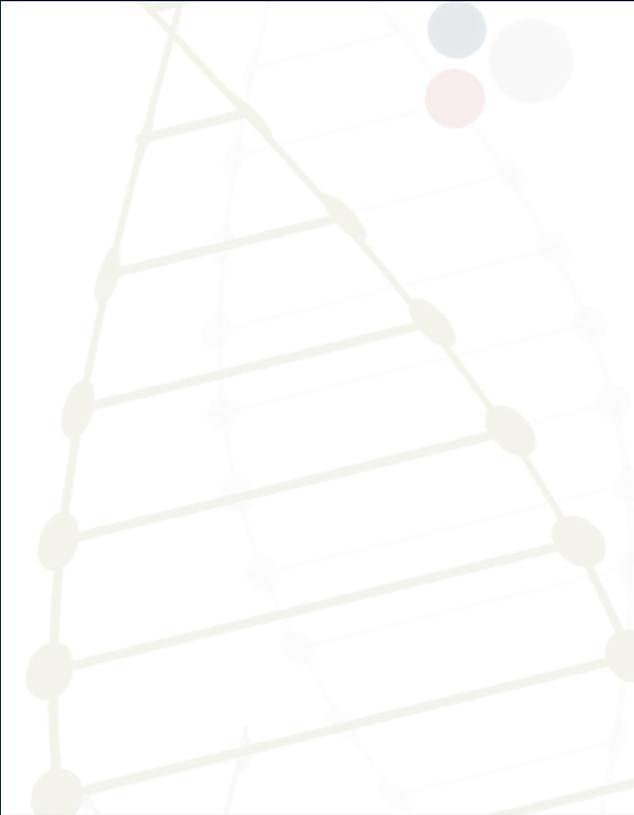


2026 STANDARDS OF ACCREDITATION – STANDARDS CHANGE GUIDE

<u>Standard Number</u>	<u>2023 Standard Language</u>	<u>2026 Standard Language</u>	<u>Rationale for Change</u>
A1.2.1	<p>There must be financial resources to operate the educational program in order to fulfill obligations to matriculating and enrolled students. A program must demonstrate financial stability with a three (3) year budget plan and a letter of commitment from the sponsoring institution to cover any budget shortfalls. Please refer to the budget guidance in the self-study application.</p> <p>The budget plan must, at a minimum, include the following components:</p>	<p>There must be financial resources to operate the educational program in order to fulfill obligations to matriculating and enrolled students. A program must demonstrate financial stability with a three (3) year budget plan and a letter of commitment from the sponsoring institution to cover any budget shortfalls. Please refer to the budget guidance in the Self-Study application.</p> <p>The budget plan must, at a minimum, include all program income and the following details:</p>	Edited for clarity
A1.3.2	<p>Academic resources include instructional materials, medical information and current literature, other reference materials related to curricular and patient care activities, computer and audio/visual equipment, and other technological resources.</p>	<p>a. Academic resources include instructional materials, medical information and current literature, other reference materials related to curricular and patient care activities, computer and audio/visual equipment, and other technological resources.</p> <p>b. For distance learning programs, the institution must provide equivalent student and academic services to support students enrolled in online learning.</p>	Point ‘b’ was added to this Standard to acknowledge and incorporate equivalent expectations of distance learning programs with those of in-person programs.
A2.1.1	<p>Program leadership responsibilities include the following:</p> <ul style="list-style-type: none"> • Maintaining program compliance with the standards; • Developing, reviewing, and revising the program’s strategic plan, which may include mission, vision, goals, and/or philosophy; • Developing, reviewing, and revising the program’s plan 	<p>Program leadership responsibilities include the following:</p> <ul style="list-style-type: none"> • Maintaining program compliance with the Standards; • Developing, reviewing, and revising the program’s strategic plan, which may include mission, vision, goals, and/or philosophy; • Developing, reviewing, and revising the program’s plan to identify and address diversity, equity, inclusion, and justice 	Restructured some to A2.2.3, none removed

	<p>to identify and address diversity, equity, inclusion, and justice for students, faculty, staff, and leadership;</p> <ul style="list-style-type: none"> • Long-term planning to ensure the program’s fiscal stability; • Communicating with the ACGC about significant staffing, administrative, financial, and/or fieldwork training changes; • Developing, reviewing, and overseeing the program admissions process; • Developing, implementing, and continuously evaluating the program, including all curricular requirements outlined in Section B, page 16; • Coordinating, monitoring, and evaluating all personnel in activities that directly relate to the program; • Providing guidance to faculty and staff about where to access required continuing education; • Providing academic advising, as well as monitoring, evaluating, and remediating student performance; and • Maintaining and collaborating with the program advisory board and implementing appropriate recommendations. 	<p>for students, faculty, staff, and leadership;</p> <ul style="list-style-type: none"> • Communicating with the ACGC about significant staffing, administrative, financial, and/or practicum training changes; • Developing, reviewing, and overseeing the program admissions process; • Developing, implementing, and continuously evaluating the program, including all curricular requirements outlined in Section B; • Providing guidance to faculty and staff about where to access required continuing education; • Providing academic advising, as well as monitoring, evaluating, and remediating student performance; • Incorporating the principles of diversity, equity, inclusion, and justice into the curriculum, and; • Fostering an inclusive environment where all individuals are valued and supported. 	
<p>A2.1.2</p>	<p>No text</p>	<p>Program leadership teams must collectively possess the skills and experience necessary to deliver a comprehensive genetic counseling curriculum. While no single leader is required to meet every qualification listed below, each qualification must be fulfilled by at least one member of the leadership team. The leadership team is strongly encouraged to have members with overlapping qualifications to ensure program continuity and depth of expertise.</p> <p>Collectively, program leadership teams must have at least one member who:</p>	<p>See FAQ</p>

		<ul style="list-style-type: none"> a. Holds a master’s degree in the discipline of genetic counseling; b. Is currently certified in genetic counseling by the ABGC or the American Board of Medical Genetics and Genomics (ABMGG); c. Has at least five years of experience as a certified genetic counselor, a minimum of three which must be in a patient-facing role (clinical or research); d. Has provided practicum supervision or clinical training for at least five post-secondary healthcare students for a minimum of 500 total contact hours. 	
A2.2	No text	Programs may structure their leadership teams according to programmatic needs and institutional requirements, provided the team collectively meets the qualifications specified in A2.1.2.	See FAQ
A2.2.1	<ul style="list-style-type: none"> a. Programs may have no more than two (2) co-directors, and both must meet the qualifications delineated below; b. At least one must have a minimum of 0.5 FTE dedicated time to program administration and leadership; and c. Program directors may not serve as program leadership for another program; program directors may serve as faculty for other programs so long as it does not create a conflict of interest. 	<ul style="list-style-type: none"> a. Programs must have a minimum of one program director; b. At least one must have at least 0.5 FTE dedicated to academic and administrative responsibilities in support of the program; c. Program directors or co-directors may not serve as program leadership for another genetic counseling program; they may serve as faculty for other programs so long as it does not create a conflict of interest. 	Removed cap on the number of program directors to provide flexibility
A2.2.2	<p>Program directors of currently accredited programs, developing programs and programs holding Accredited New Program status must:</p> <ul style="list-style-type: none"> a. Hold a master’s degree in the discipline of genetic counseling; b. Have current certification in genetic counseling 	<p>All program directors/co-directors must:</p> <ul style="list-style-type: none"> a. Hold a master’s degree in the discipline of genetic counseling; b. Have a current professional board certification in their specific field; c. Have a minimum of five years of experience in their field; 	Specifications were removed to allow for more flexibility if a program director has experiences/certifications in other fields; restructuring of some to Standard A2.2.3 and A2.1.2, none removed; edited prescriptive language for credit hour as teaching

	<p>by the ABGC or the American Board of Medical Genetics and Genomics (ABMGG);</p> <ul style="list-style-type: none"> c. Recertify with ABGC; d. Have at least five years of experience as a certified genetic counselor, a minimum of three of which must be in a patient-facing role (clinic or research); e. Have been the course instructor/instructor of record for at least six credit hours of post-secondary education; f. Be available for program administration year-round; g. Complete a minimum of two hours per year of continuing training/coursework in curriculum design, assessment, evaluation, or educational andragogy; including at least one hour of training/coursework related to principles of diversity, equity, inclusion, and justice; h. All individuals becoming a program director for the first time must have completed at least 10 hours of training/coursework in curriculum design, assessment, evaluation, educational andragogy, or principles of diversity, equity, inclusion, and justice within the last 10 years; i. All individuals becoming a program director for the first time must have provided fieldwork supervision for at least five genetic counseling graduate students for a minimum of 500 total contact hours in the last 10 years; and j. Document training, workshops or other experiences related to: <ul style="list-style-type: none"> i. Leadership; ii. Professional development; iii. Management; 	<ul style="list-style-type: none"> d. Have knowledge of and experience with the genetic counseling profession and practice; e. Have knowledge and experience with the leadership roles assigned; f. Have been the course instructor/instructor of record for at least two courses of post-secondary education; g. Prior to becoming a program director, have completed at least 10 hours of training/coursework in curriculum design, assessment, evaluation, educational andragogy, or principles of diversity, equity, inclusion, and justice within the last 10 years; and h. Complete a minimum of two hours per year of continuing training/coursework in curriculum design, assessment, evaluation, or educational andragogy; including at least one hour of training/coursework related to principles of diversity, equity, inclusion, and justice. 	<p>experience is gained regardless of number of credit hours; collapsed prescriptive leadership experiences to allow for alignment with university requirements</p>
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	<ul style="list-style-type: none"> iv. Scholarly activities; v. Mentoring; vi. Academic advising; vii. Andragogy; and viii. Diversity, equity, inclusion, and justice 		
A2.2.3	<p>At a minimum, the program director/co-director is responsible for the following:</p> <ul style="list-style-type: none"> • Maintaining program compliance with the standards; • Developing, reviewing, and revising the program’s strategic plan, which may include mission, vision, goals, and/or philosophy; • Providing academic advising, as well as monitoring, evaluating, and remediating student performance; • Long-term planning to ensure the program’s fiscal stability; • Serving as the primary contact for communication with ACGC; • Communicating with the ACGC about compliance with the standards, such as significant staffing, administrative, financial, and/or fieldwork training changes. • Incorporation of principles of diversity, inclusion, equity, and justice; and • Fostering an inclusive environment where all individuals are valued and supported 	<p>At a minimum, the program director/co-director is responsible for overseeing the responsibilities in A2.1.1, as well as the following:</p> <ul style="list-style-type: none"> • Coordinating, monitoring, and evaluating all personnel in activities that directly relate to the program; • Being available for program administration year-round; • Long-term planning to ensure the program’s fiscal stability; • Serving as or designating the primary contact for communication with ACGC; and • Maintaining and collaborating with the program advisory board and implementing appropriate recommendations. 	<p>Re-distributed some responsibilities to fall under ALL program leadership responsibilities; program directors have responsibilities in this standard in addition to A2.1.1; none removed</p>
A2.3/A2.2.4	<p>At least one other additional program leadership position must be filled to complement the role of the program director, fulfill the program leadership FTE requirement in Standard A2.2.1, and provide immediate oversight of the program in the event of an unexpected leave of absence of the program director. Additional program leadership positions may include:</p> <ul style="list-style-type: none"> • Medical director; and/or • Associate/assistant program director; and/or 	<p>At least one additional program leadership position must be filled to complement the role of the program director, fulfill the program leadership FTE requirement in Standard A2.3.1, and provide immediate oversight of the program in the event of an unexpected leave of absence of the program director.</p> <p>In addition to the complement role described above, program leadership positions may include but are not limited to:</p>	<p>Minor language edits and reorganization of bullets for clarity and flexibility.</p>

	<ul style="list-style-type: none"> • Director, assistant director, or associate director of: <ul style="list-style-type: none"> ○ Curriculum, ○ Fieldwork training, or ○ Research 	<ul style="list-style-type: none"> • Co-director, assistant/associate director, coordinator or other title of: <ul style="list-style-type: none"> ○ Curriculum, ○ Practicum training, ○ Research, or ○ Other • Medical Director 	
A2.3.1/A2.2.5	<p>Individuals fulfilling additional program leadership positions may have a complementary professional background other than genetics. However, this individual must:</p> <ol style="list-style-type: none"> a. Hold a master’s degree or beyond; b. Have professional board certification in the specific field, if available and applicable; c. Have a minimum of three years of experience in the field; d. Have knowledge of and experience with the genetic counseling profession and practice; and e. Have knowledge and experience with the leadership roles assigned. f. Complete two hours per year of training/coursework related to their position in the program; including at least one hour of training/coursework related to principles of diversity, equity, inclusion, and justice 	<p>Individuals fulfilling additional program leadership positions may have a complementary professional background other than genetics. However, this individual must:</p> <ol style="list-style-type: none"> a. Hold a master’s degree or beyond; b. Have professional board certification in the specific field, if available and applicable; c. Have a minimum of three years of experience in the field; d. Have knowledge of and experience with the genetic counseling profession and practice; e. Have knowledge and experience with the leadership roles assigned; and f. Complete a minimum of two hours per year of training/coursework related to their position in the program; including at least one hour of training/coursework related to principles of diversity, equity, inclusion, and justice. 	Minor language edits for clarity.
A2.3.2/A2.2.6	The other program leadership positions are responsible for working in collaboration with the program director(s) to fulfill the responsibilities outlined in Standard A2.1.1.	The additional program leadership positions are responsible for working in collaboration with the program director(s) to fulfill the responsibilities outlined in Standard A2.1.1.	Minor language change to ensure consistency throughout.
A2.4.1/A2.3.1	a. There is a required minimum ratio of paid FTE	a. There is a required minimum ratio of paid FTE	Given the variety of program sizes, new

	<p>dedicated to program leadership per total student enrollment (full or part time):</p> <ul style="list-style-type: none"> i. ≤10 students: 1.0 FTE ii. 11-15 students > 1.0 FTE iii. 16-20 students > 1.25 FTE iv. 21-25 students > 1.5 FTE v. ≥26 students: >1.75 FTE <p>b. A program director or co-director, specifically, must have at least 0.5 FTE dedicated to academic and administrative responsibilities in support of the program.</p> <p>c. ACGC recognizes that program leaders often hold other roles within the institution or spend non-program time in clinical practice, administration, or research, but these roles may not be included in the FTE requirements.</p> <p>d. The above ratio requirement for an individual program may be increased if, based on the judgment of ACGC, the above-listed ratios are insufficient to meet the needs of a specific program.</p>	<p>dedicated to program leadership per total student enrollment (full or part time):</p> <ul style="list-style-type: none"> i. ≤10 students: 1.0 FTE ii. 11-15 students > 1.0 FTE iii. 16-20 students > 1.25 FTE iv. 21-25 students > 1.5 FTE v. 26-30 students >1.75 FTE vi. 31-35 students > 2.0 FTE vii. 36-40 students > 2.25 FTE viii. 41-45 students > 2.5 FTE ix. 46-50 students > 2.75 FTE <p>b. ACGC recognizes that program leaders often hold other roles within the institution or spend non-program time in clinical practice, administration, or research, but these roles may not be included in the FTE requirements specified above.</p>	<p>categories were added to ensure greater oversight of student to leadership ratio; removed duplication.</p>
<p>A2.4.2/A2.3.2</p>	<p>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 items (Please see form to report program leadership change):</p> <ul style="list-style-type: none"> a. The expected date of the personnel change; 	<p>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 and departures).</p>	<p>ACGC concluded that communication of Program Leadership Personnel Changes and Program Leadership Leaves of Absence are required by the Standards, but the process will be documented in the Accreditation Manual.</p>

	<ul style="list-style-type: none"> 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. 		
A2.4.3/A2.3.3	<ul style="list-style-type: none"> a. During 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 recruiting qualified personnel, and changes in the recruitment plan. b. 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. 	<ul style="list-style-type: none"> a. During 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 recruiting qualified personnel, and changes in the recruitment plan. b. An interim program director or co-director who is serving in a temporary capacity may not serve more than twelve months without prior authorization from ACGC. 	This was a minor timing change, adjusting the timeframe from six months to twelve months. ACGC recognizes that hiring can move slowly and this change is intended to accommodate those internal processes.
A2.4.4/A2.3.4	<ul style="list-style-type: none"> a. 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). b. In addition to the required notification information 	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.	ACGC concluded that a program must have a plan for Program Leadership Personnel Changes and Program Leadership Leaves of Absence but the process will be documented in the Accreditation Manual.

	<p>listed above, leave of absence notifications must also include:</p> <ul style="list-style-type: none"> i. The expected length of time the program leadership personnel will be absent; and ii. The anticipated date of return. <p>c. 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.</p>		
A2.5.3/A2.4.3	<p>The members of the instructional faculty/staff must provide an atmosphere that is conducive to student learning. The instructional faculty/staff is responsible for the following items:</p> <ul style="list-style-type: none"> • Classroom and fieldwork teaching; • Assessment and communication of student performance; • Identifying students who are not achieving defined objectives; • Providing remedial instruction; • Supervising student research when appropriate; • Incorporation of principles of diversity, inclusion, equity, and justice; and • Fostering an inclusive environment where all individuals are valued and supported. 	<p>The instructional faculty/staff is responsible for the following items:</p> <ul style="list-style-type: none"> • Classroom and practicum teaching; • Assessment and communication of student performance; • Identifying students who are not achieving defined objectives; • Providing remedial instruction; • Supervising student research when appropriate; • Incorporation of principles of diversity, inclusion, equity, and justice; and • Fostering an inclusive environment where all individuals are valued and supported. 	<p>Edited to remove redundancies as last bullet addresses this and the evaluation of this is included in Section C.</p>
A2.6/A2.5	<p>The program must ensure that the students have sufficient access to fieldwork supervision by board-certified genetic counselors who represent a broad range of genetic counseling techniques and styles. Programs must assess and document the credentials and qualifications of those who will be supervising the students' fieldwork experiences.</p> <p>The standards below are specific to those supervisors</p>	<p>The program must ensure that the students have sufficient access to practicum supervision by board-certified genetic counselors who represent a broad range of genetic counseling techniques and styles. Programs must assess and document the credentials and qualifications of those who will be supervising the students' practicum experiences on an annual basis.</p> <p>The Standards below are specific to those supervisors who</p>	<p>Edited fieldwork for practicum.</p>

	<p>who are involved in the 50 required participatory fieldwork cases (see Standard B3.1). For cases that are not part of the 50 required participatory fieldwork experiences, the participating faculty and staff may also include medical geneticists, social workers, psychologists, non-genetics physicians, and other health professionals with adequate training, experience, and credentials in their respective fields.</p>	<p>are involved in the 50 required participatory practicum cases (see Standard B3.1). For cases that are not part of the 50 required participatory practicum experiences, the participating faculty and staff may also include medical geneticists, social workers, psychologists, non-genetics physicians, genetic counselors who do not meet the qualifications outlined in A2.5.1, and other health professionals with adequate training, experience, and credentials in their respective fields.</p>	
A2.6.2/A2.5.2	<p>The fieldwork supervisors are responsible for student supervision and performance assessment in fieldwork training sites. Fieldwork supervisors work with the program leadership to:</p> <ul style="list-style-type: none"> • Establish fieldwork training goals specific to their setting; • Define how students will be involved, supervised, and evaluated in client care and related activities; • Observe, monitor, and evaluate student/client encounters; • Provide an inclusive atmosphere conducive to student learning; • Provide environments conducive to student learning; and • Communicate with program leadership when situations of poor student performance arise. • Incorporate principles of diversity, inclusion, equity, and justice into patient care and mentoring • Foster an inclusive environment where all individuals are valued and supported 	<p>The practicum supervisors are responsible for student supervision and performance assessment in practicum training sites. Practicum supervisors work with the program leadership to:</p> <ul style="list-style-type: none"> • Establish practicum training goals specific to their setting; • Define how students will be involved, supervised, and evaluated in client care and related activities; • Observe, monitor, and evaluate student/client encounters; • Provide an inclusive atmosphere conducive to student learning; • Communicate with program leadership when situations of poor student performance arise; and • Incorporate principles of diversity, inclusion, equity, and justice into patient care and mentoring; and • Foster an inclusive environment where all individuals are valued and supported 	<p>Edited fieldwork for practicum.</p>
A2.7/A2.6	<p>At a minimum, the program must have 0.5 FTE of administrative support staff time. The personnel assigned to provide administrative support report to the program leadership, and the program leadership will define the specific responsibilities of the administrative</p>	<p>At a minimum, the program must have 0.5 FTE of administrative support staff time that is in addition to the program leadership administrative FTE (as outlined in Standard A2.3.1). The personnel assigned to provide administrative support report to the program leadership,</p>	<p>Specified administrative support staff time must be separate from leadership administrative time. Edited to maintain appropriate ACGC scope.</p>

	support staff. The ACGC may determine if the FTE allotted to program administrative support should exceed 0.5 FTE based on the number of students, the academic and administrative complexity of the program, and the responsibilities required.	and the program leadership will define the specific responsibilities of the administrative support staff.	
A3.2.1	<p>Program policies apply to all students, principal faculty, staff, and program leadership regardless of location, unless otherwise noted by institutional, state, or provincial requirements.</p> <ol style="list-style-type: none"> a. The program must inform students, staff and faculty of program policies and practices. b. The program must have written policies that provide for timely access and/or referral of students to appropriate support services. c. If the program has additional policies (other than those of the institution’s policies or policies) that supersede institutional policies related to grievances and harassment, the program is expected to document these and make them readily available to students, staff, and faculty. 	<p>Program policies apply to all students, principal faculty, staff, and program leadership regardless of location, unless otherwise noted by institutional, state, or provincial requirements.</p> <ol style="list-style-type: none"> a. The program must inform students, staff and faculty of program policies and practices. b. The program must have written policies that provide for timely access and/or referral of students to appropriate support services. c. If the program has additional policies (other than those of the institution’s policies) that supersede institutional policies related to grievances and harassment, the program is expected to document these and make them readily available to students, staff, and faculty. 	This was a minor language removal in point ‘c’ due to a previously unnoticed typo.
A3.2.2	<ol style="list-style-type: none"> a. Admission of students must be made in accordance with clearly defined and published practices of the institution. b. The program must define, publish, and make readily available on the program website the admission practices of the program. At a minimum, programs are required to include the following information on the program’s website: <ol style="list-style-type: none"> i. Accreditation status. ii. Mission and objectives. iii. Admission requirements regarding prior education (including prerequisite courses), work, and volunteer experiences. 	<ol style="list-style-type: none"> a. Admission of students must be made in accordance with clearly defined and published practices of the institution. b. The program must define, publish, and make readily available on the program website the admission practices of the program. At a minimum, programs are required to include the following information on the program’s website: <ol style="list-style-type: none"> i. Accreditation status; ii. Mission and objectives; iii. Admission requirements regarding prior education (including prerequisite courses), work, and volunteer experiences; iv. All required academic standards for enrollment; 	<p>The changes to this Standard are as follows:</p> <ul style="list-style-type: none"> • The language of point ‘b.v’ was changed from “Degree requirements” to “Graduation requirements” as the previous language had been confusing to programs and reviewers alike with this occasionally being interpreted as being redundant with the language in other points of this Standard. • The language of point ‘b.vii’ was revised to align with the changes to 2026 Standard C2.1. • The attrition rate in point ‘b.viii’ is now

	<ul style="list-style-type: none"> iv. All required academic standards for enrollment. v. Degree requirements. vi. Estimation of all costs (tuition, fees, etc.) related to the program. vii. Cumulative first-time board examination pass rates (number of test takers who passed/total number of test takers and percentage) for the three most recent classes. For new programs, the first time this posting would be expected is within one year of graduating their third class. viii. Attrition rate (number of students who have left the program/total number of matriculated students and percentage) for the past three years. ix. Job placement rate (number of students who secured a position within 3 months of graduation/total number of graduates and percentage). x. Institutional services/offices such as disability services, diversity offices, first generation services, tutoring/writing support, underrepresented student groups, and affinity groups <p>c. Programs are expected to develop strategies to foster diverse representation in the genetic counseling profession. Possible strategies can include, but are not limited to:</p> <ul style="list-style-type: none"> • The program establishes annual recruitment goals for underrepresented populations; • The program identifies new student scholarship opportunities for underrepresented populations; 	<ul style="list-style-type: none"> v. Graduation requirements; vi. Estimation of all costs (tuition, fees, etc.) related to the program; vii. Cumulative first-time board examination pass rates and overall board pass rates (number of test takers who passed/total number of test takers) for the three most recent classes. For new programs, the first time this posting would be expected is within one year of graduating their third class. viii. Attrition rate (number of students who have left the program/total number of matriculated students)) for the past three years; ix. Job placement rate (number of students who secured a position within 12 months of graduation/total number of graduates); and x. Institutional services/offices available through the institution such as disability services, diversity offices, first generation services, tutoring/writing support, underrepresented student groups, and affinity groups. <p>c. Programs are expected to develop strategies to encourage student applications from all walks of life, thereby enhancing the potential for broad community representation in the field of genetic counseling, and to encourage retention and success of all accepted students.</p>	<p>only required to be noted as a number.</p> <ul style="list-style-type: none"> • The job placement rate requirement was updated to accommodate a 12-month span. ACGC heard from the community long before the public comments period for the Standards revisions opened that this metric should be revised or removed. Public comments reflected an overwhelming desire that this continue to be reflected on program websites. • The language detailing ways programs could fulfill point 'c' was removed because these were suggestions and not technically areas of compliance.
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	<ul style="list-style-type: none"> • The program documents activities and attendance by underrepresented candidates at local, regional, and national outreach events; and • The program adds one or more individuals to the admissions committee from local community groups serving underrepresented populations. 		
<p>A3.2.6</p>	<p>a. Student files kept by the program and/or institution must include documentation showing—</p> <ol style="list-style-type: none"> That the student has met the published admissions criteria; That the student has met institutional and program health screening and immunization requirements; Student performance while enrolled, including all student evaluations; Referrals for support or academic services, including follow-up as allowed by the program’s institutional regulations and requirements; Remediation efforts and outcomes; Formal academic guidance/advising the student received; Primary and summary documents regarding any formal academic and/or behavioral disciplinary action taken against a student by faculty, staff, or others; and That the student has met the requirements for program completion. <p>b. Students must have access to their own records, but must not have access to the academic records or other confidential information of other students, staff or faculty.</p>	<p>a. Student files kept by the program and/or institution must include documentation showing:</p> <ol style="list-style-type: none"> That the student has met the published admissions criteria; That the student has met institutional, program, and practicum rotation site screening and immunization requirements; Student performance while enrolled, including all student evaluations; Referrals for support or academic services, including follow-up as allowed by the program’s institutional regulations and requirements; Remediation efforts and outcomes; Formal academic guidance/advising the student received; Primary and summary documents regarding any formal academic and/or behavioral disciplinary action taken against a student by faculty, staff, or others; and That the student has met the requirements for program completion. <p>b. Students must have access to their own records, but must not have access to the academic records or other confidential information of other students, staff or faculty.</p>	<p>The changes to this Standard are as follows:</p> <ul style="list-style-type: none"> • The language of point ‘a.ii’ was revised to include the requirements of practicum rotation sites. • The language of point ‘c’ was revised because practicum sites and institutional partners have varying health documentation requirements based on their individual policies and legal agreements. The revised language maintains student health record confidentiality while providing necessary flexibility for institutional requirements.

	<p>c. Student health records are confidential and must not be accessible to or reviewed by the program or instructional faculty or staff except for immunization and tuberculosis and drug screening results, which may be maintained and released with written permission from the student.</p> <p>d. All student records, electronic and/or paper, must be stored securely by the program and institution. These records must be made available for review by ACGC or their representatives upon request.</p> <p>e. Grades and credits for courses must be available in the form of an official transcript and must be permanently maintained by the sponsoring institution.</p>	<p>c. Student health records are confidential and must not be accessible to or reviewed by the program or instructional faculty or staff except for institutional and practicum related requirements.</p> <p>d. All student records, electronic and/or paper, must be stored securely by the program and institution. These records must be made available for review by ACGC or their representatives upon request.</p> <p>e. Grades and credits for courses must be available in the form of an official transcript and must be permanently maintained by the sponsoring institution.</p>	
B1.4	<p>The program must demonstrate educational adequacy and equivalency of course content and/or fieldwork experiences when instruction is:</p> <ul style="list-style-type: none"> • Conducted at geographically separate locations; • Provided using different andragogical and instructional methods or techniques for some students; and • Provided outside the home department. 	<p>The program must demonstrate educational adequacy of course content and/or practicum experiences in student progression toward attaining the PBCs when instruction is:</p> <ul style="list-style-type: none"> • Conducted at geographically separate locations; • Provided using different andragogical and instructional methods or techniques for some students; and • Provided outside the home department. 	<p>This language was updated to provide clarification of the expectation of compliance as well as focus on ensuring progression toward the PBCs when opportunities are varied.</p>
B1.5	<p>The program is required to review its curriculum annually and subsequently update the corresponding syllabi.</p>	<p>No text; language removed.</p>	<p>This language was slightly revised and moved to Standard C2.4, as it was more appropriate in the “Evaluation” section of the Standards.</p>
B1.6	<p>The program is required to review its curriculum annually, including a review of content for bias and diversity, and subsequently update the corresponding syllabi.</p>	<p>No text; language removed.</p>	<p>This language was slightly revised and moved to Standard C2.4, as it was more appropriate in the “Evaluation” section of the Standards.</p>
B2.1.1	<p>The topics addressed in B2.1.1 should be incorporated across all content areas in section B2.1.</p> <p>a. Awareness and appreciation of multiple forms of identity including, but not limited to: age, race,</p>	<p>The topics addressed in B2.1.1 should be incorporated across all content areas in section B2.1.</p> <p>a. Awareness and appreciation of multiple forms of</p>	<p>The language of point ‘e’ was revised to specific, measurable actions, enabling clearer assessment of whether programs are adequately preparing students to handle</p>

	<p>ethnicity, sex, gender, sexual orientation, socioeconomic status, country of origin, culture, language, religion, spiritual beliefs, legal status, health history, and disability;</p> <p>b. Personal identity and implicit bias;</p> <p>c. Critical historical events that affect diverse client populations and their interaction with the genetic counseling field, as well as the broader healthcare system;</p> <p>d. Systemic health care disparities and social determinants of health; and</p> <p>e. Addressing and preventing instances of prejudice/discrimination</p>	<p>identity including, but not limited to: age, race, ethnicity, sex, gender, sexual orientation, socioeconomic status, country of origin, culture, language, religion, spiritual beliefs, legal status, health history, and disability;</p> <p>b. Personal identity and implicit bias;</p> <p>c. Critical historical events that affect diverse client populations and their interaction with the genetic counseling field, as well as the broader healthcare system;</p> <p>d. Systemic health care disparities and social determinants of health; and</p> <p>e. Provide strategies for students to recognize and respond to instances of discrimination.</p>	<p>discrimination.</p>
<p>B2.1.2</p>	<p>a. Mendelian and non-Mendelian inheritance;</p> <p>b. Population and quantitative genetics;</p> <p>c. Human variation and disease susceptibility;</p> <p>d. Family history and pedigree analysis;</p> <p>e. Normal/abnormal human development;</p> <p>f. Human reproduction;</p> <p>g. Personalized genomic medicine;</p> <p>h. Cytogenetics;</p> <p>i. Biochemical genetics;</p> <p>j. Molecular genetics;</p> <p>k. Embryology/developmental genetics;</p> <p>l. Teratology; and</p> <p>m. Variant classification and interpretation.</p>	<p>a. Mendelian and non-Mendelian inheritance;</p> <p>b. Population and quantitative genetics;</p> <p>c. Human variation and disease susceptibility;</p> <p>d. Family history and pedigree analysis;</p> <p>e. Typical and variations of anatomical human development;</p> <p>f. Human reproduction;</p> <p>g. Personalized genomic medicine;</p> <p>h. Cytogenetics;</p> <p>i. Biochemical genetics;</p> <p>j. Molecular genetics;</p> <p>k. Embryology;</p> <p>l. Developmental genetics;</p> <p>m. Teratology;</p> <p>n. Variant classification and interpretation;</p> <p>o. Patterns of typical as well as variations of cognitive and behavioral development/decline across the lifespan.</p>	<p>The changes to this Standard are as follows:</p> <ul style="list-style-type: none"> • The language of “normal/abnormal” was updated to better align with current language being used in the field. • Embryology and developmental genetics separated as they are related but different topics

<p>B2.1.3</p>	<ul style="list-style-type: none"> a. Clinical features and natural history of a broad range of genetic diseases, complex common disorders and syndromes of unknown etiology; b. The diagnostic process, including dysmorphology, syndromology, physical assessment, and differential diagnoses; c. The process for managing a case in the context of different genetic counseling specialties, including but not limited to: preconception, prenatal, pediatrics, general genetics, cancer, cardiology, neurogenetics, genomic medicine, and laboratory genetic counseling; d. Modalities, methods, and applications of cytogenetic, molecular, and biochemical tests, including new/emerging technologies; e. Incorporation of individual client factors, including medical history, family history, and systemic barriers to select the most appropriate genetic testing plan; f. Responsibilities related to ordering genetic testing, including but not limited to: interpretation of results, awareness of follow-up implied by results, and liability implications of test practices; g. Approaches to choosing appropriate clinical and research laboratories and the role of analytic validity, clinical validity, and clinical utility in the evaluation process; h. The role of genetic counselors and other professionals in laboratory settings (e.g., commercial, academic, research, and/or public health screening laboratories), including their involvement in the performance and interpretation of genetic/genomic tests, test development and implementation, customer liaison and support, and 	<ul style="list-style-type: none"> a. Clinical features and natural history of a broad range of genetic diseases, complex common disorders and syndromes of unknown etiology, representing multiple specialty areas; b. The diagnostic process, including dysmorphology, syndromology, physical assessment, and differential diagnoses; c. The process for managing a case in the context of different genetic counseling specialties, including but not limited to: preconception, prenatal, pediatrics, general genetics, cancer, cardiology, neurogenetics, genomic medicine, and laboratory genetic counseling; d. Modalities, methods, and applications of cytogenetic, molecular, and biochemical tests, including new/emerging technologies; e. Incorporation of individual client factors, including medical history, family history, and systemic barriers to select the most appropriate genetic testing plan; f. Responsibilities related to ordering genetic testing, including but not limited to: interpretation of results, awareness of follow-up implied by results, and liability implications of test practices; g. Approaches to choosing appropriate clinical and research laboratories and the role of analytic validity, clinical validity, and clinical utility in the evaluation process; h. The roles and responsibilities of genetic counselors in non-clinical settings, including but not limited to laboratory, industry, academic, and public health settings; i. Risk assessment; and 	<p>Bullet h broadened for more generalized language as non-clinical roles are a growing area of practice; programs do not need to account for ALL non-clinical roles but exposure is important; moved research to B2.1.8</p>
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	<p>sales and marketing;</p> <ul style="list-style-type: none"> i. Risk assessment; and j. Use of genetics literature, bioinformatics, and computerized tools. 	<ul style="list-style-type: none"> j. Use of genetics literature, bioinformatics, and computerized tools. 	
B2.1.5	<ul style="list-style-type: none"> a. NSGC/CAGC Code of Ethics; b. Patient/subject privacy issues; c. Genetic discrimination and related legislation. 	<ul style="list-style-type: none"> a. NSGC/CBGC Code of Ethics; b. Patient/subject privacy issues; c. Bioethics; and d. Genetic discrimination and related legislation. 	Bioethics added as it provides essential frameworks for navigating ethically complex situations that genetic counselors often encounter.
B2.1.8	<ul style="list-style-type: none"> a. Clinical and laboratory research methodologies and protocol development using both quantitative and qualitative methods; b. Formulation of research question(s), data collection, and data analysis; c. Dissemination of findings (both oral and written); and d. Recognition of human subjects' protection and Institutional Review Board (IRB) processes. 	<ul style="list-style-type: none"> a. Research methodologies and protocol development using both quantitative and qualitative methods; b. Formulation of research question(s), data collection, data analysis, and interpretation/application of results; c. Dissemination of findings (both oral and written); and d. Recognition of human subjects' protection and the Institutional Review Board (IRB), Research Ethics Board (REB), or other related processes. 	Based on public comment, edited for more generalized language, research methodologies can include clinical and laboratory methods and translational methods especially as roles are changing; added other research board names/processes.
B3.1.1	Refers to 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.	No text; language removed.	This was removed because it is not a Standard; it is a definition. This language can still be found in Appendix 2 of the Standards document.
B3.1.2/B3.1.1	Must include a minimum of 50 required participatory cases. At least 40 of the 50 required participatory cases must be with individuals being evaluated for risk of or affected by diverse genetic conditions across the lifespan (i.e., patients; not individuals who are being consented to research; and not standardized patients).	<p>Must include a minimum of 50 required participatory cases, to ensure that students have adequate practicum opportunities to attain the PBCs.</p> <ul style="list-style-type: none"> a. At least 40 of the 50 required participatory cases must be with patients; not simulated or research patients. b. The minimum required cases must expose students to areas of current practice. 	Connected participatory cases to PBC attainment, edited for clarity, moved across the lifespan to B3.1.3 for flow
B3.1.4/B3.1.3	Programs must demonstrate that participatory cases and other field experiences are conducted (1) across	Programs must demonstrate that participatory cases and other practicum experiences are conducted:	Provided a concise list of the requirements of cases with other language moved to Appendix

	multiple specialties, including prenatal, pediatric, cancer, and other adult; (2) in a variety of diverse settings that may include clinical, laboratory, research, industry, and/or other environments; and (3) using more than one service delivery mode, such as telephone, group, in-person, and/or telemedicine.	<ul style="list-style-type: none"> a. Across the lifespan; b. Within multiple specialties; c. Within multiple settings; and d. Using more than one service delivery mode. 	2 of the Standards document.
B3.1.5/B3.1.4	Programs must provide sufficient opportunities such that students are prepared to practice in each of the main specialties and settings. All participatory encounters (not just the minimum 50 required participatory cases) must be distributed across prenatal, pediatric, cancer, and other adult with no one specialty dominating.	Programs must provide sufficient opportunities such that students demonstrate competency to practice in the profession of genetic counseling. All participatory encounters (not just the minimum 50 required participatory cases) must be distributed across multiple specialties.	Language change to focus on competency-based training . Removed specifics about specialty, as specialization in the profession has grown and will continue to grow.
B3.2.2	Programs must ensure that the number of fieldwork supervisors enables equitable and comparable supervision experiences for all enrolled students.	Programs must ensure that the number of practicum supervisors can accommodate the required supervised practicum experiences for all enrolled students.	Edited fieldwork to practicum and focused language on amount. Quality referenced in B3.3.
B3.3	Programs must ensure that the number and variety of fieldwork opportunities offer all enrolled students equitable and comparable fieldwork training experiences that provide exposure to the full range of practice settings and full range of PBCs.	Programs must provide all enrolled students equitable and comparable practicum training experiences that facilitate exposure to a range of practice settings across the lifespan and the full range of PBCs.	Removed redundancies and language change to focus on competency-based training, allows for more personalized student needs.
B3.4	Programs must develop clear objectives for each fieldwork placement.	For each practicum placement, programs must develop clear objectives, outline outcome measures, document student progress, and monitor student activities during the placement.	This language is a combination of the 2023 Standards B3.4 and B3.5.
B3.5	Programs must outline outcome measures for each fieldwork experience, document student progress, and monitor student activities during the placement.	Programs must maintain documentation of all student practicum experiences.	This language was combined into Standard B3.4.
B4.1	In order to enhance a student’s acquisition of the PBCs, programs must ensure that fieldwork training for students is augmented with supplemental experiences such as, but not limited to:	In order to enhance a student’s acquisition of the PBCs, programs must ensure that practicum training for students is augmented with supplemental activities and/or practicum placements such as, but not	The changes in this Standard were minor language changes: <ul style="list-style-type: none"> • Addition of practicum placements as an option in addition to supplemental

	<ul style="list-style-type: none"> • Observational experiences; • Fieldwork experiences with non-genetics providers (physicians, nurse practitioners, etc.); • Cases seen with genetics professionals who are not certified by ABGC/CAGC or by the ABMGG, Royal College of Physicians and Surgeons of Canada (RCPSC) in Medical Genetics and Genomics, or the Canadian College of Medical Geneticists (CCMG-CCGM) in Clinical (Medical) Genetics; • International fieldwork experiences; • Community centers/clinics that serve groups experiencing disadvantages; • Public health genetics-related activities and settings; • Experiences with genetic counselors that do not meet Standard B3.1.3, which may include, but are not limited to, variant interpretation; test development, implementation, and performance; utilization management; customer liaison and support; sales and marketing; leadership and management; and case coordination; and • Involvement with support groups and other advocacy organizations. 	<p>limited to:</p> <ul style="list-style-type: none"> • Observational experiences; • Practicum experiences with non-genetics providers (physicians, nurse practitioners, etc.); • Cases seen with genetics professionals who are not certified by ABGC/CBGC-CCCG or by the ABMGG, Royal College of Physicians and Surgeons of Canada (RCPSC) in Medical Genetics and Genomics, or the Canadian College of Medical Geneticists (CCMG-CCGM) in Clinical (Medical) Genetics; • International practicum experiences; • Community centers/clinics that serve groups experiencing disadvantages; • Public health genetics related activities and settings; • Experiences with genetic counselors that do not meet Standard B3.1.2, which may include, but are not limited to, variant interpretation; test development, implementation, and performance; utilization management; customer liaison and support; sales and marketing; leadership and management; and case coordination; and • Involvement with support groups and other advocacy organizations. 	<p>activities.</p> <ul style="list-style-type: none"> • Changed CAGC to CBGC-CCGC • Update of Standard numbers within the detail points.
B4.2.1/B4.2.2	Programs must document the credentials and qualifications of those who will be supervising the students in supplemental fieldwork experiences.	Programs must develop clear goals for student experiences and monitor student activities during the supplemental practicum placements and activities.	Language changed for consistency with other standards. Switched order with subsequent standard.
B4.2.2/B4.2.1	Programs must develop clear objectives and outcome measures for student experiences and monitor student activities during the supplemental fieldwork placements.	Programs must document the credentials and/or qualifications of those who will be evaluating the students in supplemental practicum activities if student performance is evaluated.	Clarification added as some supplemental experiences may not have an evaluation component. Switched order with previous standard.
B5.1.1	Programs are required to include teaching opportunities	Programs are required to include teaching opportunities for	This was a minor revision to broaden the

	<p>for their students. This can be accomplished in a variety of ways, including but not limited to the following:</p> <ul style="list-style-type: none"> • Educational presentations to various populations of learners; • Peer education presentations; • Formal teaching assistant experience; • Class exercises or projects to develop patient, professional, or community educational materials; and • Professional genetics presentations such as journal clubs, research seminars, platform, or poster presentations. 	<p>their students. This can be accomplished in a variety of ways, including but not limited to the following:</p> <ul style="list-style-type: none"> • Educational presentations to various populations of learners; • Peer education presentations; • Teaching experience; • Class exercises or projects to develop patient, professional, or community educational materials; and • Professional genetics presentations such as journal clubs, research seminars, platform, or poster presentations. 	<p>language about “teaching experiences”, as it was reported through public comment that the existing language was unintentionally restrictive due to the interpretations applied by sponsoring universities.</p>
Section C Introduction	<p>To ensure that competencies specified by the educational program and the ACGC are maintained, program and student evaluation must be a continual process. This includes internal and external curriculum validation in consultation with employers, faculty, fieldwork supervisors, students, and alumni. On an annual basis, evaluation findings must be shared with the Advisory Board as explained below, and a plan and timeline must be developed for appropriate modifications to be incorporated into the curriculum. The manner in which programs seek to comply with these evaluation requirements may vary; however, both the process and outcomes need to be well defined and documented.</p>	<p>To ensure that PBCs and content areas, along with any other objectives specified by the educational program, are maintained, program and student evaluation must be a continual process. This includes internal and external curriculum review in consultation with employers, faculty, practicum supervisors, students, and alumni.</p>	<p>The remaining language of this section was revised to encompass all stated learning areas as part of the continual evaluation process. The language that was removed from this section was incorporated into Standard C1.2.</p>
C1.1	<p>Programs are required to establish and maintain an Advisory Board that is familiar with the genetic counseling profession, the clients served by genetic counselors, and the requirements for accreditation.</p>	<p>Programs are required to establish and maintain an Advisory Board that is familiar with the genetic counseling profession, the clients served by genetic counselors, and the requirements for accreditation. Advisory Board membership must include:</p> <ol style="list-style-type: none"> Program Leadership Representatives from instructional, research, and/or fieldwork faculty. 	<p>This language is a combination of 2023 Standards C1.1 and C1.4. It was also revised to be in a list instead of paragraph format. The requirement for a medical geneticist to serve on the advisory board was removed because (1) no longer required a medical geneticist to have FTE in the leadership of the program and</p>

		<ul style="list-style-type: none"> c. At least one individual with work, advocacy, and/or experiences with underrepresented populations. d. A member who is a practicing healthcare provider with expertise in genomic medicine. At least half of this person’s time should be spent in direct patient care. e. At least one member who is external to the program leadership, faculty, fieldwork supervisors, staff, and the sponsoring/partnering institution(s). f. Additional members may include alumni, consumers, and representatives of community organizations. 	<p>(2) practicing genetic counselors frequently also collaborate/work with other healthcare providers who are not medical geneticists (i.e. cancer, ophthalmology, cardiology, neurology, etc.). Therefore, broaden this allows other physicians to fulfill this role on the advisory board, but they must have a close working relationship with genetic counselors / understand what genetic counselors do.</p>
<p>C1.2</p>	<p>The purpose of the Advisory Board is to provide 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.</p>	<p>The purpose of the Advisory Board is to provide program leadership with guidance on program development, implementation, and ongoing evaluation. Additionally, the Advisory Board should review the program’s Self-Study evaluations and, where appropriate, assist in the development of modification plans regarding areas identified for improvement.</p> <ul style="list-style-type: none"> a. Each program will be expected to define the specific expectations, goals, and processes of its Advisory Board. b. At a minimum, the Advisory Board is required to meet on an annual basis. Evaluation findings must be shared with the Advisory Board, and a plan and timeline must be developed for appropriate modifications to be incorporated into the curriculum. The manner in which programs seek to comply with these evaluation requirements may vary; however, both the process and outcomes need to be well-defined and documented. 	<p>This language is a revision of a combination of 2023 Standards C1.2, C1.3, and part of the Section C Introduction text.</p>

<p>C1.3</p>	<p>The Advisory Board is required to meet at least once a year to discuss, review, and act upon suggested modifications to the program based on feedback from both internal and external evaluations. Each program will be expected to define the specific expectations, goals, and processes of its Advisory Board.</p>	<p>No text; language removed.</p>	<p>This language was combined into Standard C1.2.</p>
<p>C1.4</p>	<p>Advisory Board membership must include program leadership and instructional, research, and/ or fieldwork faculty. Advisory Board membership must include 1) at least one individual with work, advocacy, and/or lived experiences with underrepresented populations in genetic counseling and 2) a medical geneticist (holding current certification by ABMGG, Royal College of Physicians and Surgeons of Canada (RCPSC) in Medical Genetics and Genomics, or Canadian College of Medical Geneticists (CCMG-CCGM) in Clinical (Medical) Genetics). Additional members may be alumni, consumers, and representatives of community organizations. At least one member of the Advisory Board must be external to the program leadership, faculty, fieldwork supervisors, staff, and the sponsoring/partnering institution.</p>	<p>No text; language removed.</p>	<p>This language was combined into Standard C1.1.</p>
<p>C2.1/C2.1, C2.1.1, C2.1.2</p>	<p>Programs must annually document and evaluate the performance of their alumni on the ABGC board certification examination.</p> <ul style="list-style-type: none"> 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. A program may be put on probation if ACGC identifies programmatic deficiencies that have not been addressed. 	<p>C2.1 Student Performance on the ABGC Certification Examination</p> <p>Programs must demonstrate outcomes on the certification examination that reflect adequate preparation of graduates for professional practice. ACGC will use the national overall pass rate published by ABGC and a fixed margin below the national average as an independent benchmark for each exam cycle.</p> <ul style="list-style-type: none"> A program meets the benchmark for a given cycle if the overall pass rate is above or within 	<p>As described in the rationale provided with the public comment survey, the overall pass rate was selected because it best reflects whether a program fulfills its fundamental obligation to prepare graduates for professional practice and workforce entry, regardless of the number of attempts required or timing of the exam. Importantly, this reduces the incentive for programs to admit students based on test-taking and study skills. Overall pass rate is also supported by the ABGC Exam Task Force Report.</p>

		<p>five (5) percentage points (pp) of the national overall pass rate.</p> <ul style="list-style-type: none"> Programs must meet the benchmark (be above or within 5 pp of the national mean) in at least four (4) of the last six (6) exam cycles (i.e. the most recent three (3) years) to be compliant. Programs that do not meet this requirement must submit a remediation plan. <p>C2.1.1 Small Cohort Safeguard If a program has fewer than twenty-five (25) exam takers across the six most recent exam cycles and does not meet the benchmark in four of the last six exam cycles, the program will be placed into a ‘Monitoring’ status due to the small denominator, rather than automatic remediation, until 25 exam takers have been reached. Additional data from more than six cycles will be required.</p> <p>C2.1.2 Transparency Requirement Programs must also report their three (3) year first-time pass rate. The first time pass rate data must be published on the program website for transparency and prospective applicant decision-making.</p>	<p>ACGC does not participate in exam development or question assessment and cannot evaluate whether the CBGC exam's rigor, scoring, and content are equivalent to the ABGC exam. Therefore, ABGC is the appropriate body to establish equivalency between the two examinations. Scores from the CBGC exam will not be considered for this standard until ABGC has formally confirmed such equivalency.</p> <p>Last bullet was removed because it describes an accreditation action/consequence rather than a programmatic standard that can be measured or achieved, and therefore does not belong in the accreditation standards document.</p>
C2.4	No text	The program is required to review its curriculum annually, incorporating course evaluations and including a review of content for bias and diversity.	This language was slightly revised from 2023 Standards B1.5 and B1.6 and moved to Standard C2.4, as it was more appropriate in the “Evaluation” section of the Standards.
C2.4.1/ C2.4.1, C2.4.2	Course evaluations must be completed for each course taught within the genetic counseling program. The evaluations must be reviewed by both the program leadership and the primary instructional faculty/course directors involved. There must be appropriate documentation of assessment and plans for modification/improvement.	<p>C2.4.1 Course evaluations must be completed for each course taught within the genetic counseling program.</p> <p>C2.4.2 The evaluations must be reviewed by both the program leadership and the primary instructional faculty/course directors involved. There must be documentation of plans for modification/improvement (if warranted), and syllabi must be updated accordingly.</p>	Minor format change.

<p>C2.5.1</p>	<p>a. The program must document that each fieldwork site provides the student access to physical facilities, client populations, and supervision necessary to fulfill program expectations of the experience.</p> <p>b. Program leadership must regularly monitor each fieldwork site to ensure that each student has completed the expected learning outcomes.</p> <p>c. Students must be provided the opportunity to evaluate each fieldwork site.</p>	<p>a. The program must document that each practicum site provides the student access to physical facilities (if applicable), client populations, and supervision necessary to fulfill program expectations of the experience.</p> <p>b. Program leadership must regularly monitor each practicum site to ensure that each student has completed the expected learning outcomes.</p> <p>c. Students must be provided the opportunity to evaluate each practicum site.</p>	<p>This was a minor language change with the addition of “if applicable” to point a to accommodate the range of practicum settings (e.g. telehealth) being accessed by students.</p>
<p>C3.1</p>	<p>C3.1 Student Notification Each matriculating student must be provided in writing, at the beginning of their training, with the following: C3.1.1 The criteria for successful completion of the program and for graduation; C3.1.2 The evaluation methods that will be employed during training; C3.1.3 The program’s remediation policy; and C3.1.4 Policies regarding academic probation or dismissal</p>	<p>C3.1 Student Notification Each matriculating student must be provided in writing, at the beginning of their training, with the following:</p> <ul style="list-style-type: none"> a. The criteria for successful completion of the program and for graduation; b. The evaluation methods that will be employed during training; c. The program’s remediation policy; d. Policies regarding academic probation or dismissal; e. Technology requirements; f. On-campus/in-person attendance and general transportation expectations; g. Process for requesting accommodations. 	<p>Formatting change. Added components to acknowledge and incorporate equivalent expectations of distance learning programs. Admitted students should be made aware of attendance expectations for on-campus and off-campus activities. For off-campus activities, such as practicum placements, students should be given ample notice so they can make the necessary transportation arrangements.</p>
<p>C3.2.3</p>	<p>Each student must receive specific and timely feedback at regular intervals on the acquisition of PBCs from supervisors and/or instructors, as well as formal summative evaluations at the end of each program component. For fieldwork training, mid-rotation evaluations are required; for coursework and research, students must be made aware of their progress prior to completion.</p>	<p>Each student must receive specific and timely feedback at regular intervals on the acquisition of PBCs from supervisors and/or instructors, as well as formal summative evaluations at the end of each program component.</p> <ul style="list-style-type: none"> a. For practicum training lasting six weeks or more, mid-rotation evaluations are required; b. For coursework and research, students must be made aware of their progress prior to completion. 	<p>Formatting change</p>

C3.2.8	Documentation must be maintained for all students who withdraw or are dismissed from the program, including reasons, retention efforts, and/or dismissal procedures followed.	Documentation must be maintained for a minimum of 10 years for all students who withdraw or are dismissed from the program, including reasons, retention efforts, and/or dismissal procedures followed.	Institutions may have their own policies for record retention, and those policies in turn should take priority for all programs. However, this language is intended to clarify that ACGC does not expect programs to maintain records indefinitely for Standard compliance. A minimum period of 10 years was selected to ensure availability of records between site visits (new programs are initially accredited for 4 years, then typically a 6 year cycle at their first reaccreditation).
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