ACGC President’s Report

Our profession has seen tremendous growth within graduate education programs in North America. Between the expansion of existing programs and the addition of new programs, the number of students graduating from ACGC-accredited programs and entering the workforce has increased dramatically.

In the past 5 years, the number of students enrolled in a Master’s program for genetic counseling has increased by almost 40%.

ACGC has met this growth with innovation in policies and processes, to ensure continued quality in genetic counseling graduate education. Some highlights from this year are below:

- **Introduction of Candidacy Status** – developing genetic counseling graduate programs now apply for Candidacy as a first step toward accreditation. Candidates can then apply for accreditation during one of two cycles each year (either January 15 or May 15).
- **Revision of the Standards of Accreditation** – changes to the Standards can allow existing and developing graduate programs to maximize flexibility in their approach to teaching students while maintaining high quality in genetic counseling graduate education.
- **Clinical Training Assessment Taskforce** – the use of competency-based assessment for the clinical training of genetic counseling students (rather than obtaining a certain number of core cases) can allow for individual tailoring of graduate education to the students.
- **New Management Company** – ACGC will transition management companies this winter from Kellen to MCI USA in order to support the continued growth in accredited and developing graduate programs, and to further develop our expertise in higher education and accreditation.

At the time of this report, there are 45 ACGC-accredited graduate programs in North America and 4 that are developing and have been invited to submit New Program Applications. This year, we recognize the following institutions:

- **Newly accredited programs**: Baylor College of Medicine, Boise State University, Keck Graduate Institute, MGH Institute of Health Professions
- **Existing programs that achieved reaccreditation**: Ohio State University, University of Toronto
- **Developing programs that have submitted an application for accreditation**: Columbia University, University of Arizona, University of Nebraska, Vanderbilt University

As always, you can access a current list of accredited programs and a list of developing programs that are applying for accreditation on our website at [www.gceducation.org](http://www.gceducation.org).

Our work would not be possible without outstanding and dedicated volunteers. Many thanks go out to our Program Review Committee members, our Site Visitors, and our Board of Directors. We also continue regular communications with the ABGC, CAGC, AGCPD, and NSGC to support our joint efforts to further the field of genetic counseling. We welcome any contact regarding accreditation and look forward to continuing our work to promote quality higher education for genetic counselors.

_Amanda Bergner_, ACGC President

Sept 2018.
Program Accreditation Statistics

Geographical Distribution of Programs
As of Sept 2018, the current number of accredited programs is 45. Visit the ACGC website www.gceducation.org for links to each accredited program.

Current Program Averages
The statistics listed below are averages across all accredited programs required to submit a Report of Current Status in June 2017.

<table>
<thead>
<tr>
<th>Enrollment Cohort</th>
<th>Avg. Applicants per Program</th>
<th>Avg. Slots per Program</th>
<th>Avg. Applications per Slot</th>
<th>Avg. Enrolled &amp; Matriculated</th>
<th>Avg. Retention</th>
<th>Total Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>143.65</td>
<td>9.68</td>
<td>14.83</td>
<td>9.70</td>
<td>N/A</td>
<td>388</td>
</tr>
<tr>
<td>2017</td>
<td>129.65</td>
<td>9.08</td>
<td>14.23</td>
<td>9.05</td>
<td>97.15%</td>
<td>372</td>
</tr>
<tr>
<td>2016</td>
<td>114.86</td>
<td>9.00</td>
<td>12.41</td>
<td>8.98</td>
<td>98.76%</td>
<td>323</td>
</tr>
<tr>
<td>2015</td>
<td>104.39</td>
<td>7.97</td>
<td>11.84</td>
<td>8.00</td>
<td>98.13%</td>
<td>292</td>
</tr>
<tr>
<td>2014</td>
<td>95.43</td>
<td>8.93</td>
<td>11.03</td>
<td>7.73</td>
<td>97.67%</td>
<td>276</td>
</tr>
<tr>
<td>2013</td>
<td>85.20</td>
<td>7.13</td>
<td>10.58</td>
<td>7.07</td>
<td>92.90%</td>
<td>264</td>
</tr>
<tr>
<td>2012</td>
<td>82.57</td>
<td>7.03</td>
<td>10.39</td>
<td>7.07</td>
<td>92.26%</td>
<td>261</td>
</tr>
</tbody>
</table>
Comments on Program Growth since 2012:

- Average number of available slots per program has increased by 38%
- Average number of students enrolled per program has increased by 37%
- Total enrolled students per cohort has increased by 49%
- Average number of applications per slot has increased by 43%

Average Number of Student Clinical Encounters from 2017-18 Academic Year

<table>
<thead>
<tr>
<th>Practice Area</th>
<th>Avg.</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>122.59</td>
<td>28.09</td>
</tr>
<tr>
<td>General Pediatrics</td>
<td>31.58</td>
<td>11.08</td>
</tr>
<tr>
<td>Prenatal</td>
<td>42.46</td>
<td>12.26</td>
</tr>
<tr>
<td>Cancer</td>
<td>35.16</td>
<td>13.04</td>
</tr>
<tr>
<td>Other (Adult/Specialty)</td>
<td>13.72</td>
<td>6.89</td>
</tr>
</tbody>
</table>

2018 Reaccreditation

ACGC completed two site visits for the 2018 reaccreditation cycle. The following programs were reviewed and granted full accreditation: University of Toronto and Ohio State University.

New Programs

This past year, ACGC granted the following programs Accredited New Program status:

- Baylor College of Medicine Houston, TX
- Keck Graduate Institute Claremont, CA

Developing New Programs under Review

The following programs have submitted an Application for Accredited New Program Status and at the time of this publication are under review:

- Columbia University, New York, NY
- University of Nebraska, Omaha, NE
- University of Arizona Tucson, AZ
- Vanderbilt University, Nashville, TN
ACGC Standards Revision Process

In 2017, ACGC convened a six-member Standards Committee to oversee a formal, systematic review of the Standards of Accreditation for Graduate Programs in Genetic Counseling and to make recommendations to the ACGC Board of Directors as to necessary changes. This committee is comprised of program directors, ACGC program review committee members, and experienced rotation supervisors.

The Standards Committee terms are intended to be four years in length; however, in order to stagger the terms and facilitate continuity, two of the inaugural members will roll off and the role of the chair will change after two years. Positions will continue to be filled following a call-for-volunteers approach.

The Standards Committee developed a survey that was distributed to genetic counselor education stakeholders (e.g. genetic counselors, program directors, program assistant/associate directors, program medical directors, program faculty, genetic counseling students, rotation supervisors, genetic counselor employers, program review committee members, program site visitors, and genetic counseling student research mentors). The survey was piloted on 12 individuals representing all stakeholder groups, and after modifications were made, it was launched in December 2017. Invitations to participate were distributed through e-blasts to the NSGC membership, ABGC diplomats, and the AGCPD membership, all of which included a request to forward to other stakeholders who may not have received one of the initial invitations. The survey remained open for three months, and 389 total responses were collected; 120 completed responses and 269 partial responses. Data were analyzed and then reconciled with data collected simultaneously by the ACGC Clinical Training Assessment Taskforce to ensure broad incorporation of feedback from respondents who completed one or both surveys.

Following a year of monthly conference calls, the Standards Committee convened an in-person meeting in May 2018 to incorporate the feedback received from the surveys, as well as best practices reviewed in accreditation manuals from other healthcare professions. The committee also took into account the diverse environments in which genetic counseling students are being trained, the evolving landscape of the genetic counseling profession, and how changes in training requirements might impact all stakeholders. Therefore, the proposed revisions in areas including but not limited to program administration, financial and learning resources, curriculum and instruction, program leadership and staff, fieldwork training, and program and student evaluation are intended to maximize flexibility and institutionally-tailored implementation while maintaining high quality training.

The proposed revisions were submitted to the ACGC Board of Directors in July 2018, and the Board will approve and/or modify the proposed revisions by Fall 2018 so that they can be released for public comment by Winter 2018/2019. Once the public comment window closes, then the Standards Committee will incorporate the feedback prior to resubmission to the Board. Once the revised Standards have been approved, they will be released for incorporation by accredited training programs and programs in development. Programs will be given ample time to incorporate necessary modifications in order to be compliant. Moving forward, the Standards Committee will review all Standards every four years at minimum and will also accept expedited, off-cycle requests for review of time-sensitive issues.
Clinical Training Assessment Taskforce Update

The Clinical Training Assessment Taskforce (CTAT) was charged with developing competency-based assessment guidelines for the clinical training of genetic counseling students and integrating suggestions from genetic counselor stakeholders related to clinical training.

CTAT began our work by analyzing benefits and limitations of the current system of assessment of clinical training within genetic counseling, specifically by examining the requirement that each student complete at least 50 “core” cases across a range of practice areas, with minimum of 45 conducted in-person. This requirement was evaluated by exploring the correlation between the number of core cases and exam pass rate, as exam performance was viewed as the sole objective, standardized measure of competence. Initial analysis of 2017 RCS data showed no correlation; however, this dataset was limited and the Taskforce agreed it was important to test for this correlation across data from more programs.

To compare clinical training in genetic counseling to other healthcare professions, we reviewed clinical requirements and accreditation standards in other medical fields. While there was minimal literature on alternative clinical training models, there was some support for the efficacy of milestones for developing competence during medical school. Milestones were noted to focus on achievement of competencies rather than a prescribed amount of time in clinic, thus serving as an example of competency-based assessment applied to clinical training. With regard to accreditation, there was great variability of standards of clinical training and assessment across healthcare professions. Relevant standards were quite broad and often centered on accumulating a specified number of clinical hours. There was some evidence that more hours in clinic correlated with a higher pass rate for credentialing exams.

To reach a shared understanding of competency-based education and appraise competency-based assessment alternatives, we reviewed literature on competency-based education in healthcare, with special attention to competency-based assessments of clinical competence. This review generated a working definition of competency-based education as training that is “fundamentally oriented to graduate outcome abilities and organized around competencies” (Frank et al., 2010). The emphasis on competency-related outcomes was accompanied by strong need for robust assessment tools, which must be “integrated and cumulative, cover professional formation as well as formal knowledge and clinical performance, and include formative feedback, guidance, and mentoring as well as summative certification of competence at each level of development” (Morcke, Dornan & Eika, 2013). The imperative to couple competency-based assessments with training and support for assessors was reiterated throughout this literature. While it was evident that effective implementation of competency-based education is dependent on robust assessment, there was no apparent, universal standard or template for assessing competence, and only minimal evidence of efficacy of existing methods.

The above investigations informed a debate on the utility of the 50 core case requirement, namely in what ways is the core case requirement useful and/or problematic, and is it a measure of competence? To better understand what the core case number was measuring and how reflective the core case number is of competence, we constructed and disseminated a survey to collect program directors’ perspectives on strengths, challenges, and omissions of current standards of clinical training in genetic counseling; the 50 core case requirement and the
nature of its connection to competence; and clinical training assessment methods. The survey was open for five weeks at the beginning of 2018 and garnered 27 responses. Five programs also shared student-level deidentified core case numbers and exam performance data, and four shared their clinical training assessment forms.

CTAT met to integrate statistical analyses of a larger dataset of core case and exam data and qualitative analyses of responses to our survey and the Standards survey. Our findings were as follows:

1) Empirical evidence and stakeholder feedback concluded neither the number of cases nor the overall number of fundamental counseling roles performed predicts competence as defined by board exam performance.

2) Stakeholder feedback supports the retention of a minimum threshold for exposure to non-simulated clients, in diverse practice settings, with a variety of indications.

3) Stakeholder feedback supports inclusion of a broader range of service delivery models as part of Clinical Training. Furthermore, empirical data suggest increased amount of alternate service delivery models do not negatively impact board exam performance.

4) Stakeholder feedback and empirical evidence do not support requiring the distribution of core cases to align with the practice analysis. Furthermore, the practice analysis and the PSS are not designed for this purpose.

5) Review of competency-based education literature supports the adoption of this approach by ACGC.

6) Review of competency-based education literature did not identify an existing tool to assess competence in genetic counseling trainees, supporting a recommendation for the creation of a competency-based assessment tool and related utilization training.

7) Recognition that at this time, the only standardized assessment of clinical competence is ABGC board performance, which is post-graduation, and therefore problematic for assessing competence prior to/at the time of graduation.
CTAT’s discussions arrived at consensus that clinical training – like all components of a program – should support development of the PBCs. Since we are fortunate to have a set of well-defined competencies, we noted genetic counseling training is well positioned to apply CBE concepts to our clinical training model. In CBE, progress toward competence is not measured or achieved by completing a minimum number of hours, but rather by demonstrating abilities across a variety of settings – our recommendations were crafted to reflect these principles. Finally, our specific recommendations were provided to the Board on changes to the standards which aligned with our findings and tenets of competency-based education and assessment. The Board reviewed these changes and forwarded them to the Standards Committee for consideration and inclusion in the comprehensive review. (For more information on the Standards revision process see page 5.)

Acknowledgement of our Volunteers

Thank you to our many volunteers from this past year – we couldn’t do it without you!

Communications Committee

The ACGC Communications Committee is charged with overseeing communications involving the ACGC and enabling transparency in the accreditation process for graduate programs in genetic counseling. This entails creating and overseeing the annual strategic communication plan, website, annual report, submissions to genetic counseling publications, and other tasks related to communication with our stakeholders. Keep an eye out for ACGC contributing to upcoming issues of Perspectives to highlight topics related to new and existing program accreditation.

Ian MacFarlane, PhD | Assistant Professor of Psychology, Elizabethtown College
Janet L. Williams, MS, CGC | Director, Research Genetic Counselors, Geisinger Health System, Genomic Medicine Institute

Nominating Committee

The Nominating Committee sought nominations this year for an Educator Member and a Practitioner Member to serve on the Board.

Educator Member
An Educator member is someone directly and significantly involved with an accredited graduate program in genetic counseling (e.g., professor, instructor, academic dean, clinical supervisor, program leader).

Certified Genetic Counselor Member
A Certified Genetic Counselor member is someone who is certified by the American Board of Genetic Counseling (ABGC) and whose primary job focuses on the provision of genetic counseling services. Individuals who are also in leadership positions within a genetic counseling training program (i.e. Program Director/Co-Director, Associate or Assistant Program Director, Clinical/Fieldwork Coordinator) are not eligible under this position.

There were seventeen nominations total and two individuals were elected: Deborah Cragun and Molly McGinnis.

Quinn Stein, MS, CGC | Program Director Augustana-Sanford Genetic Counseling program
Beth Conover, MS, CGC | Genetic Counselor/APRN, University of Nebraska Medical Center
Heather Creswick, MS, CGC, Program Review Committee Co-Chair | Instructor, Department of Human and Molecular Genetics Clinical Faculty, Genetic Counseling Training Program, Virginia Commonwealth University, Massey Cancer Center, Department of Human Genetics
Anne Matthews, RN, PhD | Program Director, Case Western Genetic Counseling Program
Meredith Weaver, PhD, CGC, Past President | Associate Project Director, CRVR, American College of Medical Genetics and Genomics
Program Review Committee

The Program Review Committee (PRC) is a dedicated group of volunteers with experience in genetic counselor education, including program and curriculum development, research, and/or clinical supervision. PRC members review Reaccreditation Application and self-study documents, and assess compliance with ACGC Standards. Questions or issues identified are then brought forward to the Site Visitor team, who spends 1-2 days meeting program leadership, staff and students to directly assess program compliance with ACGC standards. This year, the PRC Chair, Jenna Scott, and Co-Chair, Heather Stalker, coordinated the review of the 4 programs undergoing reaccreditation in the 2017 cycle.

To ensure timely response to applications without compromise in rigor, the ACGC streamlined the new program application process and built capacity within the PRC committee. The average time from new program application submission to approval was 7.5 months with a range from 5-10 months.

Program Review Committee

Maria Blazo, MD, Division Director, Clinical Genetics, Baylor, Scott & White Healthcare
Lisa Catalano, MS, CGC, Assistant Program Director, Emory University Genetic Counseling Training Program
Cheryl Dickerson, MS CGC, Genetic Counselor Maternal Fetal Medicine, WakeMed Physician Practice
Carrie Guy, MS, CGC, Product Manager, Women’s and Reproductive Health, Quest Diagnostics
Lynn Holt, MS, CGC, Genetic Counselor, Assistant Professor, University of Alabama
Rachel Pothast, MS, CGC, Instructor of Obstetrics and Gynecology (Clinical Genetics), Northwestern University
Carly Siskind, Clinical Assistant Professor of Neurology, Stanford University
Rachel Vanneste, MS, CGC, Lab Genetic Counselor, Royal University Hospital
Katherine Wusik-Healy, MS, CGC, Genetic Counselor III, Cincinnati’s Children’s Hospital

Site Visitors (2017-2018 Reviews)

Stephanie Cohen, MS, CGC, Adjunct Professor, IUPUI
Andrea Harbison, MS, CGC, Instructor, Baylor College of Medicine
Cynthia James, PhD, CGC, Genetic Counselor in the Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy Program, Johns Hopkins Hospital
Arti Pandya, MD, MBA, Chief, Division of Pediatric Genetics and Metabolism; Associate Professor of Pediatrics, UNC Healthcare
Richard Pauli, MD, PhD, Faculty, University of Wisconsin School of Medicine and Public Health
Toni Pollin, PhD, Associate Professor, University of Maryland
2017-2018 Board of Directors

Amanda Bergner, MS, CGC, President  |  Associate Professor of Genetic Counseling Director, Genetic Counseling Graduate Program, Columbia University
Meredith Weaver, PhD, CGC, Past President  |  Associate Project Director, CRVR, American College of Medical Genetics and Genomics
Jenna Scott, MS, CGC, Program Review Committee Co-Chair  |  Program Director, University of British Columbia Genetic Counseling Program
Heather Creswick, MS, CGC, Program Review Committee Co-Chair  |  Instructor, Department of Human and Molecular Genetics Clinical Faculty, Genetic Counseling Training Program, Virginia Commonwealth University, Massey Cancer Center, Department of Human Genetics
Linda Smith, PhD, MLS(ASCP)BB, Secretary/Treasurer, Public Member  |  Professor, Retired, Div. Medical Laboratory Sciences, UT Health San Antonio

Directors

Dawn Allain, MS, CGC  |  Associate Professor, Internal Medicine, Director, Genetic Counseling Graduate Program, Ohio State University Wexner Medical Center, Division of Human Genetics, Department of Internal Medicine
Lori Williamson Dean, MS, CGC  |  Assistant Program Director and Assistant Professor, College of Health Professions, University of Arkansas for Medical Sciences
Ian MacFarlane, PhD  |  Assistant Professor of Psychology, Elizabethtown College
Heather Stalker, MS, CGC  |  Assistant, Pediatrics, University of Florida, Div. of Genetics, Dept. of Pediatrics
Janet L. Williams, MS, CGC  |  Director, Research Genetic Counselors, Geisinger Health System, Genomic Medicine Institute

Finance Committee

Amanda Bergner, MS, CGC  |  Associate Professor of Genetic Counseling, Director, Genetic Counseling Graduate Program, Columbia University
Michele Jackson, MS, CGC  |  Project Manager, Ambry Genetics
Linda Smith, PhD, MLS(ASCP)BB  |  Professor, Retired, Div. Medical Laboratory Sciences, UT Health San Antonio
Meredith Weaver, PhD, CGC  |  Associate Project Director, CRVR, American College of Medical Genetics and Genomics
Report of Financial Statement

Year ending December 31, 2017

**Support and Revenue**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation Fees</td>
<td>$190,500</td>
</tr>
<tr>
<td>Contributions</td>
<td>$90,000</td>
</tr>
<tr>
<td>Investment income</td>
<td>$79,120</td>
</tr>
<tr>
<td><strong>Total Support &amp; Revenue</strong></td>
<td><strong>$359,620</strong></td>
</tr>
</tbody>
</table>

**Expenses**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Services Accreditation</td>
<td>$157,488</td>
</tr>
<tr>
<td>Support Services Management and General</td>
<td>$61,956</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>$219,444</strong></td>
</tr>
<tr>
<td><strong>Change in Net Assets</strong></td>
<td><strong>$119,119</strong></td>
</tr>
</tbody>
</table>
Accredited Program Fees

ACGC 2019 Fee Updates

As part of the ongoing effort to facilitate genetic counseling graduate program growth, ACGC has not increased fees for the past 4 years despite rising costs for services required to support the process of accreditation. During this time, there has been a rapid expansion in number and size of programs, necessitating increased investment in support services, volunteer coordination, and Board time dedicated to maintaining program compliance with the Standards. To continue to meet our mission of fostering excellence in education for the future of genetic counseling, ACGC is announcing an updated fee structure effective January 1, 2019.

Aligned with ACGC’s continuing commitment to keep accreditation fees at manageable levels for programs, annual fees for accredited programs in good standing and site visit fees will remain the same. Rather than raising all fees, ACGC has approved new fees that reflect accreditation requests/requirements beyond the scope of those services provided as part of annual fees. The ACGC Board of Directors and Finance Committee reviewed accreditation best practices and the fees charged by accrediting agencies for comparable healthcare professions to guide the creation of this fee structure. The updated fee structure is outlined below.

<table>
<thead>
<tr>
<th>Type of Fee</th>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Maintenance of Accreditation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Maintenance of Accreditation</td>
<td>$4000 Accredited</td>
<td>Fee to maintain accreditation, includes:</td>
</tr>
<tr>
<td></td>
<td>$4500 Accredited New Program</td>
<td>• Review of annual Report of Current Status, including determination.</td>
</tr>
<tr>
<td></td>
<td>$6000 Probationary Accreditation</td>
<td>• Review of Reaccreditation Application/Self Study and Site Visit Report at the time of reaccreditation, including determination.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• User account on Accreditation Management Software platform for online submission and tracking of all accreditation related documents and deadlines.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Routine communication/requests to ACGC throughout the year, excluding requests for: substantive change, interpretive guidance, and petition for variance. Fees associated with these requests are outlined below.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Assessed annually, due on or before June 15th</td>
</tr>
<tr>
<td>Site Visit</td>
<td>$4500 &lt; 30 students</td>
<td>Fee for any site visit to the program (routine or additional/special): includes costs associated with preparation for site visit, travel to/from program, preparation of documents following the visit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Due on or before June 15th for routine and at time of invoice for additional/special</td>
</tr>
<tr>
<td></td>
<td>$6000 ≥ 30 students</td>
<td></td>
</tr>
<tr>
<td>Substantive Change</td>
<td>$2000</td>
<td>Fee for review of Substantive Change Application: includes review of application and submitted documentation, and determination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Due at the time of submission</td>
</tr>
<tr>
<td>Interpretive Guidance</td>
<td>$150</td>
<td>Fee for request for guidance regarding one Standard: includes review of request and documentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Due at the time of submission</td>
</tr>
<tr>
<td>Petition for Variance</td>
<td>$500</td>
<td>Fee for request of variance for one Standard, policy or rule: includes review of request and documentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Due at the time of submission</td>
</tr>
<tr>
<td>Late</td>
<td>$500</td>
<td>Penalty fee for late submission: includes review of any required/requested documentation that is submitted more than 7 calendar days beyond due date</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Due at the time of submission</td>
</tr>
<tr>
<td>Documentation Review</td>
<td>$150</td>
<td>Fee for review of additional documentation that must be submitted by the program to meet special requirements set forth by the Board (e.g., non-compliance): includes review and determination. Does not apply to programs holding Probationary Accreditation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Due at the time of submission</td>
</tr>
</tbody>
</table>
## Developing Program Fees

<table>
<thead>
<tr>
<th>Type of Fee</th>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application for Candidacy</td>
<td>$2500</td>
<td>Fee for review of Application for Candidacy: includes review of application and submitted documentation, and determination of Candidacy status &lt;br&gt;<em>Due at the time of submission</em></td>
</tr>
<tr>
<td>Annual Maintenance of Candidacy Status</td>
<td>$2000</td>
<td>Fee to maintain active Candidacy status, includes:&lt;br&gt;• Review of required/requested documentation during period of Candidacy.&lt;br&gt;• User account on Accreditation Management Software platform for online submission and tracking of all accreditation related documents and deadlines.&lt;br&gt;• Routine communication/requests to ACGC throughout the year, excluding requests for: substantive change, interpretive guidance regarding one or more Standards, and petition for variance for a policy, Standard, or rule. Fees associated with these three requests are outlined below. &lt;br&gt;<em>Assessed every 12 months following achievement of Candidacy Status until a final determination is rendered about the New Program Application, due on or before June 15th</em></td>
</tr>
<tr>
<td>New Program Application</td>
<td>$4500</td>
<td>Fee to review New Program Application: includes review of application and submitted documents, and determination &lt;br&gt;<em>Due at the time of submission</em></td>
</tr>
<tr>
<td>Interpretive Guidance</td>
<td>$150</td>
<td>Fee for request for guidance regarding one Standard: includes review of request and documentation, and determination &lt;br&gt;<em>Due at the time of submission</em></td>
</tr>
<tr>
<td>Substantive Change</td>
<td>$2000</td>
<td>Fee for review of Substantive Change Application: includes review of application and submitted documentation, and determination &lt;br&gt;<em>Due at the time of submission</em></td>
</tr>
<tr>
<td>Petition for Variance</td>
<td>$500</td>
<td>Fee for request of variance for one Standard, policy or rule: includes review of request and documentation &lt;br&gt;<em>Due at the time of submission</em></td>
</tr>
<tr>
<td>Late</td>
<td>$500</td>
<td>Penalty fee for late submission: includes review of any required/requested documentation that is submitted more than 7 calendar days beyond due date &lt;br&gt;<em>Due at the time of submission</em></td>
</tr>
</tbody>
</table>

*The ACGC Board has sole discretion and authority in determining and assessing fees.*
New ACGC Processes and Policies

The ACGC has revised or updated the following policies:

Application for Candidacy

Effective January 2, 2018, ACGC transitioned from a Letter of Intent to an Application for Candidacy process for developing new programs seeking accreditation.

Developing new programs seeking accreditation must go through a two-step process. First, they must apply for and be granted Candidate status. Second, they must select a review cycle and submit an Application for Accredited New Program status on January 15 or May 15. ACGC will accept up to three new program applications for each review cycle.

The Program Review Committee will review each new program application and provide an initial response within approximately six weeks. ACGC estimates that the timeframe for an accreditation decision is 8-12 months from the date of submission of the new program application.

Announcement Regarding Change in Management and New Executive Director and Staff

The Board of Directors issued a Request for Proposals for management services in 2018. This process resulted in identification of three association management company finalists. From the finalists, the Board selected MCI USA as the management company we will be working with effective Nov. 19, 2018.

ACGC’s new Executive Director is Sara Meier

Sara Meier currently serves as the Senior Vice President of Credentialing, Standards & Professional Development, and Association Management & Consulting at MCI USA. In this capacity, Meier works with organizations to determine performance objectives for learning management systems and credentialing programs and assess how structure, content, delivery and metrics can align with company objectives.

Meier joined MCI USA in 2006 with a background in program management, training and resource development. During her tenure with MCI USA, Meier has served as the client lead for several associations focused on accreditation and certification. In doing so, she has streamlined their application processes utilizing the development of an online application system, restructured commission based reviews and created staff driven resources to aid in a more successful and efficient method. Meier works with MCI staff on client professional development and credentialing programs to ensure best practices are in use and platforms shared wherever possible to take advantage of cost and scale efficiencies.

Before joining the MCI USA team, Meier spent fifteen years in the education field as a classroom teacher, a curriculum coordinator and a director of program development. She has created resource materials and conducted training for children, families and educators.