



ACCREDITATION MANUAL FOR MASTER'S DEGREE GENETIC COUNSELING PROGRAMS

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Accreditation Performed by the Accreditation Council for Genetic Counseling

Overview

Accreditation performed by the Accreditation Council for Genetic Counseling (ACGC) is a peer-review process to assure quality and promote continual improvement in genetic counseling education. ACGC was established as a separate organization from the American Board of Genetic Counseling in 2012 for the purpose of accrediting graduate level degree programs in genetic counseling.

Currently, ACGC accredits master's degree programs in genetic counseling in the United States and Canada. To be accredited, genetic counseling programs are required to be in compliance with [ACGC Standards](#) of Accreditation. ACGC is a member of the Association of Specialized and Professional Accreditors (ASPA) and adheres to ASPA's [Member Code of Good Practice](#) as described by on the ASPA website.

Benefits of Accreditation

ACGC accreditation assures students, employers, educational institutions, the profession, and the public that a program meets established Standards that will enable it to produce graduates prepared to enter the genetic counseling workforce. Interactions between ACGC, program directors, practicing genetic counselors, other genetic counseling professional organizations, and professional accrediting organizations inform the development of standards for accreditation and contribute to the vitality of discipline.

Genetic Counseling Programs can critically evaluate their program at regular intervals by engaging faculty, staff, students, graduates, and employers in the accreditation process of self-study. The interaction between these stakeholders and ACGC provides an opportunity to make changes that will improve the program and can stimulate discussion of how to innovate and capitalize on the program's unique strengths and assets. This, in turn, enhances education for the profession.

Prospective students can identify accredited programs that meet their chosen profession's standards for academic education and clinical training. Graduation from an ACGC-accredited program is required to establish eligibility for the certification examination in genetic counseling by the American Board of Genetic Counseling (ABGC) and satisfies the educational requirements to be eligible for the Canadian Association of Genetic Counsellors (CAGC) board examination. Currently, all states that require a license in genetic counseling require applicants to hold ABGC certification.

Employers can expect that new graduates of ACGC accredited programs will be able to successfully practice as an entry-level genetic counselor according to the practice-based competencies.

Colleges and universities can refer to published ACGC Standards for guidance in developing graduate programs in genetic counseling. Programs and their institutions *both* benefit from the self-evaluation and ongoing quality improvement that the accreditation process encourages.

The public can be assured that accredited programs in genetic counseling are evaluated extensively and meet high standards established by the profession. They can expect graduates of these programs to meet the practice-based competencies enabling them to successfully practice as a genetic

counselor.

Mission and Values of the Accreditation Council for Genetic Counseling

ACGC advances quality in genetic education by developing Standards, and by evaluating and accrediting graduate-level programs.

ACGC is the leading accrediting body for educational programs in genetic counseling. ACGC supports the development of quality educational programs in genetic counseling by:

- Providing visionary leadership and excellent communication
- Working collaboratively
- Engaging stakeholders in a standard-setting process that proactively considers the impact of new standards and policies.
- Applying the Standards fairly and consistently
- Collecting and disseminating data that support best practices and quality assessment.
- Permitting flexibility and innovation in programs and curricula
- Assessing quality, based on educational outcomes.

ACGC's Organizational Core Values

Integrity: We value honesty and transparency in all aspects of our work.

Quality: We incorporate accreditation best practices within a dynamic environment.

Fairness: We are committed to consistent, equitable, and objective accreditation decision-making

Accountability: We take responsibility for our actions and the impact of our decisions.

Collaboration: We value interacting with others committed to quality in genetic counseling education and accreditation.

Transparency: We provide clear, direct, accessible information about our mission, scope, standards, and policies.

Stewardship: We are strategic in using our staff, volunteers, and financial resources to assure sustainability and to maximize value to accredited programs

Board of Directors

Authority of the Board of Directors

ACGC is incorporated as an independent 501(c)(3) organization in the state of Kansas. The Board of Directors ("Board") is the governing body of the organization and is solely responsible for adopting standards and criteria by which genetic counseling graduate programs are evaluated, for establishing accreditation policies and procedures for making accreditation decisions, and for overseeing the affairs of the organization including setting financial policies. ACGC accredits graduate-level degree programs in genetic counseling in the United States and Canada.

Board Composition

The governing body of ACGC is the Board which includes members who represent academic programs, administrators/educators, professional practitioners, and the public. The Executive Director, who serves as Chief Operating Officer of ACGC, is an ex-officio member of the Board. The responsibilities of the Board are described in the Bylaws of the ACGC which also describe election to the Board, terms of office, and process for removal from office, and Board responsibilities.

The Board consists of the following:

- Academic Members
- Educator Members
- Certified Genetic Counselor Members
- Public Member
- At-large Member

An Academic Member is someone currently or recently engaged to a significant degree in teaching, research, or administration at an educational institution not necessarily associated with a genetic counseling program.

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, or program leader).

A Certified Genetic Counselor Member is someone who is certified by the American Board of Genetic Counseling and/or the Canadian Association of Genetic Counselors/Canadian Board of Genetic Counseling whose primary job focuses on genetic counseling.

A Public Member is not professionally associated with the genetic counseling profession. A representative of the public is a person who is not (a) an employee, member of the governing board, owner or shareholder of, or consultant to a program that either is accredited or has applied for accreditation by ACGC; (b) a member of any trade association or membership organization related to, affiliated with, or associated with ACGC; or (c) a spouse, parent, child, or sibling of an individual identified in (a) or (b).

An At-large Member may be appointed from any of the other member categories.

Officers of the Board of Directors

The officers of the ACGC Board of Directors are the President, President-Elect, Secretary/Treasurer, Program Review Committee Chair, and Immediate Past President.

ACGC Committees

The ACGC Board of Directors and/or the President of ACGC create committees to fulfill necessary functions of the Board. There are several committees, including:

Executive Committee (Standing Committee as defined by Bylaws), which consists of the President, President-Elect, Secretary/Treasurer, Program Review Committee Chair and Immediate Past President or designee as agreed upon by the Board.

Finance Committee (Standing Committee as defined by Bylaws), which develops and monitors fiscal policies for the organization and oversees its financial affairs.

Nominating Committee (Standing Committee as defined by Bylaws), responsible for the process of slating Directors to the Board, consists of four appointed Certified Genetic Counselors and at least one Director who serves as the Board liaison.

Communications Committee, which is charged with creating an integrated communication strategy for ACGC, for making recommendations on the strategy's implementation, and how resources will be deployed; maintaining branding for the association including the website, social media, and publications; regularly updating and marketing information about the organization's activities; as well as contributing to industry publications on behalf of ACGC.

Grievance Committee, which considers complaints about compliance by accredited programs with ACGC's standards, policies, and procedures.

Program Review Committee (PRC), which reviews accreditation applications (Candidacy, New Program Accreditation, Reaccreditation/Self-Study, and Report of Current Status), recruits and trains members, organizes and writes program reports from site visits, evaluates program responses, and makes recommendations to the Board regarding accreditation decisions.

Standards Committee, which develops, regularly reviews, and proposes revisions to the Standards.

Diversity, Equity, Inclusion, and Justice Committee, which works to identify systemic inequities in accreditation of genetic counseling programs, provide recommendations to other ACGC committees regarding DEI language, and recommend revisions to policies to encourage embedding DEI focus across all ACGC activities and initiatives.

Executive Director and Staff

The Executive Director is responsible for the management and daily operations of ACGC and serves as a non-voting, ex-officio member of the Board of Directors and Grievance Committee. The staff of ACGC report directly to the Executive Director.

Accreditation Standards for Graduate Programs ("The Standards")

Overview

The Standards are used by ACGC to evaluate and accredit master's degree-granting programs that prepare individuals to enter the genetic counseling profession. The extent to which a program complies with these Standards determines its accreditation status. The Standards are used for external and internal evaluation of existing graduate programs in genetic counseling and to provide guidance for the development of new graduate programs. Graduation from a program that was accredited by ACGC at the time of matriculation is a requirement for eligibility to sit for the certification examination by the American Board of Genetic Counseling (ABGC) and the Canadian Association of Genetic Counsellors (CAGC) board examination.

In 1996, the American Board of Genetic Counseling (ABGC) established the Standards for Accreditation of graduate programs in genetic counseling. In 2012, ACGC separated from ABGC. ACGC led a revision of the Standards which were approved as of February 13, 2013 (revised February 13, 2014). The most recent revision to the Standards, intended to keep pace with changes in the genetic counseling field, was approved by the Board in August 2023.

The Standards are reviewed every four years and are the basis for accreditation decisions. The Board strives to assure that the Standards are sufficiently detailed to be capable of consistent application but not overly prescriptive. Thus, when a program is under review, the Standards are applied within the context of a program's expressed mission, student body, institutional policies and procedures, and other unique characteristics that impact the program's leadership and administration.

Public Participation

ACGC values the input of all stakeholders in the development of Standards. Therefore, the Board provides advance notice of, and an opportunity to comment on, all proposed new Standards and Standards revisions to accredited programs, professional genetic counseling organizations, certifying bodies, state licensing and other state regulatory agencies, accrediting organizations, and ACGC's other communities of interest prior to their adoption. The public announcement provides specific instructions on the process and timeline for submitting comments to the Board. Wherever possible and appropriate, the Standards provide specific guidance regarding items that are deemed essential for a program to be in compliance. Such items are delineated using the terms "required" or "must" and when specific documentation is required, this is noted. Where the term "should", "adequate", "sufficient", or "such as" is utilized, this provides allowance for variation among programs. In these circumstances, it is up to the program to define its own specific parameters and metrics. However, the program should be able to provide the rationale behind its choices, as this information will be considered in evaluating the self-study.

ACGC Standards and Relevant Documents

Section A - Administration

This section outlines requirements for the sponsoring institution, the graduate program, financial budget and security, program leadership, other personnel, and facilities that will support program functioning.

A1.1.3 – Affiliation Agreements and Memorandum of Understanding

ACGC strongly encourages the use of Affiliation Agreements or Memorandum of Understanding to protect programs and student experiences.

Standard A2 - Program Personnel and Faculty

If a program leadership change is required, Programs must submit notification of the leadership change (including interim leadership or a leave of absence) to the ACGC Executive Office 30 days in advance using the Program Leadership Change Form. A blank Program Leadership Change Form is available for review on the ACGC website. Late fees (\$500) will be assessed for all notifications that are received less than 30 days prior to the leadership change. In the case of emergency leave, programs must contact the ACGC Executive Office as soon as the program becomes aware that a change in leadership is imminent or has occurred unexpectedly.

Standard A2.2.2 - All individuals becoming a program director for the first time must have provided fieldwork supervision for at least five genetic counseling students for a minimum of 500 total contact hours in the last 10 years.

One contact hour is equivalent to one hour of student fieldwork supervision via video, conference, telephone or in person (e.g., Direct observation, case preparation or discussion, feedback to students, assessment of student-patient standardized encounters, case conference). What does not count: email conversations, reviewing letters, teaching a class, curriculum development, course directorship, research hours, office hours.

It is possible, in the operations of the program, that program leadership positions outlined in Standard A2.3 do not have consistent opportunities for direct fieldwork supervision of students. Therefore, demonstrations of activities related to Standards C3.2.5; C3.2.6; and C3.2.7 (such as mentoring, goal setting, fieldwork evaluation, etc.) will be considered in review of this Standard.

Standard A2.2.2 - Documentation of training, workshops, or other experiences

ACGC will accept multiple forms of documentation, such as course name and transcript, or other proof of attendance.

Standard A2.3 - Additional Leadership Positions

Additional leadership positions may include Medical Director, Associate or Assistant Program Director, Director of Curriculum, Director of Fieldwork Training or Director of Research. This provides examples of potential leadership options. Few programs will require someone in each of these positions.

Standard A2.5 – Instructional Faculty/Staff

Programs are responsible for submitting ACGC biosketch forms for primary instructional faculty/course directors at the time when all accreditation applications are submitted and to report new instructors at the time of the annual Report of Current Status. The biosketch form templates are available on the [ACGC website](#).

Standard A3 - Operational Policies and Procedures

Standard A3.1 - Sponsoring Institution

Programs must report any change in the sponsoring institution, including acquisition by another institution or program as soon as the change is finalized to the ACGC Executive Office via the

Substantive Change Form.

Section B - Curriculum and Instruction

Section B outlines the requirements for comprehensive documentation of all curriculum and instructional requirements including curricular and fieldwork design, content, learning objectives with mapping to relevant PBCs.

B3 - Fieldwork Training

Programs must regularly train, orient, evaluate, and communicate with their supervisors. ACGC does not outline specific supervisor training or evaluation modalities.

B3.1 - General Description Fieldwork Training: Participatory Cases

The Standards no longer list specific case numbers for the various counseling methodologies. The key is overall diversity in the different types of experiences as students will need to be prepared for a variety of ways in which they might interact with clients in practice. The focus is on ensuring that each student achieves the practice-based competencies through the variety of participatory cases they experience and in different practice areas. Training should prepare students to practice in a wide variety of specialty areas using a variety of service delivery methodologies.

Section C - Evaluation

Section C involves the Standards that pertain to all aspects of evaluation and assessment of program infrastructure, student outcomes, leadership, faculty, and curriculum.

C2.1 - Student Performance on the ABGC Certification Exam

Programs that fall beneath a first-time board pass rate of 80% over a three-year period must submit a Remediation Plan as part of their annual Report of Current Status.

If the remediation plan or implementation does not result in an improved pass rate the program may receive an Accreditation Warning or have its accreditation status changed to Probationary Accreditation.

ACGC Peer Review Process

Program Review Committee (PRC)/Site Visitors

The PRC recruits certified genetic counselors, medical geneticists, and PhD geneticists via public call for volunteers to perform program review and site visits. Extensive training for PRC members is conducted annually. PRC members work in teams to review accreditation applications (candidacy and new program), self-studies, and the annual Report of Current Status to determine compliance with Standards. These review teams create reports documenting a summary of their findings, including areas needing further clarification which are sent to programs by the Executive Office. Once any program issues are addressed/resolved, the review team and/or PRC Liaison make an accreditation recommendation to the Board.

Program site visits are required for all programs undergoing reaccreditation. Site visits may also be performed for programs seeking new program accreditation and those with probationary accreditation. Each program's site visit team is typically composed of those PRC members who reviewed the self-study.

The site visit provides an opportunity for the PRC and ACGC Board to gain a more comprehensive understanding of the program, to verify that information contained in the accreditation self-study document is accurate, and to gather additional information about compliance concerns. Site visitors will assess physical facilities, meet with students, faculty, alumni, clinical supervisors, institutional and program administrators, and examine internal documents such as student records, clinical case documentation, and faculty or student evaluations.

Conflict of Interest and Confidentiality

MCI staff, including the Executive Director, the Accreditation Manager, and other staff assigned to work with ACGC, including program accreditation documents and procedures, must comply with the published Conflict of Interest Policy.

Volunteers completing work for ACGC, including members of the Board of Directors, committees and task forces must comply with ACGC Conflict of Interest and Confidentiality policies. Conflict of Interest documentation is maintained by the Executive Office and updated at the outset of each ACGC activity and is asked for by volunteers on a minimum of an annual basis. The following relationships may create a conflict of interest:

- A volunteer is currently, or has been within the past five (5) years, an employee or consultant to a sponsoring institution.
- A volunteer has one or more relatives who are appointees, employees, or consultants of the sponsoring institution; or have served in one of these capacities during the current accreditation cycle.
- A volunteer is a graduate and/or a parent/guardian of a graduate of a sponsoring institution.
- A volunteer is involved with, or has been significantly involved with, supervising clinical rotations or teaching students from the sponsoring institution during the current accreditation cycle.
- A volunteer has a close personal or professional relationship with members of the program leadership or core faculty at the institution.
- A volunteer is a program leader or core faculty member of a program that shares clinical sites, courses, and/or teaching modules with the program under review.

ACGC policy regarding confidentiality states that volunteers and representatives of programs under review must hold all program information in strict confidence and may not disclose any program information, either verbally or in writing, which is discovered through their participation in the accreditation application process except during ACGC calls, discussions and/or meetings convened for the purpose of accreditation reviews.

Applying for Accreditation Status

Overview

ACGC accredits qualified, Masters-level genetic counseling graduate 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 in the United States or approved by the provincial or territorial government in Canada and must be authorized by that agency to confer a master's degree upon graduates of the program.

The accreditation process is entirely dependent on the information submitted by the program leadership as a part of an accreditation application and/or self-study documentation. Completion of the application and self-study materials should engage the program's entire community including its current and former students, faculty, administration, clinical supervisors, advisory board, and other stakeholders, such as employers who work with its graduates. The Accreditation Self-Study provides an opportunity to critically review the program's mission, goals, and educational components, to examine its strengths and weaknesses, to consider the impact of changes affecting the profession and the institution, and to give the ACGC Board and the Program Review Committee (PRC) a detailed description of the program and its compliance with the Standards. For new programs, the application materials enable peer review by ACGC to conduct a comprehensive assessment of the developing program's proposed structure and educational plan for evidence of adequacy in compliance with the Standards.

Please note that program leadership changes and increases in cohort size requests should not be done through a New Program Application or a Self-Study submission. These changes must be submitted through the respective forms and processes detailed later in this Manual.

The Candidacy Application Process

Candidacy applications are submitted by the sponsoring institution of a proposed genetic counseling graduate program. The application process for Candidacy status is outlined on the ACGC website and is completed within the AMS program portal. Sponsoring institutions and the proposed Program Director must request permission from the ACGC Executive Office for their program to access the Accreditation Management System (AMS). Program candidates must submit a New Program Application within two (2) years of receiving Candidacy status.

Fees: A non-refundable fee must be paid upon submission of the Application for Candidacy. (See Appendices for current fee schedule)

A Candidacy Maintenance fee is assessed every twelve (12) months following achievement of Candidacy Status until a final determination is rendered about the New Program Application. This fee is due on or before June 15th of the current year.

Action Timeline

ACGC will respond to the submitted Application for Candidacy within six (6) weeks from the date of receipt. At this time, the sponsoring institution may receive Candidate status, or a request for additional information may be made before a decision can be made. The time for first response is not equivalent to the timeline for approval. ACGC will notify the proposed program leadership and the

sponsoring institution of additional information and points of clarification that need to be addressed. The institution has 60 days to respond to this initial request in writing. If there is no response from the institution at the conclusion of this timeframe, the Application for Candidacy will be considered abandoned, and the program will be required to submit a new Application for Candidacy to reinitiate the process.

Application for Accredited, New Program Status

Program candidates must submit a New Program Application within two (2) years of receiving Candidacy status via the AMS. Applications are accepted twice per year (January 15 and May 15). A maximum of three (3) applications will be reviewed in each cycle for a total of six (6) new program application reviews per year.

Fees

A New Program application fee is due at the time of submission. (See Appendices for current fee schedule). A Candidacy Maintenance fee is assessed every 12 months following achievement of Candidacy Status until a final determination is rendered about the New Program Application.

Action Timeline

Upon Candidacy approval, program leadership will be notified by the ACGC Executive Office of available openings in January and May dates for the next three review cycles. The program must select one of the three review cycle dates provided. Space in the cycle will not be considered reserved until the application fee is received by ACGC. If all slots over the three cycles have already been assigned, the Executive Office will contact the program leadership to discuss additional options.

Applications reviewed in the January 15 cycle will receive their first response from ACGC by April 1. Applications reviewed in the May 15 cycle will receive their first response from ACGC by August 1.

It is important to note that the first ACGC response is not equivalent to approval. Most developing programs go through more than one round of peer review by the ACGC Program Review Committee (PRC) and/or the ACGC Board prior to receiving a final accreditation decision. In addition, the Board may require the developing program to host a site visit prior to rendering a decision on the application.

The overall review timeline is dependent on the completeness and quality of the application, the time taken by developing programs to respond to requests for additional information, the number of communications required between ACGC and the proposed program, and whether a site visit is required as part of the review process. The average time for a final accreditation decision for a New Program Application is 8-12 months, however, ACGC does not guarantee an accreditation decision by any specific date.

Request for Change in Review Cycle

Once a New Program application review cycle date has been selected and reserved, programs with Candidacy status may file a written request to change the review cycle. The newly selected review cycle cannot exceed 2 years from the time Candidacy status was granted. Requests must be accompanied by a fee (See Appendices for current fee schedule) and are granted subject to availability.

Any program that fails to submit a completed New Program Application for Accreditation by the

assigned review cycle date or fails to submit a written request to change review cycles, will forfeit any and all fees paid and will have its Candidacy status removed. A new Application for Candidacy and fee would then be required if the program wishes to continue working towards accreditation.

A program achieving Accredited, New Program status may admit students, who, upon success fully completing their degrees, will be deemed to have graduated from an ACGC accredited program.

Maintaining Accreditation as a New Program

An Accredited, New Program is expected to maintain compliance with Accreditation Standards and reporting requirements such as annual submission of the Report of Current Status and the corresponding annual maintenance fee. Programs that hold Accredited, New Program statuses are subject to accreditation decisions described in Section D of the Accreditation Standards.

Application for Full Accreditation and Reaccreditation

The Application for Full Accreditation and Reaccreditation has two components: 1) A self-study submission and 2) A site visit.

Self-Study Submission

Programs applying for Full Accreditation or Reaccreditation will be notified by the ACGC Executive Office 18 months prior to the due date for submission of their Self-Study. A second notice from ACGC will be sent to the program leadership six to nine months before the Self-Study is due. The Self-Study should be submitted on August 1st of the year prior to the accreditation review year (e.g., due August 1, 2025, for a 2026 review year cycle).

Program leadership is responsible for submitting fully completed self-study materials via AMS prior to the August 1st date.

The Site Visit

The Program Director will be notified by the Executive Office with the names of the proposed site visit team. A Site Visit Team Lead will be identified. Programs will be given the opportunity to reject any member of the site visit team for reasons of conflict.

Each Site Visit Team will also have an assigned ACGC Board Liaison assigned to the review process to serve as a resource for Standards interpretation and additional guidance throughout the process. The Board Liaison will then be responsible for the review of the Site Visit Report prior to submission to the Program Director for review and response. The Board Liaison may discuss the site visit report and request clarification or recommend edits from the reaccreditation review team to improve clarity or provide additional information that may be needed for the Board.

Depending on the size of the program, the visit usually spans 1.5-2 days and involves 2-4 site visitors. As part of a typical visit, the team will expect to tour the facilities (classrooms, laboratories, library, computer resources, and students' workspace) and to conduct interviews with the program director, administrative officers, the medical director, faculty, students, supervisors, and program graduates.

Prior to the site visit, the team leader or the Executive Office will contact the program director to:

- a. Describe what the team will need during the visit, including but not limited to:

- i. Private room(s) for interviews,
 - ii. List of individuals (students, faculty, program leadership, administrators) that the team wishes to interview
 - iii. Documents
- b. Develop an agenda for the visit
- c. Confirm operational or logistical details (e.g., ground transportation, access to buildings, etc.)

During the site visit, program leadership will be asked to have documents, and or access to electronic documents ready for review by the team. These may include:

- Students' records (to determine if student progress is being appropriately monitored, and to confirm that they can complete degree requirements at the expected time)
- Progress sheets, or evaluations from students' clinical experiences
- Internal documentation of the numbers and types of clinical cases seen by students, and their roles in the patients' evaluation and counseling
- Documentation of academic achievements, such as exams, presentations, thesis or capstone project, and papers
- Affiliation agreements or memos of understanding with clinical sites involved in training
- Recently conducted alumni surveys. Please note, these will not be available for New Programs until they have been established for four years.

If necessary, team members may request to travel to visit clinic sites to tour the facilities and interview clinical supervisors. They may request additional interviews or documents based on the findings during the first day of the site visit.

The team leader will schedule an exit briefing with the program director. During this discussion, the team leader may share an initial summary of observations. The team leader will outline the next steps and timeline for the PRC and Board review of the team's findings. Site visitors do not make the accreditation decision; this is solely the responsibility of the ACGC Board.

In certain situations, site visits may need to be conducted virtually. Documents that are needed for review by the site visitors will be requested prior to the virtual site visit. The documents must be provided at least two (2) weeks (determined by the site visitors) prior to the site visit to allow for adequate review by the site visitors. The program will provide access to the site visitors, program staff, and others that will participate in the site visit via a stable videoconferencing platform.

Arrangements may be made for a virtual tour of the facilities. If additional documentation is needed during the site visit, arrangements to share the information electronically should be available.

Action Timeline

Within two (2) weeks of the visit, the site visit team leader will forward the completed final Site Visit Report to the ACGC Executive Office. The Executive Office then sends the report to the ACGC Board Liaison for review who will review the document within one week. Once finalized, the report is then sent to the program director. The program director has two weeks to respond with any clarifications to the report. After this response period, the site visit team will review the program's response to determine if the program has sufficiently addressed any issues/concerns. The site visit team leader will communicate their findings to the Executive Office and ACGC Board Liaison. Once the site visit team

has completed their evaluation, the program report will be presented to the ACGC Board for discussion. The Executive Office will work to ensure the site visit team lead attends the Board meeting to present their findings. If this is not possible, the ACGC Board Liaison will present the findings.

If areas of non-compliance are revealed in the peer review process, the Program Director will be notified by the Executive Office of the specific areas of concern. The notification will include a formal request for program response and/or a plan for remediation of the potential area(s) of non-compliance with Standards. The Accreditation decision may be deferred until the program response is received and any remediation has been successfully accomplished.

Accreditation Status and Decisions (Revised Standards, Section D)

Overview

The following sections describe accreditation statuses and decisions that may be made by ACGC. All decisions regarding accreditation are at the sole discretion of ACGC, which reserves the right to interpret the Standards and to modify conditions and terms of a program's accreditation when warranted.

Standard D1 - Accreditation Status

Standard D1.1 - Candidacy

Candidacy applies to a developing program that has submitted an Application for Candidacy which has been approved by the Board. ACGC Candidates are eligible to submit a New Program Application for Accreditation.

Candidacy is a public status.

Standard D1. 2 - Accredited, New Program

Accredited, New Program status applies to a Candidate program that has submitted a New Program Application for Accreditation which has been approved by the Board. Accredited, New Program is a public status.

Standard D1.3 - Accredited with Contingencies

Accredited with Contingencies status applies to a program that the ACGC Board has determined does not fully comply with one or more Standards or has deficiencies that have the potential to negatively affect student progress or success.

These contingencies may include, but are not limited to:

- shortened accreditation period.
- a requirement to adjust class size and/or numbers of faculty, staff, or supervisors.
- denial of new class matriculation.
- requirements for additional reporting to document progress in achieving compliance with the Standards.

Accredited with Contingencies is not a public status.

Failure to comply with contingency requirements may result in an Accreditation Warning, Probationary Accreditation, or Revocation of Accreditation

Standard D1.4 - Full Accreditation

Full Accreditation status applies to a program that has submitted an Accreditation Self-Study, undergone a site visit, and demonstrated that it meets or exceeds all ACGC Standards. Full Accreditation is a public status.

Standard D1.5 - Probationary Accreditation

Probationary Accreditation status applies to a program that the ACGC Board has determined is out of compliance with one or more Standards, causing serious, pervasive compliance issues that interfere

with the educational effectiveness of the program. Probationary Accreditation may be held for no longer than 12 months, although the timeframe could be extended for reasonable cause. Probationary Accreditation is a public status.

Any contingency described in Standard D1 .3. Accredited with Contingencies may be imposed during the period of probationary accreditation. Failure to comply with probation requirements may result in Revocation of Accreditation.

Standard D2 - Accreditation Decisions

1. Grant of Candidacy or Accreditation Status

- Program review demonstrates that all applicable Standards have been met.
- Candidacy status can be held for two (2) years.
- Accredited, New Program status is held for four (4) years at which time the program is reviewed for Accredited Program status.
- Programs transitioning from Accredited, New Program status to Accredited Program are granted six (6) years.
- Accredited Program status is granted for up to eight (8) years.

2. Deferral

At times, ACGC may defer an accreditation decision and request additional information from the program. During this period, the program maintains its existing status (e.g., "Accredited," "Accredited with Contingencies," or "Probationary Accreditation") until a decision on the accreditation status is made.

3. Change of Accreditation Status

The Board may change the accreditation status of a program if the Board determines that the program does not fully comply with one or more Standards or has deficiencies that have the potential to negatively affect student progress or success.

4. Accreditation Warning

If during a program's period of accreditation, the Board determines that the program is out of compliance with one or more of the Standards, but with proper attention by the program, areas of non-compliance can be remedied within a short period of time, the Board may issue a warning to the program.

- ACGC Executive Director will provide a written warning to the program describing the-specific areas of non-compliance and specifying the length of time the program has to provide a response.
- By the end of the allotted time, the program must provide written evidence of satisfactory resolution of the area(s) of non-compliance.
- If the program does not respond to the warning satisfactorily by the deadline, ACGC can decide (based on the number and type of non-compliance) to assign Accreditation with Contingencies, Probationary Accreditation or to revoke accreditation. ACGC does not consider a warning to be public information, and the program is not required to make it public.
- Any contingency described in Standard D1.3 may be imposed together with an Accreditation Warning.

5. *Denial of Accreditation*

ACGC will deny an application where a program seeking Accredited New Program status, accreditation, or reaccreditation does not demonstrate compliance with the Standards.

6. *Denial of Candidacy*

ACGC will deny an application for Candidacy Status if the institution does not demonstrate compliance with the Standards required within the Candidacy Application.

7. *Revocation of Accreditation*

ACGC may revoke accreditation if, in its judgment, an accredited program is so seriously out of compliance with Standards that it cannot provide satisfactory educational and/or clinical training and is unlikely to be able to achieve compliance within a reasonable timeframe. Revocation of accreditation is subject to reconsideration and appeal (Section VIII).

8. *New Application After Denial or Revocation of Accreditation*

Programs whose applications have been denied or whose accreditation has been revoked may submit an application for candidacy after at least one year has elapsed.

9. *Voluntary Withdrawal of Accreditation*

Programs may voluntarily withdraw from accreditation by notifying the Executive Director of ACGC in writing.

10. *Lapse of Accreditation Status*

In the event a program that holds the status of Full Accreditation, Probationary Accreditation or Accreditation with Contingencies does not, after notice from ACGC, submit a timely application for reaccreditation, its accreditation will be deemed to have lapsed. A lapse in accreditation is not subject to reconsideration or appeal.

Programs holding candidacy status must submit the application for New Program Accreditation within two (2) years of receiving Candidacy status. If an application is not received within two (2) years, candidacy status will lapse.

Maintaining Accreditation

Overview

Annually, during its period of accreditation, a program must complete a Report of Current Status (RCS) and pay all required fees by the date specified by the Executive Office. Specific requirements for annual reporting can be found on the ACGC website. RCS forms are completed and submitted via ACGC's web-based Accreditation Management System (AMS).

The purpose of the RCS is to provide ACGC with information about the program's compliance with the Standards throughout the period of accreditation. Programs must also report specific information about student fieldwork experiences. This is a templated report administered annually through the AMS that documents ongoing data relative to student performance and success. It provides a one-time snapshot of program function, student access to program fundamentals, and any changes (other than Substantive Changes) that could affect compliance with any standards.

Please note that program leadership changes and increases in cohort size requests should not be done through a Report of Current Status submission. These changes must be submitted through the respective forms and processes detailed later in this Manual.

Report of Current Status

The Report of Current (RCS) announcement is sent to program leadership early in each new year with a program-specific link to the AMS system. The report is completed online using the AMS link. Completed reports are due June 30th. Data from previous years is saved and available for review when completing the current RCS information. Program directors should contact the Executive Office for appropriate access for additional leadership who may assist in completing the RCS information form.

In the year that programs undergo reaccreditation review, they are not required to submit an RCS in June as they will submit an Accreditation Self-Study on August 1st.

Program Leadership Personnel Change Policy

The program has a responsibility to promptly communicate to the ACGC all personnel changes involving program leadership positions. Except in cases of an emergency change in personnel, the ACGC must be notified in writing at least 30 days prior to commencement of any program leadership change (additions, departures, and leaves of absence). In the case of sudden, unplanned loss of program leadership personnel, ACGC must be notified in writing within two weeks of the occurrence, and a plan/timeline for replacement must be provided. Written notification to ACGC must include the following:

- a. The expected date of the personnel change;
- b. A formal plan and timeline for the change;
- c. The contact information of the new/interim/replacement individual(s) who will be responsible for fulfilling the duties of the position – if more than one, designate primary contact for communications with ACGC;
- d. The time commitment (FTE) of each new/interim/replacement individual; and (Note: During interim appointments and leaves of absence, the total FTE for the program director position is still expected to account for at least 0.5 FTE, and total program leadership is required to be maintained at minimum requirements for student enrollment.)
- e. The ACGC biosketch form for the new/interim/replacement individual for ACGC to confirm their qualifications.

During a period of interim leadership, the program must submit quarterly reports to ACGC that include the composition of the search committee, job placement postings, number of applicants, progress in recurring qualified personnel, and changes in the recruitment plan. An interim program director or co-director who is serving in a temporary capacity may not serve more than six months without prior authorization from ACGC.

Program Leadership Leave of Absence

A leave of absence is defined as being absent from a program leadership position for 30 or more consecutive days. A leave of absence may be anticipated (e.g. due to parental or family leave) or unanticipated (e.g. due to illness).

In addition to the required notification information listed above, leave of absence notifications must also include:

- a. The expected length of time the program leadership personnel will be absent; and
- b. The anticipated date of return.

The program is expected to have a current operational plan in place at all times for sustaining the activities handled by the program leadership personnel during extended absences. This plan must be outlined in every accreditation application.

Petition for Variance Policy

Purpose

The purpose of this Variance Policy is to establish guidelines for the consideration and approval of variances from established accreditation standards published by the Accreditation Council for Genetic Counseling (ACGC). A variance is defined as a conditional deviation from a specific accreditation standard granted under exceptional circumstances. This is distinct from other program request forms including the Program Leadership Change Form, Interpretive Guidance Form, or Substantive Changes Forms.

Definition of Variance

A variance refers to a deviation from an accreditation standard or requirement that is deemed necessary due to unique and justifiable circumstances. Variances are alternate methods of achieving the intent of a standard. Variances are granted on a case-by-case basis and are subject to specific conditions and timeframes.

Conditions for Variance Consideration

1. Variances will only be considered under exceptional circumstances where strict adherence to a specific standard may pose undue hardship or hinder the achievement of the overarching goals of the accredited program, or in cases where state or local law prohibits adherence to a specific standard. Additionally, variances should not pose a hardship to students or other constituents of the program.
2. Granted variances will apply only to the edition of Standards for which they are approved.

Process for Variance Request

1. The institution seeking a variance must submit a written request to the ACGC detailing the specific standard for which the variance is requested, the rationale and justification for the variance, the proposed alternative measures to ensure program quality, and the requested variance time period. Supporting documentation necessary for the ACGC to render a decision should be included. The program must demonstrate that the request for variance meets the above 'Conditions for Variance Approval'.
2. If a particular circumstance (e.g. state or local law restrictions) impacts adherence to more than one Standard, these multiple variances will be submitted and reviewed together.
3. Variance requests are reviewed by the Board. The Board will consider the request and related evidence to render a decision.
4. A variance request denial is not subject to appeal.

Criteria for Granting a Variance and Continuing a Variance

1. The Board will assess the request based on the circumstances and the appropriateness of proposed alternative measures.
2. Variances will only be granted if it is determined that the proposed deviation maintains the fundamental integrity of the accreditation process and does not compromise the overall goals of program quality and student outcomes.
3. Variances will be subject to specific conditions and timeframes outlined in the approval. A conditional requirement may include regularly reporting on progress toward meeting the standard in question during the variance period. Variances will be approved with a maximum

length of time that corresponds with the program's next reaccreditation review (self-study submission).

4. The ACGC reserves the right to, at any time, review initial submissions and related documents, request additional documentation, or require an update from an institution to determine the appropriateness of a variance. The ACGC can rescind an approved variance at any time should information become available that suggests the variance is no longer appropriate.

Variance Renewal

1. A variance renewal may be requested if there have been no changes made to the originally approved variance and only a time extension is requested.
 - a. The request for renewal must be submitted to ACGC at least thirty (30) calendar days before its expiration date.
 - b. Variances related to situations where state or local law prohibits adherence to a specific standard are required to be renewed on an annual basis.
2. A new variance submission will be required if there are significant changes to an existing variance.
3. A previously denied variance that is being resubmitted will be considered a new variance submission (no earlier than three (3) months after the initial submission).
4. Variance approval and documentation shall be furnished during the annual self-study process.

Periodic Review

This Variance Policy will be periodically reviewed and updated as needed to ensure its relevance and effectiveness in maintaining the integrity of the accreditation process.

Substantive Change Policy

Overview

It is the responsibility of each accredited program to notify the Executive Office of substantive changes in a program to ensure maintenance of accreditation status and protection of students. Failure to report a substantive change might place the accreditation of a program in jeopardy. Program directors are encouraged to contact the Executive Office with any questions about whether a contemplated change would be considered substantive under ACGC policies. Please note, the implementation of a Substantive Change may also cause a need for a Petition for Variance application.

Substantive Changes

The substantive change should be submitted within a brief cover letter from the program director outlining the nature and scope of the substantive change, as well as the rationale for the change. The letter must outline how, if at all, the change affects the program's compliance with the accreditation standards. The program is responsible for documenting that it has the necessary resources in place to implement the proposed change. A substantive change is a significant modification or expansion of the nature and scope of a program.

A substantive change includes, but is not limited to:

Change in Established Sponsoring Institution (Standard A1) - This includes acquisition by another institution or program.

Change in Delivery Method of Didactic Coursework (Standards A1.3.1, A1.3.2, B1; B2; C2.4; C3)

Any permanent change in the delivery method of didactic coursework in which more than 10% of the curriculum will be offered through a different modality than previously reported (i.e., a program currently offers 13 courses in person and would like to transition three (3) of these courses to an online/distance learning format).

Please provide the following information:

- Rationale for the change to instructional delivery mode
- Description of how the outcomes for a new delivery mode will be assessed and evaluated on an ongoing basis.
- Description of how faculty will be trained for this new delivery mode.
- Description of how effectiveness of the new delivery mode will be evaluated, including documentation of student learning outcomes (SLOs)
- Documentation of information to be provided to students regarding the new delivery mode (e.g., equipment requirements, access to help desk, etc.)
- Description of the proposed changes to the didactic coursework.
- Outline how, if at all, the change affects the program's compliance with the accreditation standards.

Establishing A New Off-Campus Instructional (Not Including Fieldwork) Site or Closing an Approved Off-Campus Instructional Site or Branch Campus (Standards A1.2; A1.3; C3)

Please be aware that the establishment of multiple instructional sites may incur additional site visit fees at the time of reaccreditation.

Please provide the following information:

- Projected date of the change of operations at the additional location
- Address and distance from main campus, transportation, and housing available for students or, if closing a site, the impact of the site closure on housing and transportation for students.
- Rationale for change; description of how the outcomes of the change will be assessed
- For new off-campus sites, provide a description of physical facilities, support services, and learning resources available at the location. For closing sites, please provide a description of how the loss of physical facilities, support services, and learning resources at the off-campus branch will be addressed.
- Description of current and prospective student communications regarding the off-campus instructional site change
- Outline how, if at all, the change affects the program's compliance with the Standards.
- Evidence of sufficient fiscal, physical, and technological resources to support and sustain the change and an analysis of fiscal impact on the institution's budget.
- Provide the fiscal year and an updated three-year budget.

Increase in Program Enrollment (Standards all of A; all of B)

Any change in student enrollment not previously approved by ACGC that increases the total number of students enrolled in the program by more than 10% or four (4) total students (whichever is smaller). Student enrollment is defined as the class size at the time of the most recent accreditation decision (e.g. new program approval or site visit).

Please provide the following information:

- Describe the proposed expansion change in student enrollment over the accreditation period.
- Describe how the increase in enrollment will be accommodated in the fieldwork rotations. Provide a proposed rotation schedule map with a list of clinical sites, supervisors, and if an MOU or affiliation agreement is in place. For new rotations, provide the affiliation agreement.
- Describe the impact on program capacity to accommodate the increase, with examples.
- Outline how, if at all, the change affects the program's compliance with the accreditation standards.
- Provide an updated Program Leadership responsibilities table.
- Provide the fiscal year and an updated three-year budget.
- Provide a budget narrative.
- Provide a letter of commitment from the administration of all institutions that provide financial support.

The Board of Directors reviews the substantive change notifications. Upon review of the notification, the Board of Directors may act to approve the change or may request additional information. The Board's review of a substantive change application may result in additional reporting requirements, or a focused or comprehensive on-site evaluation. In the event the program undertakes a substantive change without prior notification to ACGC or otherwise does not follow the Substantive Change Policy, the program's accreditation could be negatively impacted. Late notification may be subject to additional fees and jeopardizes a program's compliance with the Standards.

A denial of a substantive change is subject to reconsideration and appeal in accordance with Section VIII of ACGC Policies and Procedures.

Site Visit Format Policy

Overview

As genetic counseling education continues to evolve, there has been increasing variation in the types of educational delivery methods programs are using to engage with their students. Site visit teams will conduct their visits using the same format employed by programs to deliver their curricula. ACGC does not have the flexibility to allow programs to select a site visit format. Programs classify their format by institutional policy or using the ACGC Distance Learning definitions. This will allow review teams to experience programs in a similar way as students with the usual tools and approaches the program uses in their day-to-day operations.

Procedures

Each site visit will be conducted in the same way that the majority of the didactic coursework is delivered. For example, a program that self-reports as an in-person program will have an in-person site visit. Similarly, a program that self-reports a mix of in-person and virtual modalities (aka., a hybrid program) will have a hybrid site visit. Reviewing programs in this manner allows the site visit team to experience the program as it operates and mitigates the need for special accommodations.

The review team assigned to a hybrid program will be comprised of at least one in-person site reviewer. ACGC reserves the right to assign or change the format of any review of a program for any reason.

Off-Campus Instructional Site Policy

Overview

An off-campus instructional site is a location that is defined as being geographically apart from the main campus program within the United States or Canada, where didactic instruction occurs for enrolled students for 4+ months of their program enrollment. Fieldwork or clinical rotations sites are not considered an off-campus instruction site.

An accredited program meets all Standards for Accreditation without support from other entities. When a program expands to an off-campus instructional site, there remain dependencies on the main campus program for core functions, that include but are not limited to administrative policy and decision-making for the program, financial support, and degree granting authority.

Requirements

- The off-campus instructional site must provide physical facilities, support services, and learning resources to faculty and students located at this site that are equivalent to those offered at the primary location.
- The Program Director of the main campus program is responsible for the administration and operation of all instructional sites offered by the accredited program, including financial, physical, and human resources.
- The off-campus instructional site has the same institutional sponsorship, governance, programmatic mission, vision, curriculum design, strategic plan, course objectives, and graduation requirements as the main campus program.
- The main campus program that is applying to establish a new off-campus instructional site is fully accredited by ACGC, holding no areas of noncompliance.
- Students from the off-campus instructional site will graduate with a degree awarded from the accredited program's sponsoring institution.
- A clear reporting structure is provided by main campus program leadership to all stakeholders identifying who is managing the off-campus instructional site and the contact information for same.
- The faculty at the off-campus instructional site must maintain appropriate faculty status at the sponsoring institution and must describe reporting structures for the entire program faculty. These faculty will report to the Program Director of the main campus program.

Procedures

- Submit and gain approval of a Substantive Change.
- Programs must agree to not participate in the Match or enroll students for the off-campus instructional site until the change has been approved by the ACGC.
- Provide additional information if requested by the ACGC during its review, including hosting a site visit if warranted.
- Provide documentation that final approval by all appropriate universities and state/provincial authorities has been secured.
- Until a Substantive Change has been approved by ACGC, per Standard A3.1.1, the program must indicate that "approval is pending" of the new off-campus instructional site in all announcements and advertising to accurately reflect the program status.

- Programs may not submit a Substantive Change to establish a new off-campus instructional site while a reaccreditation review is pending.

Fees

- The off-campus instructional site may be included in the primary site visit or may require a separate site visit for accreditation purposes. Additional sites may also be visited during off-cycle timeframes, as needed. If the off-campus instructional site requires a separate visit, an additional site visit fee will be charged.

Remediation Plan Evaluation Policy

Overview

Per Standard C2.1, “Programs that fall beneath a first-time board pass rate of 80% over a three-year period must submit a plan for remediation at the time of submission of their Report of Current status or self-study.” Programs that have submitted remediation plans for three consecutive years will compile a Remediation Plan Evaluation Report (summative) that will be submitted to ACGC after the summer test cycle. The Remediation Plan Evaluation Report will be used by ACGC to review the program’s self evaluation of the factors that may be influencing the pass rate as well as the progress made to date. This in-depth review may lead to a change of program status (defined in Standard D1.5). Extenuating circumstances and other variables may be included in the decision making process.

Procedures

The Program Review Committee Chairs will review all of the previously submitted remediation plans and other relevant program data. Based on this review, the PRC Committee Chairs will present their assessment of the program’s efforts to comply with Standard C2.1 to the ACGC Board of Directors. Following this discussion, the ACGC Board of Directors will determine what further action is warranted. In some cases, the ACGC Board of Directors may determine that a site visit is needed to fully assess the program’s compliance with the standards. It is also possible that the ACGC Board of Directors could change a program’s accreditation status from Full Accreditation to Accredited with Contingencies. Programs that are Accredited with Contingencies may have their accreditation changed to Probationary Accreditation if they continue to be non-compliant with Standard C2.1 at the time of their next RCS submission.

Timeline

- Third year of Remediation Plan is submitted.
 - The submitted Remediation Plan is reviewed by PRC Chairs and brought to the Board for a determination of Accredited with Contingencies and the time frame of status.
 - Program is made aware of the Accreditation with Contingencies status and the requirement to submit the Remediation Plan Evaluation Report following the summer exam cycle.
- Fourth year and beyond:
 - If the program has met Standard C2.1, a Remediation Plan will not be required and the status of Accredited with Contingencies will be changed to Full Accreditation.
 - If the program has not met Standard C2.1, a Remediation Plan will need to be submitted per usual RCS practices.
 - The ACGC Board will consider if sufficient progress has been demonstrated to maintain Accredited with Contingencies or if additional assessment is needed such as a possible site visit and if the program will be placed on Probationary Accreditation status.

Program Closure Policy

Overview

When a program decides to cease operations or voluntarily withdraw accreditation, it must submit a Plan for Closure to the ACGC board for approval within 30 days of program leadership becoming aware of the decision. A program operating under a Plan for Closure must continue complying with requirements for maintaining accreditation, i.e., payment of fees and submission of annual reports, until it closes. The program must ensure adequate resources and that all ACGC Standards of Accreditation are met through the enrolled student's graduation.

The Plan for Closure must include the following:

1. Program Closure Notification

- a. The program's proposed closing date.
- b. Information on why the program is closing.
- c. Confirmation that no new students will be accepted in the academic year prior to closure and that there are no students planned to matriculate in the subsequent year.
- d. General description of resources (faculty/preceptors, advising, physical facilities, etc.) available to enrolled students.
- e. Description of how the program will maintain compliance with all ACGC standards until the program's closure.

2. Student and Curriculum Considerations

- a. The number of currently enrolled students, with details on the number of first year and second year students.
- b. List of courses/rotations that each enrolled student must complete for graduation and date of expected completion.
- c. Description of plans for students who may need to extend their training beyond the program's closure date, ensuring a contingency plan is in place.
- d. Description of how the program will ensure that students are provided with all the instruction promised by the program and institution.
- e. If a program needs a teach-out agreement with another institution, please submit the Teach-Out Plan template through Armature.

3. Communication Considerations

- a. Describe how enrolled students have been or will be informed of the program's closing and implications of the closure (including but not limited to eligibility to sit for the certification exam, how former students may obtain a copy of records after program closure) and the estimated dates of communication.
- b. State whether enrolled students have or will incur additional expenses due to program closure and if so, how students will be notified of these expenses.
- c. Describe how the program has or will notify prospective students of the program's closure such as changing website information and other announcements.
- d. Describe how the program's interested parties such as faculty, supervisors, advisory board, and others have been or will be informed of the program's closure.

4. Leadership Transition

- a. Provide a detailed timeline for the transition of program leadership from the current date until the graduation of the final cohort.
- b. Include information about who will remain on the leadership team, their roles, Full-Time Equivalent (FTE) status, and specific leadership responsibilities.

Reporting Requirements

In addition to the Plan for Closure, programs must complete the Report of Current Status (RCS) as required in each academic year including the final academic year, detailing the program's status and compliance with ACGC standards. If necessary, quarterly reports may be requested regarding the status of the program's closure, including description current resources and update on remaining students' progression through the program.

Accreditation and Compliance

If a program seeks to extend accreditation beyond the previously provided expiration date, a formal request must be submitted to ACGC explaining the rationale and proposed duration. A site visit and self-study with associated fees may be necessary.

Penalties for Non-Compliance

All required reports and documentation must be submitted according to the published ACGC deadlines to avoid penalties. Penalties for late submissions include a \$500 fee for submissions received seven or more calendar days past the deadline.

Complaints, Requests for Reconsideration and Appeals

Overview

Any person (including student, member of the general public, faculty, government agency, and any other organization) concerned about the quality of a Genetic Counseling Program accredited by the Accreditation Council for Genetic Counseling (ACGC) may contact the ACGC Executive Office.

Complaint Jurisdiction

ACGC will consider and investigate only those complaints containing allegations which, if substantiated, may indicate noncompliance with the ACGC Standards of Accreditation. ACGC is not a mediator of disputes and, generally, will not interpose itself in a manner that limits the discretion of a program in the normal operation of its personnel or academic policies and procedures, unless a violation of the Standards is specifically alleged. Such matters can include: admission, appointment, promotion, or dismissal of faculty or students.

ACGC will not seek any type of compensation, re-admission, or other redress on behalf of an individual. ACGC will not respond to or take action upon any complaint that is defamatory, hostile, or profane. In addition, ACGC will not involve itself in collective bargaining disputes. ACGC will not intervene on behalf of individuals in cases where the situation giving rise to the complaint occurred so far in the past that ascertaining the facts might prove to be difficult or impossible. ACGC typically will not take any action based on an anonymous complaint.

Filing a Complaint

The steps to follow in filing a complaint with ACGC are as follows:

1. The complainant shall attempt to resolve an issue through the program's own published grievance policy/procedures (if applicable) before submitting a complaint to the ACGC.
2. A complaint must be made using the ACGC Complaint Form. The form must be emailed to the ACGC Executive Office. A complaint must be specific as to the accreditation standard that allegedly is being violated.

Processing a Complaint

Within 10 days after receiving the complaint, the ACGC Executive Director will send a letter or email to the complainant acknowledging receipt of the complaint and explaining the process ACGC will follow in investigating the complaint.

If a complaint indicates circumstances which, if substantiated, may indicate noncompliance with accreditation standards, the ACGC staff may request that written corroboration be provided within 30 days of the date of the complaint. Such corroboration might include letters or other documentation not previously provided to ACGC by the complainant.

Although the complaint will be treated with discretion, ACGC does not guarantee the confidentiality of the complainant. Specifically, any information about a program or school may be released to the Program Official, Dean, Department Head, or Administrative Supervisor (hereinafter, each is referred to as a "Program Official"), members and staff of ACGC, their respective attorneys, and other persons authorized by the Program Official, required by law, or necessary, in the discretion of ACGC, to fully investigate the complaint.

The complainant and any corroborators will be required to sign an authorization to release the written complaint and corroborating materials to the Program Official, members, and staff of ACGC, their respective attorneys, and appropriate outside parties.

The ACGC Executive Committee will determine whether a complaint raises issues relating to compliance with accreditation Standards. If the ACGC Executive Committee determines that the complaint does not raise such issues, the ACGC Executive Director will notify the complainant in a timely manner that the complaint is outside the jurisdiction of ACGC and will close the matter.

If the ACGC Executive Committee determines that the complaint raises issues relating to compliance with accreditation Standards, the ACGC Executive Director will investigate the complaint in accordance with the procedure set forth in the following section.

Investigating a Complaint

The Executive Director will acknowledge receipt of a complaint within 10 days. If the ACGC Executive Committee determines that there is insufficient evidence that a program is not in compliance with accreditation Standards, the Executive Director will notify the complainant that the complaint will not be investigated and close the matter. Otherwise, the Executive Director will notify the complainant that the ACGC has initiated an investigation.

The Executive Director will notify the Program Official of the complaint in writing within 30 days and require a response to allegations which may include answers to specific questions or the submission of documentation or materials. The Executive Director will set a deadline for response not to exceed 60 days.

If after receiving the program's response, the Executive Committee determines that there is evidence that the program is not in compliance with accreditation Standards, the complaint will be referred to the ACGC Grievance Committee. Otherwise, the Executive Director will close the complaint. In all instances, the complainant will receive notice of the status of the complaint.

Grievance Committee Review

The Grievance Committee is appointed by the President of the Board and must include at least one public member, one practicing genetic counselor, and one academic representative. No more than one member of the Grievance Committee shall be a current program director. All members of the Grievance Committee are subject to the ACGC Conflict of Interest and Confidentiality Policies.

After reviewing the complaint and the program's response, the Grievance Committee may request additional information or a progress report, schedule a limited survey or site visit, or take any other appropriate action to further investigate the matter. The Program Official will be notified in a timely manner of the Grievance Committee's recommendation.

In the event the Grievance Committee determines that sufficient evidence exists that the program may not be in compliance with accreditation Standards, the Grievance Committee shall recommend to the Board that a program's status be changed to Accreditation Warning, Accreditation with Contingencies,

Probationary Accreditation, or that Revocation of Accreditation. The Chair of the Grievance Committee shall be responsible for notifying the President of the Board in writing of its recommendation together with the justification for this recommendation within thirty (30) calendar days.

Board of Directors Hearing and Review

The Board shall review the Grievance Committee Record on this matter and its recommendation.

If the President of the Board determines that a hearing on the recommendation may be useful, a hearing shall be scheduled for the next regularly scheduled Board meeting. Not less than thirty (30) calendar days prior to the scheduled date of the hearing, the Executive Director shall notify the primary program contact on file in writing of the date, time, and place of the hearing.

Action

Based upon its review of the Grievance Committee Record and its recommendation, and the outcome of any hearing held on the matter, the Board shall determine whether to ratify, reverse, or modify the Grievance Committee's recommendation.

The Executive Director shall notify the primary program contact on file in writing of the Board's decision, including the reasons for this decision, within thirty (30) days. This decision shall be sent to the Program Official electronically. This decision by the Board shall constitute the final decision of ACGC on the matter. A decision to revoke accreditation will be appealable pursuant to the ACGC Rules.

Expenses

If the complaint is found to have merit, all expenses (i.e., site visit, interviews, etc.) incurred by ACGC in investigating and resolving the complaint will be reimbursed by the program.

Decisions Subject to Reconsideration and Appeals

Denial of Accreditation and Revocation of Accreditation are adverse actions. Adverse actions are subject to reconsideration and are appealable. In the case of an appealable action, ACGC notifies the program and its institution's Dean or Program Director and Chief Executive Officer, stating specific reasons for the denial or revocation.

Such actions are not made public for 30 days following notification to the program to allow for appeal or request for reconsideration. The decisions are not made public until appeal or reconsideration are completed and final.

Decisions to assign Accreditation Warning, Accreditation with Contingencies, Probationary Accreditation, or to defer an accreditation decision are not deemed adverse actions and accordingly, are not subject to reconsideration or appeal.

Request for Reconsideration

A program that has received an appealable accreditation decision will be promptly notified of the decision by written notice delivered electronically by the deadline for notification stated by the Board. The notice shall state the reason(s) for the decision and inform the program director that they have the right to seek review of the decision by filing a written "Request for Reconsideration" with the Executive Office. At the time of notification, the Executive Office shall furnish the program director with a copy of

the ACGC Process for Reconsideration and Appeal. To be valid, the Executive Office must receive a Request for Reconsideration no more than thirty (30) calendar days after the program director receives notice of the adverse decision.

A Request for Reconsideration must contain a statement of why the program director believes that ACGC's decision was improper and includes any supporting documentation that the program wishes to have considered during the review. Information contained in the Request for Reconsideration may include evidence that the program has remedied the deficiencies that were the subject of the adverse accreditation decision.

Reconsideration Process

A Request for Reconsideration must be accompanied by a payment for the stated fees for this process per the ACGC Fees. This fee will not be refunded regardless of the outcome of the review.

The Executive Office forwards to each member of the Board the program's Request for Reconsideration, the complete file of all documents concerning the program that were available to the Program Review Committee and upon which the Board relied in making the accreditation decision.

If, after reviewing the Request for Reconsideration and the Review Record, the Board determines that there is no reason to alter the decision, it shall affirm its decision. If, on the other hand, the Board determines that the program submitted adequate evidence of remediation, that the original decision was not supported by the evidence, or that ACGC's policies and procedures were not followed, it shall modify or reverse its original decision.

The Executive Director is responsible for providing a written summary of the Board's findings and a justification for its decision to the program director within sixty (60) calendar days of receipt of request.

Decisions on reconsideration are appealable in accordance with the information below.

Appeals

- *Notice of Appeal:* A program that intends to appeal to a Board decision on reconsideration must file a written Notice of Appeal addressed to the Executive Director within ten (10) days of receipt of the notice of decision. In the event a Notice of Appeal is not timely filed, the adverse decision will become final.
- *Appeal Brief:* Within thirty (30) days of filing the Notice of Appeal, the program must submit an appeal brief setting forth the reasons why the Board's decision should be changed.
- *Standard of Review:* The Appeal Panel will consider whether the decision of the Board was erroneous, as a matter of fact, was arbitrary and capricious, or not based on substantial evidence on record at the time the Board made its decision.
- *Burden of Proof:* The program has the burden of proof.

Appeal Panel Composition

The Appeal Panel is appointed by the Board of Directors and is composed of individuals who were not involved in the original decision. The Appeal Panel should include:

- Public Member
- Academic member/educator
- Current Genetic Counseling Practitioner
- Current or recent Site Visitor who was not involved in the appellant program's review

Protections Against Conflict of Interest in Appeals

A member of the Appeal Panel shall not have participated in the most recent site visit or any review of the program that led to the Board's adverse accreditation decision and:

- shall not have or have had any close personal relationship or professional association with the program or the program's director.
- shall declare any potential conflict of interest and sign a confidentiality statement.

The ACGC Executive Committee shall resolve any question regarding a potential conflict.

The Record on Appeal

The Appeal Panel will consider the entire record in the matter, including the program's appeal brief. No new evidence will be considered by the Appeal Panel. New evidence is information that was not formally before the Board on record at the time the Board made its decision to deny or revoke accreditation.

Decision on Appeal

The Appeal Panel will determine by majority vote whether to affirm, reverse, remand, or modify the appealed decision and report the decision and rationale to the Board within fifteen (15) days of the date of the decision.

Notification of Decision

The Executive Office shall notify the program director of the Appeal Panel's decision and the reasons for the decision in writing electronically, within thirty (30) days of receipt of the Appeal Panel's Report.

Appeal Hearing

The program may request a hearing before the Appeal Panel. The request must be made at the time the program files the Notice of Intent to Appeal and must include the names and affiliations of the representatives of the program and state whether the program will be represented by legal counsel.

All expenses incurred by the program director and his/her representatives in connection with the hearing shall be borne by the program and/or its sponsoring institution.

Hearing Procedure

The Appeal Panel will set aside two hours for the appeal hearing. The hearing will include an opening statement by the Chair of the Appeal Panel which will describe the proceedings and the process of review. Representatives of the program and ACGC will have an opportunity to offer opening and

closing statements addressing the grounds for appeal which will be limited to twenty (20) minutes, the Appeal Panel will pose questions to the program representatives. The Appeal Panel Chair will offer a closing statement.

The appeal hearing is not considered to be adversarial in nature. Accordingly, there will not be witnesses or cross examination. A record of the hearing will be maintained by ACGC as a permanent part of the archives of the Board. A copy of the hearing record shall be made available to the program director upon request.

Choice of Forum

Accredited members, former members, and applicants for accreditation agree that they must exhaust all administrative remedies provided for in the ACGC Bylaws and Accreditation Manual before initiating any suit, claim, or proceeding in a court of law; that any suit, claim, or proceeding relating to accreditation status (whether a claim for damages or for injunctive or declaratory relief), that is brought against ACGC, a Board member, a volunteer, or a staff member acting in his or her official capacity by an accredited member, a former member, or an applicant for accreditation be adjudicated exclusively in the U.S. District Court for the Eastern District of Virginia. The laws of the State of Virginia shall govern the interpretation and performance of the terms of the ACGC Bylaws and Accreditation Manual, as well as any dispute between an accredited member, former member, or applicant for accreditation and ACGC, regardless of the law that might otherwise be applied under any principles of conflicts of laws.

Public Notifications

The Board publishes the following final accreditation decisions after notification to the program on the ACGC Website:

- The award of Candidacy status, Accredited, New Program status, Accreditation, and Reaccreditation
- The denial of Candidate status, Accredited New Program status, Accreditation and Reaccreditation; Probationary Accreditation; and Revocation of Accreditation

Relevant Information Available on the ACGC Website

On its website, www.gceducation.org, ACGC publishes:

- A list of the programs currently accredited, with the state or province of their sponsoring institution and their accreditation status;
- ACGC's Bylaws and Policies;
- The Accreditation Manual for master's degree Genetic Counseling Programs;
- The Standards of Accreditation for Graduate Programs in Genetic Counseling.
- Practice-Based Competencies;
- Schedule of fees for Accreditation;
- Information on establishing a new program;
- A list of resources, including other genetics professional organizations;
- The names of the ACGC's Board of Directors and staff;
- Procedures for handling complaints about program compliance;
- Adverse decision appeals policy;
- Information and news about ACGC; and
- How to contact ACGC - By email at info@gceducation.org or call (703) 506-7667

Appendix A

Accredited Program Fees*

Annual Maintenance of Accreditation. This fee includes (1) review of the annual Report of Current Status, including determination, (2) user account on Accreditation Management Software platform for online submission and tracking of all accreditation related documents and deadlines, and (3) routine communication/requests to ACGC throughout the year, excluding requests for a **Substantive Change, Interpretive Guidance, and Petition for Variance**. Fees associated with these requests are outlined below. ***(Due annually, on or before June 30th)***

2024-2025	2026
<ul style="list-style-type: none"> Accredited - \$5,500 Accredited, New Program - \$6,000 Probationary Accreditation - \$6,000 	<ul style="list-style-type: none"> Accredited - \$6,000 Accredited, New Program - \$6,000 Probationary Accreditation - \$6,500

Site Visit. Fee for any site visit to the program (routine or additional/special circumstances). Includes costs associated with preparation for site visit, travel to/from program, preparation of documents following the visit, and determination. These fees will apply regardless of site visit format. ***(Due on or before June 30th for routine visits and at time of invoice for additional/special circumstances)***

2024-2025	2026
<ul style="list-style-type: none"> Less than 30 students - \$5,000 More than 30 students - \$7,000 	<ul style="list-style-type: none"> \$7,500 Additional site visitors needed per site visit for reasons determined by ACGC (special circumstances) - \$2,500

Substantive Change. Fee for review of a Substantive Change Application. Includes review of application and submitted documentation and determination. Substantive Change Applications include an Increase in Program Enrollment, Change in Delivery Method of Didactic Coursework, Establishing or Closing Off-Campus Instructional Site or Branch Campus, and a Change in Established Sponsoring Institution. ***(Due at the time of submission)***

2024-2025	2026
\$2,000	\$2,500

Interpretive Guidance. Fee for request for guidance regarding one Standard. Includes review of request and documentation. ***(Due at the time of submission)***

2024-2025	2026
\$150	\$250

Program Leadership Change. Fee for review of Program Leadership Change. Includes review of change information and submitted documentation, and determination. ***(Due at the time of submission)***

2024-2025	2026
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\$0	\$250
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Petition for Variance. Fee for request of variance for one Standard, policy or rule. Includes review of request and submitted documentation and determination. **(Due at the time of submission)**

- New Variance - \$1,000
- Variance Renewal - \$500
- Renewals for variance related to state or local laws - \$200

Late Fees. Penalty fee for late submission. This fee is in addition to the original fee. **(Due at the time of submission)**

- \$500

Application for Candidacy. This fee includes review of application and submitted documentation and determination of Candidacy status. **(Due at the time of submission)**

- \$4,500

Annual Maintenance of Candidacy Status. Fee to maintain active Candidacy status, includes (1) review of required/requested documentation during Candidacy period, (2) user account on Accreditation Management Software platform for online submission, and tracking of all accreditation related documents and deadlines. Candidate Status may be maintained for two years. **(This fee is 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 30th)**

2024-2025	2026
\$4,000	\$4,500

New Program Application. This fee includes review of application and submitted documentation and determination of New Program status. **(Due at the time of submission)**

2024-2025	2026
\$7,000	\$7,500

Request for Change in Review Cycle. Once a review cycle for a New Program Application has been selected and reserved, proposed programs may file a written request to change their review cycles. Requests are subject to availability and must be accompanied by a fee as outlined below.

Any program that fails to submit a completed New Program Application by its review cycle date, or a written request to change review cycles, will forfeit any and all fees paid and will have its Candidate status removed. A new Application for Candidacy and fee would then be required if the program wishes to continue working towards accreditation. **(Due at the time of submission)**

2024-2025	2026
• Less than 3 months prior to application	• Less than 3 months prior to application

<p>deadline - \$1,000</p> <ul style="list-style-type: none"> • 3-6 months prior to application deadline - \$500 • More than 7 months prior to application deadline - \$250 	<p>deadline - \$1,250</p> <ul style="list-style-type: none"> • 3-6 months prior to application deadline - \$750 • More than 7 months prior to application deadline - \$500
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****The ACGC Board has sole discretion and authority in determining and assessing fees.***

Appendix B

Accreditation Standards Definitions

Advisory Board: A group of individuals charged with providing program leadership with guidance on program development, implementation, and ongoing evaluation. Additionally, the Advisory Board should participate in the program’s self-study evaluations and, where appropriate, assist in the development of modification plans regarding areas identified for improvement. The Advisory Board should be familiar with the genetic counseling profession, the clients served by genetic counselors, and the requirements for accreditation. (*Standard C1*)

Affiliation Agreements: An affiliation agreement is a signed legal document between the University/program and an organization/site with the purpose of providing clinical experiences or rotations to the students enrolled in the genetic counseling program. (*Standard A1.1.3*)

Cohort: A *cohort* refers to a group of students who begin a specific academic program at the same time.

Fieldwork Experiences: Participatory encounters (cases) with a client that support the development of the PBCs. “Client” can refer to individuals seen in a clinic setting; as standardized patients; or in certain research participant encounters. (*Standard B3.1*)

Matriculate: To *matriculate* means to officially enroll in an academic institution as a student. This term typically refers to the formal process of becoming a registered student after being accepted. (*Standards A1.2.1, A1.3, A3.2.2, C3.1*)

Memorandum of Understanding (MOU): A memorandum of understanding (MOU) is a written agreement that specifies mutually- accepted expectations between the genetic counseling program and organizations as they arrange for student experiences. (*Standard A1.1.3*)

Participatory Cases: Refers to cases with a client that support development of the Practice Based Competencies. “Client” can refer to individuals seen in a clinic setting; as standardized patients; or in certain research participant encounters. (*Standard B3.1*)

Research Participant: Individuals who are consented into research studies are considered research participants. Such clients, while research participants, can be included as required participatory cases when they are being evaluated for risk of or affected by diverse genetic conditions across the lifespan. (*Standards B3.1.1; B3.1.2; B3.6.3*)

Should: Where the term “should” is used, the item is still required, but variation will be considered based on specific institutional policies and/or critical program needs. (*Standards A1.1.3c; A2.1; A2.7; B5.2; C1.2; C2.3.2b; C3.2.6*)

Standardized Patients: The educational use of individuals in a trained patient role. In particular, standardized patients refer to either designated simulation centers or actors who are trained to play the role of a patient and engage with the learner in a controlled patient encounter. GC student role

play is not considered to meet the definition of a 'standardized patient' encounter. (*Standards B3.1.1; B3.1.2; B3.6.3*)

Supervision Contact Hours: One (1) contact hour is equivalent to one (1) hour of student fieldwork supervision via video conference, telephone or in person (e.g., direct observation, case preparation discussion, feedback to students, assessment of student-patient standardized encounters, case conference). (*Standard A2.2*)