

ACCREDITATION MANUAL FOR MASTER'S DEGREE GENETIC COUNSELING PROGRAMS

Accreditation Council for Genetic Counseling
1660 International Drive, Suite 600
McLean, Virginia 22102

T: (703) 506-7667
E: info@gceducation.org
W: www.gceducation.org

Revised November 2026

Table of Contents

Accreditation Performed by the Accreditation Council for Genetic Counseling..... 3

Board of Directors..... 5

ACGC Committees..... 7

Accreditation Standards for Graduate Programs ("The Standards") 8

ACGC Peer Review Process.....11

Applying for Accreditation Status.....13

Accreditation Status and Decisions (Revised Standards, Section D).....18

Maintaining Accreditation.....22

Program Leadership Personnel Change Policy 23

Petition for Variance Policy.....24

Substantive Change Policy 26

Site Visit Format Policy.....29

Off-Campus Instructional Site Policy 30

Remediation Plan Evaluation Policy – 2023 Standards 32

Remediation Plan Evaluation Policy – 2026 Standards 33

Inactive Status Policy 34

Program Closure Policy 36

Policy and Resolution Process for Reports of Noncompliance 38

Decisions Subject to Reconsiderations 42

Choice of Forum.....44

Public Notifications.....45

Appendix A 46

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 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 supports 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
- Genetic Counseling Educator Members
- Certified Genetic Counselor Members
- Public Member
- At-large Member

An Academic Member is someone currently or recently engaged (less than 2 years) to a significant degree in teaching, research, or administration at an educational institution, including those not associated with a genetic counseling program. *Note: Someone affiliated with an accredited genetic counseling program may qualify for both this category and the Genetic Counseling Program Educator Member.*

A Genetic Counseling 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, the Past President, the Secretary/Treasurer, and the Executive Director (ex officio).

ACGC Committees

The ACGC Board of Directors and/or the President of ACGC has the authority to appoint committees to conduct the work of the organization as directed by the Board. These committees include:

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, and the ACGC Executive Director (ex officio).

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, is charged with creating an integrated communication strategy for ACGC, maintaining branding for the association including the website and publications; regularly updating 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 DEIJ language, and recommend revisions to policies to encourage embedding DEIJ focus across all ACGC activities and initiatives.

Executive Director and Office

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 employees of the Executive Office 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 qualify as a contact hour**: 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 a 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 A3.1 - 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 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, and 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 Accreditation with Contingencies or 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 reviews and site visits. Training for the differing review types PRC volunteers take part in 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 the 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 issues are addressed/resolved, the review team and/or Board 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 Self-Study submission 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, 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 criterion for an individual to have a Conflict of Interest is as follows:

- Have held a position, whether paid or voluntary, currently or within the past five years with the institution being evaluated. This includes positions as a consultant, advisor, or faculty member (including clinical or adjunct).
- Have relatives who are appointees, employees, or consultants of the sponsoring institution; or have served in one of these capacities during the current accreditation cycle.
- Are graduates of the sponsoring institution and/or are parent/guardians of a graduate of the institution in question.
- Are involved with, or have been significantly involved with, supervising clinical rotations or teaching students from the sponsoring institution in the current accreditation cycle.
- Have close personal or professional ties with members of the program leadership or core faculty at the institution.
- Live in the same state in which the program is located.

- Are program leaders or core faculty 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 process. Volunteers who are taking part in the accreditation process may discuss the information with other team members, current ACGC Board members, and the ACGC Executive Office.

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 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 interested parties, 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 opportunities for improvement, 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 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 Accreditation Management System (AMS) portal. Sponsoring institutions and the proposed Program Director must request permission from the ACGC Executive Office for their program to access the 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 30th of the current year.

Action Timeline

Once the Executive Office has provided access to a Candidacy Application, this will remain available for completion for eighteen months from the date of access. After that date has passed, the instrument will automatically close and any fees paid will be non-refundable. Incomplete instruments will not be reviewed.

Information entered up to the deadline will be saved and programs may request the initial instrument be reopened once the deadline has passed. This will incur an additional identical fee and an additional eighteen-month period will begin.

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 is reached. 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 15th and May 15th). 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 15th cycle will receive their first response from ACGC by April 1st. Applications reviewed in the May 15th cycle will receive their first response from ACGC by August 1st.

It is important to note that the first ACGC response is not equivalent to approval. Most developing programs go through multiple rounds 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 successfully 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 nine months before the Self-Study is due, with a third notice occurring six months out from the submission deadline informing the program that the forms are now available in the AMS. The Self-Study should be submitted on August 1st of the year prior to the expiration of the current accreditation cycle (e.g., due August 1, 2025, for a 2026 expiration date).

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

The Site Visit

Each site visit will be conducted in the same way that the majority of the didactic coursework is delivered. Reviewing programs in this manner allows the Program Review Team to experience the program as it operates and mitigates the need for special accommodations.

The Program Director will be notified by the Executive Office with the names of the proposed Program Review Team and a Team Lead will be identified. Programs will be given a single opportunity to decline any member of the Program Review Team if there is a proven or perceived Conflicts of Interest.

Each Program Review Team will also have a 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 evaluation 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 Program Review Team to improve clarity or provide additional information that may be needed for the Board.

Depending on the size of the program, a site visit typically spans 1.5-2 days and involves three site visitors. As part of the 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/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. Supplemental documents
b. Develop an agenda for the visit
c. Confirm operational or logistical details (e.g., ground transportation, access to buildings, etc.)

Prior to and 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

If necessary, team members may request 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.

When a site visit is conducted virtually, or with a virtual component, any documents that are needed for review by the site visitors will be requested prior to the visit. The documents must be provided at least two (2) weeks prior to the site visit to allow for adequate review. 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 will need to be made for a virtual tour of the facilities in these circumstances.

If possible, programs are encouraged to share any requested supplemental materials, that do not carry a high security risk, electronically in advance of the site visit.

Action Timeline

Within one (1) week of the visit, the Program Review Team leader will forward the completed Site Visit Report to the ACGC Executive Office. The Executive Office then sends the report to the Board Liaison for review, with an anticipated timeline of (1) one week. Once finalized, the report is then sent to the program director. The program director has (2) two weeks to respond with any clarifications to the report. After this response period, the Program Review Team will review the program's response to determine if the program has sufficiently addressed any issues/concerns. The Program Review Team leader will communicate their findings to the Executive Office and Board Liaison. Once the Program Review Team has completed their evaluation, the report will be presented to the ACGC Board for discussion. The Executive Office will work to ensure the team lead attends the Board meeting to present their findings. If this is not possible, the 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 the Accreditation Council for Genetic Counseling (ACGC). All decisions regarding accreditation are at the sole discretion of ACGC. The ACGC aims to make accreditation decisions in a consistent manner that aligns with the intent of the existing rules, and reserves the right to make exceptions and/or modify conditions of accreditation as needed to address specific circumstances or situations.

Standard D1 - Accreditation Status

Standard D1.1 - Candidacy

Candidacy applies to a developing program that has submitted an Application for Candidacy which has been determined by the Board to meet all the requirements for Candidacy. This status indicates that the program's administrative structure, proposed educational plan, and evaluative components meet ACGC Standards for providing a master's degree in genetic counseling. Programs approved for ACGC Candidacy 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 undergone a successful review.

Accredited, New Program is a public status.

Standard D1.3 - Accreditation with Contingencies

Accreditation 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.

Contingencies may include, but are not limited to:

- A 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.

Accreditation 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 a Self-Study, undergone a site visit,

and demonstrated through this process that it meets or exceeds all of the ACGC Standards.

Full Accreditation is a public status.

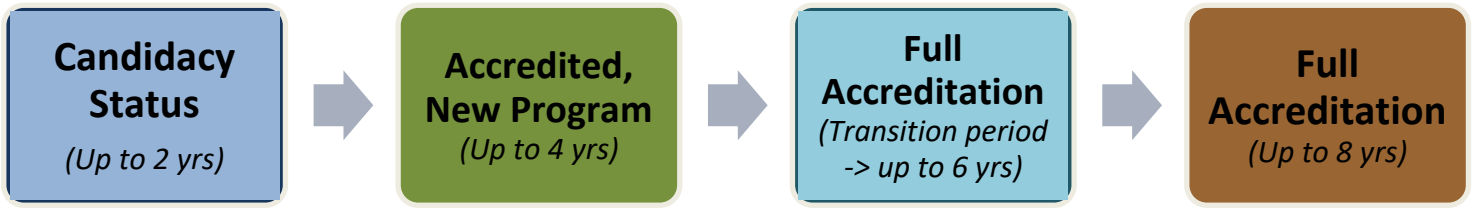
Standard D1.5 - Probationary Accreditation

Probationary Accreditation status applies to a program that the ACGC Board has determined is out of compliance Standards, causing serious, pervasive compliance issues that interfere with the educational effectiveness of the program. Probationary Accreditation may be held for no longer than twelve months, although the timeframe could be extended for reasonable cause.

Probationary Accreditation is a public accreditation status; accordingly it is posted on the ACGC website and requires notification by the program to students and prospective students.

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



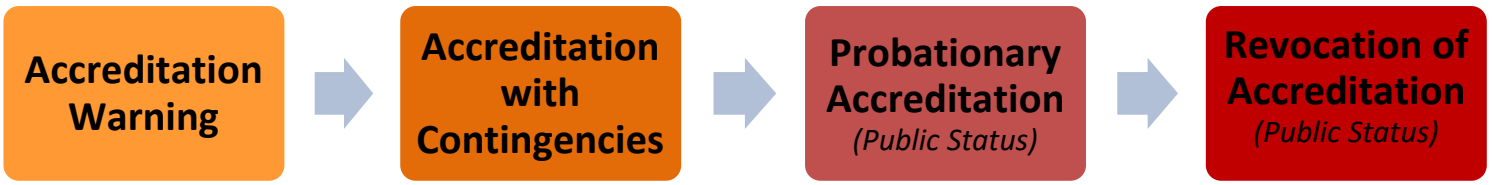
1. *Granting of Candidacy or Accreditation Status*
   - Program review demonstrates that all applicable Standards have been met.
   - Candidacy status can be held for up to two (2) years.
   - Accredited, New Program status is held for up to four (4) years at which time the program is reviewed for Accredited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

2. *Deferral*

   At times, ACGC may defer an accreditation/reaccreditation decision and request additional information from the program. During this period, the program maintains its existing status until a decision on the accreditation/reaccreditation 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.



**The image above displays the progression of each disciplinary accreditation level. However, the assignment of the status will be at the discretion of the ACGC Board of Directors. This image is not intended to imply that every decision is made in steps.*

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 these areas of non-compliance can be remedied within a short period of time, the Board may issue a warning.
   - 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 change accreditation status. ACGC does not consider a warning to be a public status, and the program is not required to make this public.
   - Any contingency described in Standard D1.3 may be imposed together with an Accreditation Warning.

5. *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.

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

7. *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.

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 (1) year has elapsed from the date of notice of the revocation.

9. *Inactive Status*

   Inactive Status is an approved accreditation designation for programs that are not currently enrolling new students and temporarily do not plan to enroll students for a minimum of two (2) consecutive years. A program may apply for and hold Inactive Status while still completing the educational requirements for currently enrolled students. Students graduating from a program that holds Inactive Status at the time of their graduation are still considered graduates of an accredited program.

10. *Monitoring Status*

    A program placed in Monitoring Status is in connection to Standard C2.1.1. Monitoring Status is an intermediary step when there is not enough information available through data to make a decision on compliance with a Standard. Per the Standard, once the data for twenty-five test takers is available, a compliance determination will be made which may result in a change in accreditation status.

11. *Voluntary Withdrawal of Accreditation*

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

12. *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 Program Leadership Changes and 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 or Self-Study submission. These changes must be submitted through the respective forms and processes detailed in this Manual.

Report of Current Status

The Report of Current (RCS) announcement is sent to program leadership early in each new year and completed reports are due by 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 to provide access for additional leadership who may assist in completing the RCS submission.

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

Program Leadership Personnel Change Policy

(This policy will go into effect August 1, 2027)

Personnel Changes

The program has a responsibility to promptly communicate to the ACGC all personnel changes involving program leadership positions using a Program Leadership Change form submitted through Armature. The program can request that the form be opened in Armature by contacting the Executive Office. Except in cases of an emergency change in personnel, the ACGC must be notified in writing at least thirty (30) days prior to commencement of any program leadership change (additions and departures).

For changes to program leadership, programs will submit written notification of the personnel change and a plan for addressing it. The submission must include the following items:

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;
f. Program components impacted by the change, if any.

Leave of Absence

Per Standard A2.3.4 (formerly Standard A2.4.4 in the 2023 Standards of Accreditation), programs are required to have a leave of absence plan in place at all times. Programs are not obligated to notify ACGC of a leave of absence provided the program can ensure continued, uninterrupted operations and compliance with the Standards unless the leave exceeds ninety (90) or more consecutive days. If a program's most recently approved leave of absence plan must be modified to cover the leave of absence, the program must notify ACGC and provide an updated leave of absence plan.

Leave of absence notifications in the form of a cover letter on program letterhead must include:

a. The expected length of time the program leadership personnel will be absent;
b. The anticipated date of return; and
c. Proposed leave of absence plan.

These notifications should be sent directly to the ACGC Executive Office.

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 Report of Current Status.

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.

Once the Executive Office has provided access to a Substantive Change of any type, this will remain available for completion for six months from the date of access. After that date has passed, the instrument will automatically close and any fees paid will be non-refundable. Incomplete instruments will not be reviewed.

Information entered up to the deadline will be saved and programs may request the initial instrument be reopened once the deadline has passed. This will incur an additional identical fee, and an additional six-month period will begin.

Substantive Changes

The substantive change should be submitted with 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 submissions. Upon review of the submission,

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.

Eligibility

If a program has an accreditation status other than Accredited New Program (D1.2) or Full Accreditation (D1.4), the following Substantive Change applications will not be accepted, reviewed, or approved until the accreditation status of Accredited New Program or Full Accreditation is restored.

- Increase in Program Enrollment
- Establishing an Off-Campus Instructional Site or Branch Campus

If a program has a Substantive Change of either of these types under review at the time of the accreditation status change, a final Board decision will be paused until the accreditation status of Accredited New Program or Full Accreditation is restored.

A program may choose to pause in their completion of an open Substantive Change until the status of Accredited New Program or Full Accreditation has been restored. If the original six-month deadline expires during this voluntary pause, the submission will be reopened when the program regains eligible accreditation status. The program will then have six months from the reopening date to complete the submission.

Programs with an accreditation status of Accreditation Warning, Accreditation with Contingencies (D1.3), Probationary Accreditation (D1.5), or Monitoring Status may still submit the following Substantive Changes for review and approval:

- Closing an Off-Campus Instructional Site or Branch Campus
- Change in Delivery Method of Didactic Coursework
- Change in Established Sponsoring Institution

Programs that have applied and been approved for Inactive Status may only request to submit the following Substantive Change:

- Change in Established Sponsoring Institution

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 Program 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 involved parties 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

Remediation Plan Evaluation Policy – 2023 Standards

This policy will be in effect until August 1, 2027

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 (PRC) 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.

Remediation Plan Evaluation Policy – 2026 Standards

This policy go into effect August 1, 2027

Overview

Per Standard C2.1, "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." 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 (PRC) 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 due to a failure of compliance with this Standard over a number of years.

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.

Inactive Status Policy

Overview

The purpose of this policy is to outline the procedures and guidelines for placing a program on inactive status, ensuring that the program remains compliant with accreditation requirements while not enrolling new students for a minimum of two (2) consecutive years. This status intends that the program will return to active status, the application and process for which is also detailed within this policy.

Policy

Inactive status is an approved accreditation designation for programs that are not currently enrolling new students and temporarily do not plan to enroll students for a minimum of two (2) consecutive years. A program may apply for and hold inactive status while still completing the educational requirements for currently enrolled students. Students graduating from a program that holds inactive status at the time of their graduation are still considered graduates of an accredited program.

Duration of Inactive Status

A program may remain on inactive status for a maximum of three (3) years or until the current accreditation cycle expires, whichever comes first. During this period, programs must continue to submit their Report of Current Status while students finish their time at the program. Once all students have graduated, programs will submit Inactive Status Progress Reports in place of the RCS, using the template provided by ACGC. Regardless of status, all programs will still be required to pay the annual accreditation fee. Reactivation of a program does not alter or supersede the expiration date of the current accreditation cycle.

Requesting Inactive Status

A program may request inactive status once a decision has been made not to accept a new cohort for a minimum of two (2) academic years. The request can only be made once during the program's existing accreditation cycle and cannot be extended beyond the accreditation cycle expiration date. To formally submit a Request for Inactive Status, please utilize the appropriate forms in Armature. The request should include the rationale for inactive status, information on how the institution plans to continue to support the program while on inactive status, and anticipated plans for the program at the end of the inactive period. As soon as a program has elected to submit a Request for Inactive Status, it must be stated on the Admissions page of the program's website that no applications or interviews will be held for the upcoming admissions cycle(s). This information must remain on the website for the duration of the Inactive Status.

Returning to Active Status

A program may request reactivation at any time during the approved inactive period by requesting access to the Application to Return to Active Status from the ACGC Executive Office. If the program has undergone significant changes, this may require submission of a New Program Application, which is at the discretion of ACGC. In the event that the program is unable to return to active status by the end of the approved time period, the ACGC Program Closure Policy, found in the Accreditation Manual, will be expected to be followed to the extent applicable, or detailed communication for the program status and plans. If the program does not communicate the plans for the program within one month of the expiration of the approved time period, the accreditation status will be considered lapsed.

An Application for Return to Active Status must be submitted a minimum of nine (9) months prior to the planned participation in the Genetic Counseling Admissions Match (GCAM) process for the upcoming year. A program may open admissions while the request for reactivation is under review by ACGC, however, the pending decision must be disclosed on the Admissions page of the program for full transparency to prospective students. The program will be subject to GCEA rules regarding participation in the GCAM, and this will depend on ACGC approval to return to active status.

Regardless of the timing of the reactivation, the re-accreditation process (submission of self-study followed by a site visit) will take place as scheduled.

Fees

To submit a Request for Inactive Status, there is a fee of $1,250, which includes the review of the application and determination of the request.

To submit an Application to Return to Active Status, there is a fee of $1,250, which includes the review of the application and submitted documentation and determination.

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 thirty (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 the AMS.

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 describing current resources and updates 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.

Policy and Resolution Process for Reports of Noncompliance

Complaint Defined

A complaint is a written statement involving allegations of non-compliance with the Standards and policies and procedures of the Accreditation Council for Genetic Counseling (ACGC). The complaint may be filed by any person, including a student, a member of the general public, faculty, a government official, or representative of an organization, who has personal knowledge of possible noncompliance within an ACGC-accredited genetic counseling program.

Scope

ACGC will consider and investigate only those complaints containing allegations which, if substantiated, may indicate noncompliance with the current Standards of Accreditation and/or established policies noted within the Accreditation Manual. If an investigation identifies noncompliance, ACGC can issue a revised accreditation decision.

Limitations

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. Such matters should be addressed through the program's published grievance policy/procedures, and can include student admissions, student grades, faculty appointment or promotion, or dismissal of faculty or students. ACGC cannot 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 report that is defamatory, hostile, or profane. In addition, ACGC cannot involve itself in collective bargaining disputes.

A complaint against an ACGC accredited program may be submitted to ACGC at any time using the Non-Compliance Form, however the facts and circumstances prompting the complaint must have occurred within one year of submitting the Report of Non-Compliance to ACGC. Complaints should assert facts in sufficient detail to support the allegations and permit a fair investigation by ACGC and response to the complaint by the program. Relevant Standards of Accreditation and/or established policies should be referenced in the complaint. If ACGC cannot fully ascertain the facts related to a complaint, ACGC may not be able to further investigate the noncompliance report.

Anonymous Reports and Requests for Confidentiality

While anonymous complaints are accepted, ACGC may not be able to take action based on such complaints if additional information is needed in the course of the investigation and the original complainant cannot be contacted.

Although the complainant may request confidentiality, the ACGC cannot guarantee the confidentiality of the complainant's identity. ACGC may not be able to fully investigate a complaint if the identity of the complainant is necessary to the investigation and/or for the program to adequately respond to the complaint allegations. ACGC has discretion in determining whether to process complaints submitted anonymously.

Any information about a program or school may be released to the Program Director, Dean, Department Head, or Administrative Supervisor (hereafter, referred to as a "Program Official"), and

Executive Office of the ACGC, their respective attorneys, and other persons authorized by the Program Official, required by law, or necessary, in the discretion of the ACGC, to fully investigate the Report. The facts and circumstances prompting the complaint must have occurred within one year of submitting the Report of Noncompliance to ACGC.

Filing a Report of Noncompliance

1. All efforts should be made by the complainant to resolve a noncompliance concern through the program's published grievance policy/procedures prior to submission.
2. If the concern is not resolved through these stated policies, complainants may submit a report using the ACGC Noncompliance Form.
3. ACGC will not accept complaints filed on behalf of someone other than the complainant. Complainants should follow the instructions and answer all questions on the Form as completely as possible.

Questions about how to file a Report of Noncompliance may be referred to the ACGC Executive Office at info@gceducation.org. ACGC will only consider concerns submitted using the ACGC Report of Noncompliance Form which may be submitted through the complaint portal.

Noncompliance Report Processing

Within fourteen (14) calendar days after receipt of the Report, a representative of the ACGC Executive Office will contact the complainant by email to acknowledge receipt of the Non-Compliance Form and explain the general process ACGC will follow in investigating the complaint.

If a complaint indicates noncompliance with the Standards of Accreditation and/or established policies, the ACGC Executive Office may request that additional information be provided by the complainant within thirty (30) calendar days from the date of the Report. Such information might include additional details, evidence that corroborates the report, and/or other documentation not previously provided to ACGC by the complainant.

The ACGC Executive Committee will determine whether a Report raises concerns relating to compliance with the Standards of Accreditation and/or established policies. If the ACGC Executive Committee determines that the report does not relate to the Standards or established policies, a representative of ACGC will notify the complainant within thirty (30) calendar days of all information being received that the Report is outside the scope of the Standards and will close the complaint.

If the ACGC Executive Committee determines that the Report raises concerns relating to compliance with the Standards of Accreditation and/or standing policies, the ACGC will investigate the allegations in accordance with the procedure set forth below. The complainant will be informed that a Noncompliance investigation has been initiated.

If the ACGC Executive Committee determines that the non-compliance concern raised by the Report has been resolved through actions taken by the program and is supported by documentation reviewed by the ACGC Executive Committee, a representative of ACGC will notify the complainant within thirty (30) calendar days of that review that the concerns have been resolved and the complaint is closed.

Investigating a Report of Noncompliance

The ACGC will notify the Program Director of the Report of Noncompliance by email when the decision is made that the Report is within the scope of this policy. At that time, the Program Director will be provided with a summary of the allegations and will be required to respond by providing answers to specific questions and relevant documentation, or materials. The deadline for response will not exceed thirty (30) calendar days.

If after receiving the program's response, the Executive Committee determines there is insufficient evidence of noncompliance with the Standards of Accreditation and/or an established policy, then ACGC will close the complaint and notify the Program Director and the complainant of the resolution within 30 calendar days. If the Executive Committee determines that there is sufficient evidence of noncompliance with a Standard or established policy, it will form a Noncompliance Committee within thirty (30) calendar days to review the Report.

Noncompliance Committee Review

The Noncompliance Committee is appointed by the President of the ACGC Board. All members of the Noncompliance Committee are subject to the ACGC Conflict of Interest and Confidentiality Policies.

After reviewing the Report of Noncompliance, and the program's response, as well as any additional information provided by either party at the request of the ACGC, the Noncompliance Committee may 1) request additional information or a progress report, 2) schedule a limited evaluation or site visit, and/or 3) take any other appropriate action to further investigate the matter.

If, after further investigation, the Noncompliance Committee determines that sufficient evidence exists of the program's noncompliance with the Standards of Accreditation or an established policy, the Noncompliance Committee shall recommend to the Board that the program be directed to take corrective action or that the Board initiate an accreditation status change, in accordance with the Accreditation Manual.

The Chair of the Noncompliance Committee shall notify the President of the Board in writing of the Committee's recommendation, justification for this recommendation within sixty (60) calendar days of the start of the committee's investigation of the Report. If the investigation has not been completed within sixty (60) days after receipt of the complaint, ACGC may require interim reports.

Board of Directors Meeting with the Program and Review

The Board shall review the Noncompliance Committee findings on this matter and the recommendation.

If the President of the Board determines that a meeting with the program's leadership regarding the recommendation may be useful, such a meeting shall be scheduled for a time during the next regularly scheduled Board meeting. The ACGC shall notify the primary program contact on file in writing of the date and time of the meeting no less than thirty (30) calendar days prior to the scheduled date.

Action

Based upon its review of the Noncompliance Committee findings and the recommendation, and the

outcome of any meetings held on the matter, the Board shall determine whether to approve, reverse, or modify the Noncompliance Committee's recommendation.

The ACGC shall notify the Program Director in writing of the Board's decision, including the reasons for this decision, within thirty (30) calendar days. This decision by the Board shall constitute the final decision of the ACGC on the matter.

ACGC maintains a file of all reports received. Any report against an accredited program that has been determined to be out of compliance and has therefore impacted the program's accreditation status since the last reaccreditation, will be made available for review by the Program Review Team scheduled to perform a Site Visit for reaccreditation.

Expenses

If the complaint reported in the Noncompliance Report is found to have merit, any and all expenses incurred by ACGC in investigating and resolving the complaint will be reimbursed by the program.

Decisions Subject to Reconsiderations

ACGC Decisions Subject to Reconsideration

Denial of Accreditation and Revocation of Accreditation are adverse actions. Adverse actions are subject to reconsideration. In the case of an action, the 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 until final.

An Accreditation Warning, Accreditation with Contingencies, extension of Probationary Accreditation, or deferral of an accreditation decision are not adverse actions and accordingly are not subject to reconsideration.

Request for Reconsideration

ACGC will deliver notification of an adverse action within 14 calendar days. The notice will be delivered by email to the Program Director with delivery receipt requested. The notice shall state the reason(s) for the action and inform the Program Director of the right to seek reconsideration. A written Request for Reconsideration must be submitted to ACGC within 30 calendar days of receipt of the notice of adverse action. If the Request for Reconsideration is not submitted by the deadline, the adverse action will become final.

A Request for Reconsideration must contain a statement of why the Program Director believes that the ACGC's decision was in error, either because it was not based on the evidence before ACGC at the time the adverse action was taken, that the action was materially impacted by ACGC's failure to follow published policies and procedures, and/or that the program has taken corrective action to remedy the deficiencies and come into compliance with the Standards. The burden to demonstrate that the ACGC's adverse action was in error or that the program is now in compliance with the relevant Standards rests with the program. Accordingly, the program must include all relevant documentation to support the basis for the reconsideration at the time of the request.

The program may request an oral testimony during a meeting with the Board. The request must be made at the time the program files the Request for Reconsideration. ACGC may, in its sole discretion, grant or deny the request for oral testimony.

Reconsideration Process

A Request for Reconsideration must be accompanied by the Reconsideration fee. The fee is non-refundable and payable by non-refundable check or credit card payment in the amount of $1,000. ACGC will not proceed with the Reconsideration process if the fee is not timely paid and the adverse accreditation decision will become final.

Within 14 calendar days of receiving the Request for Reconsideration and fee, the complete file of all documents concerning the program that were used to reach the initial decision per the recommendation of the Program Review Team and final review of the Board will be provided again to the Board for review. If ACGC has approved a request for oral testimony, the program will be notified of the date and time of the meeting. Otherwise, the Board will render a decision within 30 calendar days of receipt of the Request for Reconsideration.

Procedures for Hearing Oral Testimony

If the Board approves a request for oral testimony, it will be provided in a web-based format. The meeting will be scheduled within 45 calendar days of the Board's receipt of the Request for Reconsideration. The Board reserves the right to extend this timeline when necessary to accommodate the schedules of Board members and program representatives. The program must provide ACGC with a list of representatives of the program within 10 calendar days prior to the meeting. The meeting will begin with an opening statement by the President who will describe the proceeding. The program will have 20 minutes to present its testimony and may reserve up to 10 minutes for a closing statement. The remainder of the time will be reserved for questions to the program from the Board and a brief closing statement by the President.

The meeting is exclusively for the purpose of hearing oral testimony from the program that is relevant to the Board's adverse accreditation action. It is not considered an adversarial proceeding and accordingly there will not be witnesses or cross examination.

A record of the oral testimony will be maintained in the archives of the Board. A copy of the transcript will be made available to the program upon request. The record of proceedings and transcript are confidential, and proprietary to ACGC. As such they shall not be disclosed to any third party except as required in connection with any legal proceedings initiated by the sponsoring institution.

Board Review and Decision

The Board will review the complete Review Record and, as applicable, oral testimony and will:

1. **Affirm** its original adverse action if it finds that it was based on substantial evidence in the Review Record at the time of the Board's decision or that it was not otherwise erroneous; or
2. **Reverse** its original adverse action if it finds either that it was erroneous because it was not based on substantial evidence in the Review Record at the time the action was taken, or that ACGC's failure to follow its published procedures had a material impact on the Board's action, or the program provided sufficient documentation to demonstrate that it has corrected the deficiency and is in compliance with the Standards upon which the adverse action was based.

If the Board reverses the original adverse action, it will determine the program's accreditation status, the next scheduled accreditation review and whether further reporting by the program is required.

The Board's action on reconsideration is final and not subject to further review.

Notification of Decision

The program will be provided with a written summary of the Board's findings and a justification for its decision within 60 calendar days of receipt of the Request for Reconsideration.

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 AGCG 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

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)***

- **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)***

- **$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)***

- **$2,500**

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

- **$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)***

- **$250**

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**

Variances related to State/Federal Regulations pertaining to DEIJ do not have fees.

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)***

- **2026 - $4,500**
- **2027 - $6,000**

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*)**

- **$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)***

- **2026 - $7,500**
- **2027 - $10,000**

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)***

- **Less than 3 months prior to application deadline - $1,250**
- **3-6 months prior to application deadline - $750**
- **More than 7 months prior to application deadline - $500**

Request for Inactive Status/Return to Active Status Fee to request review and approval of the application for a program to go on Inactive Status and then an additional, equivalent fee, is applied for the review and approval of the Application to Return to Active Status.

- **Request for Inactive Status - $1,250**
- **Application to Return to Active Status - $1,250**

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