

General Overview and Instructions



The Accreditation Council for Genetic Counseling (ACGC) was established in 2012 to serve as the accrediting body for the genetic counseling profession. The ACGC's mission is to provide leadership by establishing Standards for graduate level genetic counseling education in order to protect the interests of students and the public, as well as the integrity of the genetic counseling profession through:

- Evaluating educational programs to ensure compliance with those Standards; and
- Accrediting genetic counseling training programs that meet the Standards established by the ACGC.

Eligibility:

The ACGC accredits qualified, masters-level genetic counseling training programs located within institutions chartered by and physically located within the United States and Canada. Sponsoring institutions must be accredited by, and in good standing with, a recognized regional accrediting agency and must be authorized by that agency to confer upon graduates of the Genetic Counseling program a graduate degree.

The graduate degree-granting institution is the sponsoring institution that applies for accreditation. This institution assumes primary responsibility for the program, although it can partner with other institutions that are responsible for providing one or more core program components.

An application for accreditation will not be accepted unless a Program Director (or Interim Program Director) and a Medical Director (or Interim Medical Director) have been identified and are committed to be program leaders.

Application Review Process:

Accreditation of genetic counseling programs is a process initiated by the sponsoring institution. It includes a comprehensive review of the program relative to the Standards. It is the responsibility of the genetic counseling program to demonstrate compliance with the Standards. Accreditation decisions are made based on the ACGC evaluation of information contained in the Accreditation Application, the report of site visit evaluation teams, any additional reports or documents requested by the ACGC, and the program's accreditation history.

System Instructions:

You do not need to complete the application in one sitting. The system will allow you to enter responses, save your current progress and finish the submission later.

Navigating the Survey

- Use the Previous or Next links at the bottom of each section page, the arrows next to the Save button at the top of the page, or the appropriate section links in the right navigation menu.
 - **Do not use the back button in your browser without saving your data first or it will not be saved.**
- To save your work at any point, click the Save button at the top of the page.

Uploading Attachments

- To upload all attachments at once:
 - On the top right navigation, click the down arrow to the right of PROGRESS and select Documents in the drop down.
 - Upload your documents.
- To view or remove the uploaded documents:
 - On the top right navigation, click the down arrow to the right of PROGRESS and select Documents in the drop down.
 - If you exit the survey, the Documents section may be accessed at the top of the navigation menu on the Instrument Summary Response page.

User Guide & FAQs

We recommend that you check out the User Guide and System FAQs posted [here](#). **We suggest bookmarking this page for future reference.** The User Guide and System FAQs contain helpful hints on how to navigate the system to complete the application.

If you have questions or difficulties, contact the ACGC office at (571) 762-4375 or olesya.lamb@gceducation.org

Program Information

Q-1

Primary Contact Information

Primary Contact Name:

Program Name:

Sponsoring Institution:

School/Division/Department:

Address:

City:

State:

Zip:

Email:

Phone:

Program Director/Co-Directors:

Program Website Address:

Q-2

Program Design

Type of degree granted: (e.g. MS/MSc in Genetic Counseling/Human Genetics, etc.):

Total anticipated number of students in
first class:

Total anticipated number of students in
second class:

Total anticipated number of students in
third class:

Total required credit-hours (indicate if semester or quarter hrs):

Q-3

Program Design

Total Program Tuition and Fees* – Resident:

Total Program Tuition and Fees*– Non Resident:

*If your students' average actual cost differs significantly from the above (e.g. scholarships/financial aid), please explain: (Std. A3.1.2)

Q-4

Program Abstract

Provide a description of the process of how your program was developed. Please include names and roles of key faculty members and administrators, as well as any committees that were developed during the process, e.g. curriculum development, assessment, outside advising. Also include the program's mission and goals and explain how those are in concert with the mission and goals of the sponsoring institution. Discuss your proposed timeline for recruiting, interviewing and admitting your first class, as well as anticipated number of students you plan to admit and growth of the number of matriculated students over the next 5 years. Please describe how your program's learning environment will foster the success of its students; speak specifically to the sponsoring institution's commitment to the program, faculty and physical resources in place to support students and sufficient clinical experiences to develop genetic counseling skills.

SECTION A: ADMINISTRATION - Sponsorship

A1

Applies to: [A1](#) [A1.1](#) [A1.1.1](#)

Q-5

Please upload or provide a link to the most recent accreditation decision letter from the accrediting body to the sponsoring institution. If providing an upload the file name should be: A1.1Accreditation_NAMEofDegreeGrantingInstitution

Document:

Link:

Provide a link to the institution's main web page(s).

A1.1.2

Applies to: [A1.1.2](#)

Q-6

Please document necessary information regarding the institutional administrative oversight (Dean, chair), and partnering institution(s).

Briefly describe how the sponsoring institution fulfills the requirements delineated in Stds. A1.1.2. (max 750 words)

A1.1.3

Applies to: [A1.1.3](#)

Q-7

Briefly describe how the sponsoring institution fulfills the requirements delineated in Standard A1.1.3.

A1.1.4

Applies to: [A1.1.4](#)

Q-8

Indicate which of the following opportunities the program's institution supports:

If there are other opportunities your institution provides not listed above please describe here. [Enter response in box below.

Please limit response to 200 words.]

If there are other opportunities your institution provides not listed above please describe here. [Enter response in box below.

Please limit response to 200 words.]

SECTION A: ADMINISTRATION - Institutional Resources

A1.2

Applies to: [A1.2](#) [A1.2.1](#) [A1.2.2](#) [A1.2.3](#) [A1.2.4](#)

Q-9

Fiscal Year

What is your institution's fiscal year cycle (month/day to month/day)?

Time Frame (see definitions below)

Month	Day	to	Month	Day

Q-10

Budget

Complete the budget template below. The table below should only include income and expenses that are specific to the operating budget of the program. For example, if the program director's salary is paid by another source, that expense should not be included in the table, but rather described below in the narrative. Support for the students outside of the program (e.g., scholarships, travel money, etc.) should also be included in the narrative.

Definitions and Instructions

Time Frame/Years in budget table: Year 1 is the fiscal year in which your self-study was conducted. The remaining four years would span the subsequent four fiscal years.

Tuition recovery: the total amount of gross tuition collected by the institution (# students anticipated x resident tuition + # students anticipated x non-resident tuition).

Other program income: this may include departmental, college, or dean funding; grant awards; foundation funds; one-time funding. List each source separately using as many rows as necessary. Do not include in-kind contributions in this section.

Continuing education programs: if your program has a regular source of income due to offering of continuing education (such as an online course for non-degree students), you would include known or estimated income from that program.

In-Kind: In-kind support is any support offered to the program for which the program does not pay. Please see budget justification below for instructions on explaining any in-kind support.

Program Expenses: This section will tally all expenditures anticipated for the program, including any tuition "taxed" or recovered by the institution.

Personnel: Calculate the total costs of salaries and fringe for program leadership, adjunct faculty, any regular faculty that are not part of the program leadership, and administrative support. These costs should be adjusted based on actual or anticipated FTE for each individual.

Honoraria: Clinical supervisors, guest lecturers, or others who are paid for a specific deliverable and are not included in personnel.

Supplies: office supplies, any equipment less than \$5,000, books, other educational materials, laptops, tablets, subscriptions (Zoom, SurveyMonkey, etc...), and recruitment-related supplies (e.g., brochures, catering)

Equipment: Any items exceeding \$5,000

Fees: ACGC annual fee, candidacy application fee, state license fees if paid by the program

Memberships: Include only memberships that are paid by the program for faculty and staff, such as AGCPD, NSGC, ACMG, etc...

Travel: Include program costs for faculty or student travel to clinic sites, conferences, recruitment events, and other types of travel that would impact budget

Student support: This category allows you to indicate the types of support students will receive or be eligible for should they wish to apply. Examples include, but are not limited to: stipends (e.g. travel, offset research costs), Work Study, Graduate Assistantships, Financial Aid, Scholarships, and intradepartmental or intramural grants).

	BUDGET YEARS	Year 1	Year 2	Year 3	Year 4	Year 5
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BUDGET YEARS	Year 1 (fiscal year)	Year 2 (fiscal year)	Year 3 (fiscal year)	Year 4 (fiscal year)	Year 5 (fiscal year)
PROGRAM INCOME					
Tuition recovery					
Continuing Education Programs					
TOTAL PROGRAM INCOME					
PROGRAM EXPENSES					
Personnel					
Honoraria					
Supplies					
Equipment					
Fees					
Memberships					
Travel (faculty and staff)					
Travel (students, if applicable)					
STUDENT SUPPORT					
Stipends					
Work Study					
Graduate Assistantships					
Financial aid					
Scholarships					
Intradepartmental/Intramural grants					

TEMPLATE ONLY - DO NOT USE

Q-11

Budget Narrative

In the space provided, address the following questions.

1. Describe the budgetary process for your program.
2. Tuition: Explain how tuition was calculated. If tuition for the genetic counseling program differs from other graduate degree programs at your institution, please describe. If only a portion of tuition is retained by the program, or if no tuition is retained by the program, please explain.
3. Describe any in-kind support offered by departmental or other institutional faculty, clinical supervisors, or others.
4. Describe any other program income and show calculations for the numbers included in the table above.
5. Provide detail to explain the Program Expenses for each category (e.g., how did you arrive at the numbers shown in the table above?).
6. Student support: Describe the types of student support programs to which your students have access and provide an estimate of financial impact on the program and/or overall cost of attendance for the students.
7. Provide a letter of support from the administration of all institutions that provide financial support for your program (e.g. Dean/Chair). The letter must delineate evidence of financial commitment for the next accreditation cycle (6 years for new programs; 8 years for reaccreditation).

Q-12

Please upload a letter of commitment from the administration of all institutions that provide financial support. The letter(s) of support must provide evidence of the sponsoring institution's commitment to provide sufficient human, fiscal, and physical resources for the program over the next five years. Letters should attest to the fact that they will cover costs in the event there is a budget shortfall. File names for your letter(s) of financial commitment/support should be:

A1.2SupportLetter_TITLEofAdminPersonOrInstitution_ShortNAMEofProgram (Note: Either the title of the administrator or the name of the institution should be included along with the short Program name).

A1.3

Applies to: [A1.3](#) [A1.3.1](#)

Q-13

Please provide a brief description of your facilities, including if this is a dedicated or shared space addressing standard A1.3.1.
(No photos required)

Indicate which of the following physical facilities are available to the program for operational purposes:

A1.3.2

Applies to: [A1.3.2](#)

Q-14

Please briefly explain the learning resources that will be used to satisfy standard A1.3.2.

Indicate which of the following learning resources are available to the program faculty/staff/students for educational, clinical and research purposes:

SECTION A: ADMINISTRATION - Program Personnel and Faculty

A2

Applies to: [A2](#)

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Q-15

Please upload your current and specific job descriptions for program leadership positions.

The filename should be: A2LeaderPositionDescriptions_ShortNAMEofProgram (Note: A description is required for each leadership position you include in your program's structure)

	Program Leadership Position Title	Job Description

A2.1

Applies to: [A2.1](#) [A2.1.1](#)

TEMPLATE ONLY - DO NOT USE

Q-16

In each column below mark the roles/responsibilities of the Program Leadership, including whether the role is primary (P), secondary (S) or not applicable (N/A). Complete the overall % FTE dedicated specifically to program leadership responsibilities (as defined in Std. A2.1) for each individual in the last row.

Responsibility	Director/Co-Director	Co-Director	Associate Director	Assistant Director	Medical Director	Curriculum	Fieldwork Training	Research	Other
<i>Select the appropriate title from the drop-down for fieldwork training positions</i>									
<i>Replace job titles as appropriate for your program:</i>									
Maintaining program compliance with the Standards									
Developing, reviewing, and revising the program's strategic plan, which may include mission, vision, goals, and/or philosophy									
Long-term planning to ensure the program's fiscal stability									
Communicating with the ACGC about significant staffing, administrative, financial, and/or fieldwork training changes									
Developing, reviewing, and overseeing the program admissions process									

TEMPLATE ONLY - DO NOT USE

Responsibility	Director/Co-Director	Co-Director	Associate Director	Assistant Director	Medical Director	Curriculum	Fieldwork Training	Research	Other
Developing, implementing, and continuously evaluating the program, including all curricular requirements outlined in Section B									
Coordinating, monitoring, and evaluating all personnel in activities that directly relate to the program									
Providing academic advising, as well as monitoring, evaluating, and remediating student performance									
Maintaining and collaborating with the program advisory board and implementing appropriate recommendations									
FTE %									

A2.2

Applies to: [A2.2](#) [A2.2.1](#)

Q-17

Please complete the information for each program leadership position. Additional program leadership must be listed in Q-21.

Name and Degrees	Position Title
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Q-18

Does your PD serve as program leadership for any other program?

Q-18a

If so, please explain how conflict of interest is avoided.

Q-19

Does your PD serve as faculty for any other program?

Q-19a

If so, please explain how conflict of interest is avoided.

A2.2.2

Applies to: [A2.2.2](#)

Q-20

Please upload the updated PD/Co-Director biosketch for each director/co-director [using the ACGC biosketch template available here](#). File(s) should be named: A2.2Biosketch_Director_PersonName_ShortNAMEofProgram (NOTE: include the name of the program director where it says PersonName and your program name).

	Name	Position Title	Biosketch

A2.2.3

Applies to: [A2.2.3](#)

A2.3

Applies to: [A2.3](#)

Q-21

Please list additional program leadership.

Please upload the appropriate respective biosketches for each program leader. [Please use the ACGC biosketch template for additional program leadership available here.](#) Files should be named as follow:

A2.3Biosketch_TITLEforLeaderPosition_PersonName_ShortNAMEofProgram (NOTE: please insert the respective program leadership title choosing from those listed in A2.3 and include the name of the person who holds that position followed by the program name.).

Name and Degrees	Position Title
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A2.3.1

Applies to: [A2.3.1](#)

A2.3.2

Applies to: [A2.3.2](#)

A2.4

Applies to: [A2.4](#) [A2.4.1](#)

Q-22

There is a required minimum ratio of paid FTE dedicated to program leadership per total student enrollment (full or part time):

- i. ≤ 10 students: 1.0 FTE
- ii. 11-15 students: 1.0 -1.25 FTE
- iii. 16-20 students: 1.25-1.5 FTE
- iv. 21-25 students: 1.5-1.75 FTE
- v. ≥ 26 students: 1.75-2.0 FTE

Please list the number of students:

Please list total leadership FTE:

Q-23

A program director or co-director, specifically, must have at least 0.5 FTE dedicated to academic and administrative responsibilities in support of the program.

Please list the breakdown of the PD's or Co-Directors' FTE (also satisfies A2.2.1)

A2.4.2

Applies to: [A2.4.2](#) [A2.4.3](#) [A2.4.4](#).

Q-24

Please provide your program leadership leave of absence policy in compliance with A.2.4.4

SECTION A: ADMINISTRATION - Instructional Faculty/Staff

A2.5

Applies to: [A2.5](#) [A2.5.1](#)

Q-25

Please upload the biosketches for primary instructional faculty/staff that have not already been submitted as part of this application. Please use the [ACGC biosketch template for instructional faculty](#) available here.

These files should be named as follows: A.2.5Biosketch_InstructionalFaculty_NamePerson_ShortNAMEofProgram

	Name and Degree(s)	Institution/Department	Job Title (e.g. Asst Prof. of Genetics)	Courses Taught (course # and title)	Biosketch

A2.5.2

Applies to: [A2.5.2](#)

Q-26

Please explain how your program provides opportunities for the development of teaching skills to your instructional faculty/staff per standard A2.5.2.

A2.5.3

Applies to: [A2.5.3](#)

Q-27

Please explain how you assess whether your instructional faculty/staff are establishing an atmosphere conducive to learning in the classroom and fieldwork. Describe how you plan to respond or have responded to problems that arise in this area. Also describe how the faculty and staff assess and communicate performance, identify students not meeting objectives, and provide remedial instruction per standard A2.5.3.

A2.6

Applies to: [A2.6](#) [A2.6.1](#)

Q-28

Please explain how your program assesses and documents the credentials and qualifications of fieldwork supervisors as outlined in standard A.2.6.1 (this also supports B4.2.1).

NOTE: Documentation of qualifications and preparation for fieldwork supervision may be requested by site visitors or ACGC Board.

A2.6.2

Applies to: [A2.6.2](#)

Q-29

Please describe how your program maintains compliance to standard 2.6.2 with regard to fieldwork training responsibilities of program leaders and supervisors.

A2.7

Applies to: [A2.7](#)

Q-30

Please explain how your program meets standard A2.7 about administrative support staff.

SECTION A: ADMINISTRATION - Operational Policies and Procedures

A3

Applies to: [A3](#) [A3.1](#) [A3.1.1](#)

Q-31

Please provide links to where the institution publishes information about the graduate program and explain how the program ensures such information is accurate in compliance with standard A3.1.1.

A3.1.2

Applies to: [A3.1.2](#)

Q-32

Please explain how your program meets standard A3.1.2.

A3.1.3

Applies to: [A3.1.3](#)

Q-33

Please explain the process of how your program informs students, faculty and staff about policies and procedures related to grievances and allegations of harassment. Include links to this information.

A3.1.4

Applies to: [A3.1.4](#)

Q-34

Describe how students are informed about student health and counseling services and provide links to this information.

A3.1.5

Applies to: [A3.1.5](#)

Q-35

Please explain how the program/institution safeguards the health, safety, and privacy of clients, students, faculty and staff in compliance with standard A3.1.5.

A3.2

Applies to: [A3.2](#) [A3.2.1](#)

Q-36

Please provide links to all of the policies described in standard A3.2.1

Briefly explain how students, staff, and faculty are informed of program policies and practices as outlined in A3.2.1.

A3.2.2

Applies to: [A3.2.2](#)

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Q-37

Please explain how your program meets standard A.3.2.2. In the fields below, please provide a link to the specific program webpage that contains corresponding information.

Accreditation status:

Mission and objectives:

Admission requirements regarding prior education (including prerequisite courses), work, and volunteer experiences:

All required academic standards for enrollment:

Degree requirements:

Estimation of all costs (tuition, fees, etc.) related to the program:

Cumulative board examination pass rates (first-time test takers) for the three most recent classes. For new programs, the first time this posting would be expected is within one year of graduating their third class:

Attrition rate for the past three years:

Job placement rate in a genetic counseling or related position for the past three years:

Please explain your strategies and efforts related to increasing diversity in the genetic counseling profession.

A3.2.3

Applies to: [A3.2.3](#)

Q-38

Please provide your mission statement and objectives and explain how they meet this standard.

A3.2.4

Applies to: [A3.2.4](#)

Q-39

Please provide a link to the student handbook and/or upload a copy of the handbook. If you upload the handbook please name the file as follows: A3.2.4StudentHandbook_ShortNAMEofProgram.

Link:

A3.2.5

Applies to: [A3.2.5](#)

Q-40

Please list the length of your program in **[[**months**]]**

A3.2.6

Applies to: [A3.2.6](#)

Q-41

Describe how the program maintains appropriate student records related to A3.2.6 a-e.

A3.2.7

Applies to: [A3.2.7](#)

Q-42

Describe how the program maintains program leadership records in compliance with Std. A3.2.7.

SECTION B: CURRICULUM AND INSTRUCTION - Instructional Plan

B1

Applies to: [B1](#) [B1.1](#)

TEMPLATE ONLY - DO NOT USE

Q-43

Provide a narrative describing your program's overall curricular design including:

- How didactic coursework, clinical experiences, research requirements, and supplementary activities are coordinated and integrated to support student attainment of the skills described in the four domains of the Practice-Based Competencies: Genetics Expertise and Analysis; Interpersonal, Psychosocial and Counseling Skills; Education; and Professional Development and Practice.
- How the sequence of the curriculum promotes the development of these competencies.
- The various methods and materials employed in providing instruction (e.g., standard courses, online learning, distance education, etc.).
- Collaboration with faculty/staff in designing and implementing courses.
- How the program assesses and documents whether the instructional plan is promoting the development of the practice-based competencies.
- How the program ensures educational adequacy and equivalency of course content and/or clinical experiences when instruction is conducted at geographically separate locations, provided using different pedagogical and instructional methods or techniques for some students, and/or provided outside the home department.

Q-44

B1.1 List of Required Courses

Using the table below, provide information regarding coursework that is required of all students. Use the course numbers to refer to courses. If coursework is offered at more than one institution, list the institution where offered. **Do not list fieldwork rotations on this form.**

Course Number	Course Title	Name of Instructor or Organizer & Institution	Contact Hours Per Week	Number of Weeks

Q-45

Standard B1.1 Supplementary Curricular Activities

Using the table below, provide the following information regarding supplementary activities (such as case laboratory conferences, journal clubs, grand rounds, research seminars, etc.) in which students are required to participate. Do not include supplemental fieldwork experiences in this table.

- * **Frequency** (indicate all that apply): A = daily; B = weekly; C = monthly; D = each semester; E = annually; F = other (specify)
- ** **Students role(s)** (indicate all that apply): A = attendance; B = case presentation; C = journal presentation; D = observation; E = laboratory activities; F = literature review; G = planning and execution; H = other (specify)
- *** **Evaluation method(s)** (indicate all that apply): A = written exam; B = practical exam; C = oral exam; D = faculty or supervisor's evaluation of student's participation or performance; E = grade on research paper or thesis; F = other (specify)

	Name or Type of Activity	Location or Site Where Activity Occurs	Frequency of Student Participation*	Student's Role in Activity**	Evaluation Method***

Q-46

Standard B1 Sequence of Required Courses, Fieldwork Placements and Supplementary Activities

In the following table, please indicate the duration and timing of required courses, fieldwork placements, and supplementary activities by checking the boxes corresponding to the month(s) of training. If fieldwork placements and other activities can occur at various times, give the sequence as it would be for only one typical student. Include required activities between the first and second academic years.

	Month of Training [beginning August (A)]																								
	First Year												Second Year										Third Year		
	A	S	O	N	D	Ja	F	Mr	Ap	M	Jn	J	A	S	O	N	D	Ja	F	Mr	Ap	M	Jn	J	A
Courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Rotations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B1.2

Applies to: [B1.2](#)

Q-47

Upload all course syllabi. Please name them as follows: B1.2CourseNumber_AbbreviatedCourseName_ShortNAMEprogram

	Course Number	Course Title	Syllabus

TEMPLATE ONLY - DO NOT USE

Practice-Based Competency Mapping Table:

In the table below indicate the *primary* courses (up to 3), fieldwork placements and/or supplementary activities in which students learn, practice, and demonstrate the following Practice-Based Competencies (PBCs). We understand that several of these competencies may be reinforced in additional courses. If you anticipate that all placements will apply to a specific competency, please indicate "all rotations." However, if you identify a competency that can only be demonstrated through a particular placement, please specify. Note: The competencies below are paraphrased from the 2013 ACGC Practice-Based Competencies for Genetic Counselors.

Competencies	Knowledge and Skills Acquired in:		
	Courses	Rotations	Supplementary Activities
Domain I: Genetics Expertise and Analysis			
1. Demonstrate and utilize a depth and breadth of understanding and knowledge of genetics and genomics core concepts and principles			
2. Integrate knowledge of psychosocial aspects of conditions with a genetic component to promote client well-being.			
3. Construct relevant, targeted, and comprehensive personal and family histories and pedigrees.			
4. Identify, assess, order, facilitate, and integrate genetic/genomic testing options in genetic counseling practice (including molecular and non-molecular testing that directly impacts assessment of inherited risk).			
5. Assess individuals' and relatives probability of conditions with a genetic component or carrier status based on pedigree, test results, and other pertinent information.			
6. Demonstrate the skills necessary to successfully manage a case.			

Competencies	Knowledge and Skills Acquired in:		
	Courses	Rotations	Supplementary Activities
7. Critically assess the genetic/genomic, medical and social science literature and information.			
Domain II. Interpersonal, Psychosocial and Counseling Skills			
8. Establish a mutually agreed upon agenda.			
9. Employ active listening and interviewing skills to identify, assess and empathically respond to stated and emerging concerns.			
10. Use a range of counseling skills and models to facilitate informed decision-making and adaptation to risks/conditions.			
11. Promote client-centered, informed, non-coercive and value-based decision-making.			
12. Understand how to adapt genetic counseling skills for varied service delivery models.			
13. Apply genetic counseling skills in a culturally responsive and respectful manner to all clients.			
Domain III: Education			
14. Effectively educate clients about a wide range of genetics and genomics information based on their needs, their characteristics, and the circumstances of the encounter.			
15. Write concise and understandable clinical and scientific information for audiences of varying educational backgrounds.			

Competencies	Knowledge and Skills Acquired in:		
	Courses	Rotations	Supplementary Activities
16. Effectively give a presentation on genetics, genomics, and genetic counseling issues.			
Domain IV: Professional Development and Practice			
17. Act in accordance with ethical, legal, and philosophical principles and values of the genetic counseling profession and the policies of one's institution or organization.			
18. Demonstrate understanding of the research process.			
19. Advocate for individuals, families, communities, and the profession.			
20. Demonstrate a self-reflective, evidence-based and current approach to genetic counseling practice.			
21. Understand the methods, roles, and responsibilities of the process of clinical supervision of trainees.			
22. Establish and maintain professional interdisciplinary relationships in both team and one-on-one settings, and recognize one's role in the larger healthcare system.			

B1.3

Applies to: [B1.3](#)

Q-49

Please explain how the program supports faculty development with respect to course design, implementation, and assessment.

B1.5

Applies to: [B1.5](#)

Q-50

Please describe the process by which the program reviews the curriculum, including how often this review takes place, and how updates are made as needed. For self-study applications please provide documentation/meeting minutes relating to curriculum review and revision.

SECTION B: CURRICULUM AND INSTRUCTION - Instructional Content

B2

Applies to: [B2](#) [B2.1](#)

TEMPLATE ONLY - DO NOT USE

Q-51

In the table below indicate the **primary** courses (up to 3), rotations, and supplementary activities in which students **receive instruction** in the topics listed (Std. B2). We understand that several of these content areas may be reinforced in additional courses.

Content Area	Taught in:		
	Courses	Rotations	Supplementary Activities
B2.1.1 Principles of Human Genetics			
Mendelian and non-Mendelian Inheritance			
Population and quantitative genetics			
Human variation and disease susceptibility			
Family history and pedigree analysis			
Normal /abnormal human development			
Human reproduction			
Personalized genomic medicine			
Cytogenetics			
Biochemical Genetics			
Molecular genetics			
Embryology/developmental genetics			
Teratology			
Variant classification and interpretation			
B2.1.2 Principles and Practice of Genetic Counseling and Clinical Genetics			
Clinical features and natural history of broad range of genetic diseases, complex common disorders, & syndromes of unknown etiology			
The diagnostic process including dysmorphology, syndromology, physical assessment, and differential diagnoses			

Content Area	Taught in:		
	Courses	Rotations	Supplementary Activities
The process for managing a case in the context of different genetic counseling specialties, including but not limited to: preconception, prenatal, pediatrics, general genetics, cancer, cardiology, neurogenetics, genomic medicine, and laboratory genetic counseling			
Modalities, methods, and applications of cytogenetic, molecular and biochemical tests, including new/emerging technologies			
Incorporation of individual client factors, including medical history, family history, and insurance coverage, to select the most appropriate genetic testing plan			
Responsibilities related to ordering genetic testing, including but not limited to: interpretation of results, awareness of follow-up implied by results, and liability implications of test practices			
Approaches to choosing appropriate clinical and research laboratories and the role of analytic validity, clinical validity, and clinical utility in the evaluation process			
The role of genetic counselors and other professionals in laboratory settings (e.g., commercial, academic, research, and/or public health screening laboratories), including their involvement in the performance and interpretation of genetic/genomic tests, test development and implementation, customer liaison and support, and sales and marketing			
Risk assessment			
Use of genetics literature, bioinformatics, and computerized tools			
B.2.1.3 Psychosocial Content			
Theories of counseling			
Interviewing techniques			

Content Area	Taught in:		
	Courses	Rotations	Supplementary Activities
Promoting informed decision making			
Facilitating adaptation			
Psychosocial development			
Psychosocial assessment			
Family dynamics			
Dynamics of grief and bereavement			
Multicultural sensitivity and competency			
Disability awareness			
Crisis intervention			
B2.1.4 Social, Ethical and Legal Issues in Genetics			
NSGC/CAGC Code of Ethics			
Patient/subject privacy issues			
Genetic discrimination and related legislation			
Health disparities and other social determinants of health			
B2.1.5 Health Care Delivery Systems and Principles of Public Health			
Health and social policy			
Community, regional, and national resources			
Financial/reimbursement issues			
Population-based screening (e.g. newborn screening and carrier screening)			
Genetics/Genomics as a component of public health services			
B2.1.6 Education			
Identification of the genetics educational needs of clients, patients, community, and lay groups, students, and health and human service professionals			
Development of educational tools and materials appropriate to a given audience			
Delivery and evaluation of educational tools and materials			

Content Area	Taught in:		
	Courses	Rotations	Supplementary Activities
B2.1.7 Research Methods			
Clinical and laboratory research methodologies and protocol development using quantitative and qualitative methods			
Formulation of research question(s), data collection, and data analysis			
Dissemination of findings (both oral and written)			
Recognition of human subjects' protection and Institutional Review Board (IRB) processes			
B2.1.8 Professional Development			
Certification examination preparation			
Employment preparation			
Transitioning into the workforce			
Credentialing and licensure			
Opportunities for professional growth			
Self-care topics to prepare students for genetic counseling practice			

SECTION B: CURRICULUM AND INSTRUCTION - Fieldwork Training

B3

Applies to: [B3](#) [B3.1](#) [B3.1.1](#) [B3.1.2](#) [B3.1.3](#) [B3.1.4](#) [B4](#) [B4.1](#)

Q-52

Please complete table for participatory case fieldwork placements, supplementary placements and experiences.

Instructions/Definitions:

Setting: clinic, laboratory, industry, simulation lab, research

Delivery mode: in-person, telephone, video conference

Specialty/Experience: cancer, pediatrics, prenatal, advocacy, variant interpretation, utilization management

BC GC Supervisors: Number of board certified genetic counselors who serve as supervisors

Other Supervisors: Number of other supervisors on-site who are not board certified genetic counselors

Fieldwork Placement Name	Setting	Specialty/Experience Type	Patient/client Life Cycle Stage	Service Delivery Mode	# BC GC Supervisors	# Other Supervisors	Participatory Case Acquisition or Supplemental Experiences
<i>Cancer Clinic X</i>	<i>clinic</i>	<i>cancer</i>	<i>Prenatal</i>	<i>in-person</i>	<i>3</i>	<i>0</i>	<i>Participatory</i>
<i>Lab B</i>	<i>lab</i>	<i>variant interpretation</i>	<i>Pediatric</i>	<i>telephone</i>	<i>1</i>	<i>2</i>	<i>Supplemental</i>
<i>Non-profit C</i>	<i>Non-profit</i>	<i>Patient advocacy</i>	<i>Adult</i>	<i>In-person</i>	<i>1</i>	<i>1</i>	<i>Supplemental</i>

B3.2

Applies to: [B3.2](#) [B3.2.1](#) [B3.2.2](#)

Q-53

Please upload fieldwork placement grid for 2 full cohorts. This file should be named:

B3.2FieldworkPlacements_ShortNAMEprogram

B3.4

Applies to: [B3.4](#)

Q-54

Upload fieldwork placement syllabi, manual, or guide that includes objectives for each fieldwork placement. The file should be named: B3.4FieldworkObjectives_ShortNAMEprogram

B3.5

Applies to: [B3.5](#)

Q-55

Please upload template of participatory fieldwork tracking. This file should be named:

B3FieldworkTracking_ShortNAMEprogram (NOTE: this document should reflect standards B3.3, B3.5 and B3.6 and clearly demonstrate how fieldwork training is tracked)

Please upload template of student evaluation forms used by fieldwork supervisor(s) to evaluate student outcomes at each placement site using the file name: B3FieldworkEvaluateStudentOutcomes_ShortNAMEprogram

Please describe how your program tracks fieldwork placement, student progress, and evaluation, including specifics in standard B3.5 and B3.6.

SECTION B: CURRICULUM AND INSTRUCTION - Supplemental Fieldwork Experiences

B4

Applies to: [B4](#) [B4.1](#) [B4.2](#) [B4.2.1](#) [B4.2.2](#)

Q-56

Describe in a few sentences how your program is in compliance with B4.2.2 with regard to monitoring supplemental student activities.

Please upload a document with the objectives and outcome measures used for supplemental experiences and supplemental fieldwork. Name the file as follows: B4.2ObjectivesOutcomesSupplemental_ShortNAMEprogram

SECTION B: CURRICULUM AND INSTRUCTION - Additional Requirements

B5

Applies to: [B5](#) [B5.1](#) [B5.1.1](#)

Q-57

Please describe how your program provides teaching opportunities for your students.

B5.2

Applies to: [B5.2](#)

Q-58

Please describe your program's requirement for student research or other scholarly activities and dissemination of results.

SECTION C: Evaluation - Advisory Board

C1

Applies to: [C1](#) [C1.1](#) [C1.2](#) [C1.3](#)

Q-59

Upload meeting minutes and agendas for the Advisory Board meetings. This document should also include the recommendations and suggested modifications to the program and how the recommendations/modifications were addressed. This file should be named C1.3AdvisoryBoardAgendaMinutes_ShortNAMEprogram

Upload the Advisory Board charter or document that defines the goals, expectations, and processes of the Advisory Board. This file should be Named C1.3AdvisoryBoardCharter_ShortNAMEprogram

C1.4

Applies to: [C1.4](#)

Q-60

Upload the Advisory Board roster with stakeholder roles identified. This file should be named: C1.4AdvisoryBoardRoster_ShortNAMEprogram

SECTION C: Evaluation - Program Evaluation Outcome Measures

C2

Applies to: [C2](#) [C2.3](#)

TEMPLATE ONLY - DO NOT USE

Q-61

Provide a link to program or university policies regarding evaluation.

Upload documentation of the evaluation process and/or template for evaluation used for key program personnel. Be sure to describe the procedures/protocol if program personnel are not meeting expectations. This document should be named:

C2.3PersonnelEvals_ShortNAMEprogram

C2.4

Applies to: [C2.4](#)

Q-62

Upload course evaluation template.

Describe the process for review and implementing modifications as necessary. Provide examples of improvements to courses made from course evaluations. SV: course evaluations for each course and faculty member (designate time period); other internal course assessments.

C2.5.1

Applies to: [C2.5.1](#)

TEMPLATE ONLY - DO NOT USE

Q-63

Upload most current affiliation agreements for each fieldwork site.

Upload template for student evaluations of the fieldwork placement sites. Describe processes for monitoring fieldwork sites during the placement and communication of feedback regarding evaluations to placement sites.

C2.5.2

Applies to: [C2.5.2](#)

Q-64

Describe how the program is ensuring that supervisors are providing appropriate feedback and mentoring.

Describe the process for students' evaluations of supervisors. Describe the process for communicating feedback back to the supervisors. Describe the process for how student/supervisor conflicts or issues are handled. Cite examples.

Upload the template for student evaluations of supervisors.

SECTION C: Evaluation - Student Evaluation

C3

Applies to: [C3](#)

Q-65

Describe processes for monitoring, evaluating, and remediating students, including any institutional or program policies (provide link or upload relative section). If remediation plans have been developed for any students, please provide example. This may include warning letter, remediation plan, communications with student and/or dean's office, etc.

C3.1

Applies to: [C3.1](#) [C3.1.1](#) [C3.1.2](#) [C3.1.3](#) [C3.1.4](#)

Q-66

Please briefly describe how student notification occurs as outlined in standard C3.1.

If student notification information listed in C3.1 is NOT in the Student Handbook that was uploaded in A3.2, then please provide links to this information. (Otherwise reviewers are referred to the Student Handbook.)

C3.2

Applies to: [C3.2](#) [C3.2.1](#) [C3.2.2](#)

Q-67

Please explain how your program assesses acquisition of the PBCs.

C3.2.3

Applies to: [C3.2.3](#)

Q-68

Please explain how students are receiving feedback regarding their overall progress in didactic and fieldwork curriculum and how this meets standard C3.2.3.

C3.2.4

Applies to: [C3.2.4](#) [C3.2.5](#)

Q-69

Please briefly describe the formal mechanism for communicating with students on their progress and the formal evaluation of graduation readiness as outlined in standards C3.2.5 and C3.2.6.

C3.2.6

Applies to: [C3.2.6](#)

Q-70

Please upload the templates used for progress communication meetings throughout the program and what is used three months prior to program completion to assess graduation readiness. This file should be named:

C3.2TemplateDocumentFormalStudentComm_ShortNAMEprogram

Q-71

Provide a brief summary of any key challenges and opportunities that you anticipate the program needing to address over the next 5 years.

If you believe additional documentation beyond what is requested is necessary, please upload here.