Application for Candidacy

General Overview and Instructions

ACGC — Accreditation Council for Genetic Counseling

Fostering excellence in education for the future of genetic counseling

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 for Candidacy:

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.

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 on the Documents tab.
  - Upload your documents.
- To view or remove the uploaded documents:
  - On the top right navigation, click on the Documents tab.
  - If you exit the survey, the Documents section may be accessed at the top of the navigation menu on the Instrument Summary Response page.

Exporting Your Response

- If you have the application open with the data input sheet on the left, click Exit in the top right-hand corner to close the application and navigate to the Instrument Summary Response page. If just logged in to the system and clicked the Application for Candidacy under Instruments, the Instrument Summary Response page will be the first page you will see.

To export your response, click the gear icon to the right of the Application for Candidacy instrument title and select the Export to HTML/PDF & Print link. Please see the System FAQs document in the section below for instructions containing screen shots.

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 info@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)

SECTION A: ADMINISTRATION - Sponsorship

A1
A1

A1.1

A1.1.1

Q-4
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:

No document provided

Link:

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

A1.1.2
A1.1.2

Q-5
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
A1.1.3

Q-6

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

SECTION A: ADMINISTRATION - Institutional Resources

A1.2

A1.2

A1.2.1

A1.2.2

A1.2.3

A1.2.4

Q-7

Fiscal Year

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

Time Frame (see definitions below)

Month	Day		Month	Day
		to		

Q-8

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 (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					

Q-9

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-10

No document provided

SECTION A: ADMINISTRATION - Program Personnel and Faculty

A2

A2

Q-11

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
	No document provided

A2.1

A2.1

A2.1.1

Q-12

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
Select the appropriate title from the drop-down for fieldwork training positions									
Replace job titles as appropriate for your program:									
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									
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

A2.2

A2.2.1

Q-13

No response provided

Q-14

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

Q-15

Does your PD serve as faculty for any other program?

A2.2.2

A2.2.2

Q-16

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
		No document provided

A2.2.3

A2.2.3

A2.3

A2.3

Q-17

No response provided

A2.3.1

A2.3.1

A2.3.2

A2.3.2

A2.4

A2.4

A2.4.1

Q-18

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

Q-19

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.

SECTION A: ADMINISTRATION - Instructional Faculty/Staff

A2.7

A2.7

Q-20

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

SECTION A: ADMINISTRATION - Operational Policies and Procedures

A3.2.3

A3.2.3

Q-21

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

A3.2.5

A3.2.5

Q-22

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

SECTION B: CURRICULUM AND INSTRUCTION - Fieldwork Training

B3

B3

B3.1

B3.1.1

B3.1.2

B3.1.3

B3.1.4

B4

B4.1

Q-23

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	Number of Cases
Cancer Clinic X	clinic	cancer	Prenatal	in-person	3	0	Participatory	
Lab B	lab	variant interpretation	Pediatric	telephone	1	2	Supplemental	

Non-profit C	Non-profit	Patient advocacy	Adult	In-person	1	1	Supplemental	

B3.2

B3.2

B3.2.1

B3.2.2

Q-24

Please upload fieldwork placement grid for 2 full cohorts. This file should be named: B3.2FieldworkPlacements_ShortNAMEprogram

No document provided

Non-profit C	Non-profit	Patient advocacy	Adult	In-person	1	1	Supplemental	