), coa@aamft.org.

All representations of accredited programs must be adequate and accurate. No public statement may be misleading to prospective students or the public.

Accredited programs must have published policies and materials that are readily accessible to applicants, students, faculty, and the public, on a website including those required in COAMFTE eligibility criteria and standards. Please refer to Eligibility Criteria in the relevant COAMFTE standards. Published materials include but are not limited to:

- Descriptions of the program's guidelines, mission, goals, and student learning outcomes
- Graduate achievement data
- Academic calendar
- Tuition and fees
- Degree completion requirements and timeframes
- Student complaint and grievance policies and procedures
- Grading and assessment policies and procedures
- Remediation and dismissal policies and procedures
- Student technology requirements
- Verification of student identity
- Informed acknowledgment of potential differences in MFT licensure requirements across state/provincial regulatory bodies

Programs must provide up to date COAMFTE graduate achievement data information to the public on their program's website landing page/homepage utilizing the format provided by the Commission.

COAMFTE graduate achievement data information disclosure must be consistent with the Commission's current Graduate Achievement Data policy requirements.

COAMFTE's scope of authority is over the conduct of accreditation activities and determination of accreditation status. COAMFTE-accredited programs may use the COAMFTE logo on their promotional materials upon receiving approval from the Accreditation Office. COAMFTE-accredited programs may not use the AAMFT name, corporate logo, and/or the abbreviated initials, AAMFT. Programs not accredited by COAMFTE are not permitted to use COAMFTE or AAMFT name, corporate logo, and/or the abbreviated initials.

If a program releases information that misrepresents or distorts any aspect of its program or accreditation status, the Commission will take appropriate action (see Confidentiality and Disclosure).

CONFIDENTIALITY AND DISCLOSURE

The COAMFTE seeks to maintain the integrity of the accreditation process with the program by providing essential information to protect or assist prospective students and the public, yet at the same time respecting the confidentiality of information provided by the program. The COAMFTE abides by the reporting and notification requirements of CHEA. The following guidelines have been established relative to confidentiality and disclosure of accrediting information.

Information Published and Disseminated by the COAMFTE

- Scope of COAMFTE accreditation
- COAMFTE accreditation standards and procedures
- Notice of application for initial accreditation or renewal of accreditation and request for public comment
- Names of programs whose application for initial accreditation or renewal of accreditation were denied
- List of all accredited programs including dates of next review
- Names of accredited programs for which accreditation has been revoked by the COAMFTE and programs that have voluntarily withdrawn their own accreditation status
- A statement summarizing the reasons for the Commission's decision to grant accreditation or grant accreditation with stipulations or to deny or revoke accreditation of a program. (Available on the COAMFTE website for a period of one year from the date of the publication)

Information Published in the List of Accredited Marital and Family Therapy Training Programs

- Name, address, phone number, and director of the program
- Terms of accreditation
- Degree(s) offered

About Programs

- Name and address of the institution
- Accredited status of programs
- Level of offerings (master's, doctoral, post-degree)
- Mode of delivery (online, hybrid, campus-based)
- Dates of accreditation and next scheduled review

About COAMFTE

The academic and professional qualifications of COAMFTE members, site visitors, and staff.

Information Necessary to Correct Misrepresentation

If a program releases information that misrepresents or distorts any action by COAMFTE with respect to the accreditation process or its accreditation status, the Program Director and the Chief Executive Officer of the institution will be notified and informed that corrective action must be taken. If the misrepresentation or distortion is not promptly corrected, COAMFTE may release a public statement in such a form as it deems necessary to provide the correct information.

Information not Available for Dissemination Under Any Circumstances

Each Commissioner, COAMFTE review member, site visitor, and staff member:

- must exercise care not to disclose confidential information acquired in connection with such status or information.
- must not disclose such information which might be averse to the interests of COAMFTE.
- must not disclose or use information relating to the business of COAMFTE for their personal profit or advantage or for a family member or other related entity.
- must weigh the inherent risks associated with the use of modern tools, including data privacy, intellectual property, and content accuracy. Therefore, COAMFTE review members shall not use generative artificial intelligence (GenAI) tools in their role as a COAMFTE volunteer. This includes the use of GenAI tools for recording or transcribing meetings or for producing written content.

Record Keeping Requirements

COAMFTE shall retain its last full accreditation review of each program for the most recent accreditation cycle, including:

- Self-Study and Addendums
- Site Visit Report
- Program Response to Site Visit Reports
- Annual Report and Interim Reports
- COAMFTE Action Letters; and
- Program Correspondence

COAMFTE shall retain records of all accreditation decisions made throughout a program's affiliation with COAMFTE regarding the accreditation of the program, including:

- Any reports of special reviews conducted between regular reviews
- Substantive Changes
- All correspondence that is significantly related to those decisions

COMPLAINT POLICY AND PROCEDURES

DEFINITION OF COMPLAINT

A complaint is a notification to COAMFTE by any person or entity (including, but not limited to, any student, faculty member, or staff member of an accredited program; any member of the general public; any representative of a federal, state, or local government; and any member of any other institution or organization) that sets forth reasonable and credible information that an accredited program is not in compliance with one or more of COAMFTE's accreditation standards or policies. Complaints are reviewed by COAMFTE in a fair and timely manner. The timing of a complaint review will depend upon the complexity of the issues raised in the complaint and the length of time required for COAMFTE or the program to collect relevant information.

INSTRUCTIONS FOR FILING A COMPLAINT AGAINST PROGRAMS

Complaints should be submitted in writing, signed by the complainant, and submitted either in hard copy to the Director of Accreditation or using COAMFTE's online form. COAMFTE generally does not investigate complaints that are submitted anonymously but has discretion to follow up on anonymous complaints that include clear and compelling evidence of non-compliance with COAMFTE's standards

by an accredited program. The complainant may request to remain anonymous to the institution, provided all identifying information is given to COAMFTE. Under such circumstances, COAMFTE will make an effort to protect the anonymity of the complainant; however, this cannot be guaranteed. Additionally, maintaining anonymity may hinder COAMFTE's ability to fully investigate the complaint allegations or elicit a complete response from the program.

COMPLAINTS MUST CONTAIN THE FOLLOWING:

1. The basis of any allegation of noncompliance with COAMFTE standards and procedures;
2. The standards and procedures at issue;
3. All relevant names and dates and a brief description of the actions forming the basis of the complaint;
4. Copies of any available documents or materials that support the allegations;
5. A release authorizing COAMFTE to forward a copy of the complaint, which may include identification of the complainant(s) to the institution unless anonymity is expressly requested;
6. Information pertaining to the complainant's efforts to resolve the complaint through the institution's grievance procedures; and
7. A description of any pending reviews or investigations by the subject program, institution, other accrediting organization, administrative proceedings by a government entity, or any pending litigation related to the subject matter of the complaint.

In order for COAMFTE to consider a complaint, the facts or circumstances that form the basis of the complaint must have occurred, at least in part, within three (3) years of the date the complaint is filed. The Director of Accreditation will exercise professional judgment in making exceptions to this rule, especially where fraud or unethical behavior is alleged.

SITUATIONS THAT MAY BE OUTSIDE OF THE COMPLAINT POLICY

Where issues of educational quality or compliance with COAMFTE standards or policies are not central to the complaint, COAMFTE may refer the complaint and/or the complainant to the appropriate government agency or private entity with jurisdiction over the subject matter of the complaint and may provide a copy to the institution.

Ordinarily, COAMFTE will not intervene on behalf of individuals in cases of a personnel action unless a clear violation of COAMFTE's standards and policies is alleged. Similarly, COAMFTE will not review an institution's internal administrative decisions in such matters as admissions decisions, academic dishonesty, assignment of grades, and similar matters unless the context of an allegation suggests that unethical or unprofessional conduct or action may have occurred that raises a question regarding the program's compliance with a COAMFTE standard or policy.

Complaints or grievances that are the subject of litigation or administrative proceedings, such as with the Equal Employment Opportunity Commission (EEOC) or the Office of Civil Rights of the U.S. Department of Education (OCR) are not considered appropriate for review while the proceedings are still pending.

COMPLAINT PROCEDURES

When COAMFTE receives a complaint against an accredited program, COAMFTE's procedure for handling the complaint consists of the following steps:

Staff/Director of Accreditation Review:

1. Staff will send an email to the complainant acknowledging receipt of the complaint and explaining the process that COAMFTE will follow in investigating the complaint within 15 business days.
2. The Director of Accreditation will conduct an initial review of the complaint to determine the following:
 - a. Whether additional information or clarification is required. In these cases, the Director of Accreditation (acting on behalf of the Commission) will send a request to the complainant. If the requested information is not received within 15 business days, the complaint may be considered abandoned and may not be reviewed further by COAMFTE.
 - b. Whether the complaint reasonably suggests that a program may not be in compliance with COAMFTE's standards and procedures and should be forwarded to the Executive Committee for further review.
 - If the Director of Accreditation determines after the initial review of the complaint that the information or allegations do not reasonably demonstrate that a program is out of compliance with COAMFTE's standards or procedures, the complaint may be considered closed.
 - If the Director of Accreditation determines after the initial review of the complaint that the information or allegations reasonably suggest that a program may not be in compliance with COAMFTE standards and procedures, the Director of Accreditation will notify the program that a complaint has been filed. The notice will summarize the allegations, identify the COAMFTE standards or procedures that were allegedly violated, and provide a copy of the original complaint to the program.
3. The program will be given 30 days to provide a response to the complaint.

COAMFTE Executive Committee Review:

4. The Executive Committee will review the complaint and the program's response for compliance with the accrediting standards and procedures and may take any of the following actions:
 - a. Close the complaint, if the Executive Committee finds that the complaint does not reasonably demonstrate that the program is out of compliance with COAMFTE's standards or that the program has satisfactorily addressed the complaint allegations in responsive information provided to COAMFTE.
 - b. Seek further information or documentation from the complainant or the program.
 - c. Postpone the final action on the complaint for a period not to exceed 60 days, if there is evidence that the program is making progress toward rectifying the situation. In the case of postponement of action, the complainant will be kept informed of the status of the complaint and its final action.
 - Note: In the event the program does not rectify the situation by the end of the 60-day period, the matter will be referred to the Commission for consideration and action.
 - d. Determine that the complaint has not been adequately addressed by the program and recommend that the full Commission take appropriate action.

Commission Review:

5. When the complaint is referred to the Commission, they may decide to:
 - a. Require the program to undertake a corrective action plan, according to the Corrective Actions Policy, to be monitored by the Commission, which may include imposing stipulations, or
 - b. Require an interim site visit (at the program's expense), or
 - c. Revoke accreditation, if the decision is to revoke accreditation, the Program Director and the Chief Executive Officer will be informed of the right to request reconsideration by the Commission and of the procedures by which to do so (see Request for Reconsideration).
6. If the Commission upholds its decision to revoke accreditation following the Request for Reconsideration review, the Program Director and the Chief Executive Officer will be notified of the right to appeal (see Appeals Procedures).

Notification to Program:

7. In all instances, the Director of Accreditation will send a letter to the complainant, the Chief Executive Officer of the institution, and the Program Director notifying them of the Executive Committee's or Commission's decision and the reasons for the decision within thirty (30) calendar days.
 - Note: The failure of the program to provide either complete responsive information to the complaint, any additional information requested by the Director of Accreditation, Executive Committee or Commission, or to host a special or focused visit at the direction of the Commission within the specified time frames will be considered a violation of the COAMFTE's policy on complaints and will be referred to the Commission for consideration and action.

COMPLAINTS ABOUT COAMFTE REVIEWERS, COMMISSIONERS, AND STAFF:

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) promptly reviews any complaint it receives against COAMFTE Commissioners, reviewers and/or staff. Because of the seriousness with which it regards complaints of this type, complaints against the COAMFTE shall be detailed in writing by the complainant and submitted to the Director of Accreditation. If a complaint is received orally, the complainant will be asked to submit the complaint in writing. As described below, the Executive Committee will review in a fair and equitable manner, and apply unbiased judgment to, any complaint against itself and take follow-up action, as appropriate, based on the results of the review.

The procedures for handling complaints against COAMFTE reviewers, Commissioners, and/or staff for alleged violations of COAMFTE's standards, policies, or code of conduct are as follows:

1. After the receipt of the complaint by COAMFTE, all materials related to the complaint are forwarded to the COAMFTE Chair (unless the complaint is about the Chair). If the complaint is about the Chair, the complaint and all materials are forwarded to the COAMFTE Chair Elect.
2. After the receipt of the complaint, the Chair or Chair Elect sends a letter to the complainant acknowledging receipt of the complaint and explaining the process the COAMFTE will follow in investigating the complaint.
3. Also, after the receipt of the complaint, the Chair or Chair Elect reviews the complaint and decides whether any additional information is needed from the complainant, the COAMFTE reviewer, Commissioner, and/or COAMFTE staff before the complaint can be considered. If so,

the Chair or Chair Elect requests that the information be provided to the Chair within 30 days. If the requested information is not received within the specified time frame, the complaint may be considered abandoned and may not be investigated by COAMFTE.

4. Within 30 days of receipt of all the information pertaining to the complaint, including the original complaint and any additional information, the Executive Committee will review the complaint.
5. The Executive Committee will not complete its review and make a decision regarding the complaint unless it ensures that the reviewer, commissioner, or staff member has had sufficient opportunity to provide a response to the complaint.
6. After review of the complaint and the response by the person named in the complaint, the Executive Committee summarizes its findings and presents them to the full Commission at its next regularly scheduled meeting, at which time the Commission reviews the matter and reaches a final decision. If, however, the Executive Committee determines that the matter is of such urgency that it must be discussed and decided immediately rather than await the next Commission meeting, the Chair will schedule a conference call of the full Commission as soon as possible so that the Commission can review the matter and reach a final decision.
7. The Commission will make a decision using its best judgment on what action it wishes to take in cases where it has determined that there has been a violation of COAMFTE standards, policies, or code of conduct. The action may include personal admonishment, letter of reprimand, or termination.
8. The Chair or Chair Elect notifies the person named in the complaint of the Commission's final decision within 30 days of the close of the Commission meeting and whether any follow-up is required.
9. The Chair or Chair Elect notifies the complainant in writing of the Commission's decision within 30 days of the close of the Commission meeting during which the complaint was reviewed.
10. A record of the complaint, all documenting materials, and the action letter are kept on file at the COAMFTE offices in accordance with document retention policies and procedures.

TECHNOLOGY POLICIES

SIMULATION POLICY

The Commission recognizes the validity and efficacy of the use of simulation to teach practical and foundational clinical skills and competencies. Simulation is the use of paid actors or artificial intelligence serving as a client. The simulation experience may utilize either real or virtual worlds, or a combination of real and virtual worlds, to replicate a clinical environment and a clinical experience. This allows for a real-life experience for the student without real-life consequences (Gehart, 2018). However, it does not replace the interactional and interpersonal experience that comes with direct clinical contact. While programs are permitted to utilize simulation to develop competencies, simulation hours are not considered direct clinical contact and cannot be counted toward the minimum required 300 hours of direct clinical contact.

SIMULATION SUPERVISION POLICY

Simulation can be used as a supervisory training tool. However, simulation hours may not be counted as observable data in supervision toward the minimum required 50 relational supervision hours. Observable data supervision refers to when the supervisor and supervisees have the opportunity to see and/or hear the therapist's work that is the focus of the supervisory discussion. For example,

clinical work that is observed through viewing a live session or reviewing a recorded session that includes direct clinical contact, not a simulated session.

ARTIFICIAL INTELLIGENCE (AI) AND AUTHENTICITY OF STUDENT WORK

The program's policies and procedures to verify the authenticity of student work should be transparently communicated to students and faculty. Use of artificial intelligence (AI) tools to complete degree requirements, coursework, and theses or dissertations should follow the acceptable standards of the program and the university.

ARTIFICIAL INTELLIGENCE LIMITS AND PEER REVIEW OF INSTITUTIONAL REPORTS

This policy ensures the confidentiality, integrity, and security of institutional reports and materials submitted during the accreditation or substantive change process by prohibiting the use of external artificial intelligence (AI) tools for analyzing, summarizing, or processing these institutional documents.

The accreditation process relies on the expertise, judgment, and discretion of peer reviewers. Using AI to interpret or analyze these reports could compromise the quality of the review, potentially leading to flawed accreditation outcomes. COAMFTE Commissioners and volunteers are prohibited from using AI tools when reviewing accreditation documents. COAMFTE considers this usage a violation of confidentiality and threatens the integrity and security of institutional reports and materials.

GUIDELINES FOR SIMULATION

The program should determine the clinical competencies that will be measured using simulation clinical experiences. Additionally, the program should determine how the use of simulation allows students to meet the program mission, goals, and outcomes. The program should consider the following in determining the use of simulation:

- How are students informed about the differences between simulation and direct client contact?
- How are students informed about the differences between observable data and a simulated session?
- How does the program use simulation to help students build and master competency through a relational/systemic philosophy?

GUIDELINES FOR USING GENERATIVE ARTIFICIAL INTELLIGENCE (GenAI) IN PREPARATION OF COAMFTE REPORTING

One purpose of accreditation is to provide an authoritative guide to programs in the field of marriage and family therapy. The Commission recognizes the ubiquitous nature of generative artificial intelligence (GenAI) in education and is mindful of the risks to security, privacy, confidentiality, intellectual property, and accuracy associated with the use of GenAI. The program's preparation for and maintenance of accreditation should be characterized by authenticity, integrity, and transparency. Entering information into artificial intelligence tools could lead to unauthorized disclosure and/or create privacy violations for members of the Communities of Interest. Programs shall not use GenAI in the preparation of the Eligibility Criteria Report, Self-Study, Annual Report, Response to Stipulations, Response to Site Visit Report, and/or Special Report.

This guidance will be reviewed and updated regularly as technology and best practices evolve.

Amendments

Amendments to this policy manual are approved by two-thirds of the Commission. The amended policy manual will be made available to the public.

The work of COAMFTE is supported by Accreditation staff. Funding for COAMFTE activities is provided by a combination of fees from accredited programs and support from its sponsoring organization, AAMFT.