



Accreditation Manual
For
Master's Degree Genetic Counseling Programs

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I. Accreditation Performed by the Accreditation Council for Genetic Counseling

“Accreditation is a process of external peer review in which a private, nongovernmental agency or association grants public recognition to an institution or specialized program of study that meets certain established qualifications and educational standards, as determined through initial and subsequent periodic evaluations.” (Committee on Allied Health Education and Accreditation, 1991)

A. Overview

Accreditation performed by the Accreditation Council for Genetic Counseling (ACGC) is a voluntary peer-review process intended to assure quality *and* promote continual improvement in genetic counseling education. The ACGC was established in 2012 for the purpose of accrediting degree-granting graduate level programs in genetic counseling. Currently, the ACGC accredits master’s degree programs in genetic counseling in the United States and Canada. To be accredited, genetic counseling training programs are required to be in compliance with ACGC Standards (full Standards available on the website here:

<http://gceducation.org/Documents/Standards%20Final%20approved%20Feb%202013.pdf>.)

ACGC is a member of the Association of Specialized and Professional Accreditors (ASPA) and adheres to ASPA’s [Member Code of Good Practice](http://www.aspa-usa.org/) described on ASPA’s website: <http://www.aspa-usa.org/>.

B. 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. Interaction between the ACGC, program directors, practicing genetic counselors, other genetic counseling professional organizations, and professional accrediting organizations informs the development of standards for accreditation and contributes to the vitality of the 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 among these stakeholders and the 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 well-prepared as entry-level professionals.

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 provide quality service.

C. Eligibility for Accreditation by the ACGC

Scope of Accreditation and Institutional Requirements

The ACGC accredits graduate-level degree programs in genetic counseling. Currently, the ACGC accredits programs in the United States and Canada that grant master's degrees in genetic counseling.

To be considered for accreditation by the ACGC, the department, university or school hosting a genetic counseling program must, at a minimum:

-) be a graduate degree-granting institution in the United States or Canada.
 - o A United States institution must be accredited by a regional accrediting organization recognized by the United States Secretary of Education.
 - o A Canadian institution must have appropriate degree-granting authority provided by the laws of the relevant province.
-) be legally authorized by the appropriate authorizing agency in the state or province in which the program is based to confer a master's degree in the specialty of genetic counseling.

D. Mission and Values of the Accreditation Council for Genetic Counseling

The Mission of the Accreditation Council for Genetic Counseling is to promote quality in genetic counseling education by establishing, maintaining, and applying standards for accreditation that reflect current knowledge and practice, and by encouraging innovation and excellence in training.

ACGC's Organizational Core Values:

-) *Integrity:* We value honesty and good character in all aspects of our work.
-) *Quality:* We incorporate best practices in accreditation for education in a dynamic and rapidly changing field.
-) *Fairness:* We are committed to making 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, volunteer, and financial resources to assure sustainability and to maximize value to the programs we accredit.

E. Board of Directors

Authority of the Board of Directors

The ACGC is incorporated as an independent 501(c)(3) organization in the state of Kansas. As an independent agency, the Board of Directors is solely responsible for adopting standards and criteria by which genetic counseling programs are evaluated, for establishing accreditation policies and procedures, for making accreditation decisions, and for overseeing the affairs of the organization.

Officers of the Board of Directors

The officers of the ACGC Board of Directors are the President, Immediate Past President, Secretary/Treasurer, and Program Review Chairperson.

ACGC Committees

The ACGC Board of Directors and/or the President of ACGC create committees to fulfill necessary functions of the Board. Standing committees include the:

-) *Executive Committee*, which consists of the officers of the Board.
-) *Nominating Committee*, responsible for the process of electing Directors to the Board.
-) *Program Review Committee (PRC)*, which reviews applications for Accreditation and Re-accreditation, recruits and trains site visitors, organizes and receives reports from site visits, evaluates reports of current status and program responses, and makes recommendations to the Board regarding accreditation decisions.
-) *Standards Committee*, which develops, regularly reviews, and proposes revisions to the Standards.
-) *Grievance Committee*, which considers complaints about accredited programs and ACGC's standards, policies or procedures.
-) *Finance Committee*, which develops and monitors fiscal policies for the organization and oversees its financial affairs.

Executive Director and Staff

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

Financial Policies

Financial policies, including the fee structure for accreditation, are set by the Board of Directors.

Board Composition

The governing body of ACGC is the Board of Directors ("The Board"). The Board includes members who represent academic programs, administrators/educators, professional practitioners, and the public. The Executive Director, who serves as Chief Operating Officer of the 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.

The Board consists of the following:

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

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

An *Educator* member is someone directly and significantly involved with an accredited graduate program in genetic counseling (e.g., professor, instructor, academic dean, clinical supervisor, program leader).

A *Certified Genetic Counselor* member is someone who is certified by the American Board of Genetic Counseling and whose primary job focuses on genetic counseling.

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

A *Public* member is not professionally associated with the genetic counseling profession. As defined by the U.S. Department of Education, 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 the ACGC; (b) a member of any trade association or membership organization related to, affiliated with, or associated with the ACGC; or (c) a spouse, parent, child, or sibling of an individual identified in (a) or (b).

For a list of current Board members, please see the [website](#).

Public Participation

The ACGC provides all accredited programs, state licensing agencies, other state regulatory agencies, accrediting agencies, and other interested parties, an opportunity to comment on proposed new standards or revisions to existing standards to which the ACGC-accredited programs are subject.

II. Standards for Graduate Programs in Genetic Counseling Seeking Accreditation by the ACGC (“The Standards”)

These Standards are used by the ACGC to evaluate and accredit master’s degree-granting programs that prepare individuals to enter the genetic counseling profession. (The Standards can be downloaded from the ACGC website: <http://www.gceducation.org/>). 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 also to provide guidance for the development of new graduate programs. Graduation from an accredited program is a requirement for eligibility to sit for the American Board of Genetic Counseling (ABGC) Certified Genetic Counselor examination or the examination administered by the Canadian Association of Genetic Counselors.

The ABGC established the original requirements for accreditation of graduate programs in genetic counseling in 1996. When the ACGC separated from the ABGC in 2012, accreditation requirements were revised and updated. The ACGC Board of Directors approved the revised requirements (“The Standards”) on February 13, 2013, and all accredited genetic counseling training programs were required to be in compliance with these Standards beginning June 1, 2014.

While these Standards are the basis for accreditation decisions, the ACGC recognizes that genetic counseling training programs have unique institutional, regional and situational challenges and opportunities. Thus, the ACGC evaluation process takes into account a program’s expressed mission and any applicable institutional policies and procedures, particularly those that may be in conflict with an ACGC standard.

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 by use of the terms “required,” or “must,” and, when specific documentation is required, this is noted. Where the term “should” is used, the standard must still be met, but programs have greater discretion in how compliance with the standard is achieved. In some cases, descriptors such as “adequate” or “sufficient” or “such as” are utilized to allow 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.

III. Accreditation Designations, Decisions, Requirements, and Actions

The following sections describe accreditation designations and decisions that may be made by the ACGC. All decisions regarding accreditation are at the sole discretion of the ACGC, which reserves the right to interpret and/or modify conditions and terms of accreditation as needed to address specific circumstances.

A. Accredited New Program

A developing program that has completed the **Accreditation Application for New Programs** and undergone a successful review of this application is designated an "Accredited New Program". This indicates that its administrative structure, proposed educational plan and evaluative components meet ACGC Standards for providing a master's degree in genetic counseling. The application for New Program Accreditation does not involve a site visit. (The application process for achieving Full Accreditation is described in *Section V*.)

-) For its students to be eligible for ABGC certification upon graduating, a program must be accredited at the time its first students are admitted. ACGC strongly encourages a program to have applied for (and preferably, to have achieved) Accredited New Program status prior to *recruiting* its first class. However, it must be an Accredited New Program before admitting students in order for those students to be eligible for the American Board of Genetic Counseling (ABGC) certification examination.
-) Once students are in training, the program is responsible for maintaining its accreditation as described in Section VII.
-) Within a year of graduating its second class, an Accredited New Program must apply for Full Accreditation by submitting a self-study application and undergoing a site visit (*Section V*).
-) The period of accreditation for a program successfully transitioning from Accredited New Program to Full Accreditation will be *six years or less*.

If, after six years, the program has not achieved Full Accreditation or Accreditation with Contingencies (defined in section C below), it will lose its accreditation. Such a program may apply again for Accredited New Program accreditation, but no sooner than one year after its loss of accreditation. In evaluating any new application, the ACGC will take into account the issues and concerns that led to the original loss or non-granting of accreditation.

B. Full Accreditation

To achieve Full Accreditation, a program must conduct and document a self-study, undergo a site visit, and demonstrate through this process that it meets or exceeds ACGC Standards. The process for applying for Full Accreditation or Re-Accreditation is described in Section V.

-) At any time before a final decision is made, a program may withdraw its application for Full Accreditation or Re-Accreditation by notifying the Executive Director (in writing) of its intention. The ACGC Board of Directors will report in conjunction with other accreditation decisions that the program has voluntarily withdrawn its accreditation application.
-) At times, the ACGC may require additional information and time to make an appropriate decision. In this case it will set a specific time limit for delaying the decision. During this

period, the program will maintain its existing classification (e.g., “re-applicant”) and status (e.g., Accredited) until a decision is made.

- J A program that enters a *re-accreditation* review cycle with either Full Accreditation or Accreditation with Contingencies (defined below) may be awarded Full Accreditation for a period of *up to eight years* if it meets or exceeds ACGC Standards.

C. Accreditation with Contingencies

If a program does not fully comply with one or more ACGC Standards or has deficiencies that, in the judgment of the ACGC, have the potential to negatively affect student progress or success, it may receive Accreditation with Contingencies.

- J These contingencies may include, but are not limited to:
 - o a shortened accreditation period.
 - o a requirement to adjust class size and/or numbers of faculty, staff, or supervisors.
 - o requirements for additional reporting to document progress in achieving compliance.

Failure to comply with contingency requirements may result in Probationary Accreditation.

D. Accreditation Warning

If the ACGC judges, during a program’s assigned period of accreditation, that the program is out of compliance with the Standards and/or has short-term, fixable problems that are interfering with optimal student education, it may issue an Accreditation Warning.

- J The ACGC Executive Director will provide a written warning to the program describing the specific areas of concern, and specifying the length of time the program has to remedy the problem(s).
- J By the end of the allotted time, the program must provide written evidence of satisfactory resolution of the deficiency(ies).
- J If the program fails to respond to the warning satisfactorily by the deadline, the ACGC can decide (based on the number and type of deficiencies) either to place the program on probation, or revoke its accreditation.
- J The program is not required to make an Accreditation Warning public and ACGC does not make it public either.

E. Probationary Accreditation

A program that has serious, pervasive problems that interfere with student training may be given Probationary Accreditation. Probationary Accreditation indicates that the educational effectiveness of the program is in jeopardy.

- J Although the program retains accreditation, it must provide a plan for correcting the deficiencies within a specified period of time as determined by the Board. Regular progress reports must be submitted to the ACGC at designated intervals, and a site visit may be required.
- J The program must make public (on its website and in other published materials) its Probationary Accreditation and provide the ACGC with a copy of the notice given to current and prospective students regarding its status. ACGC will also note the probationary status on its website.
- J Additionally, the program must immediately notify its Advisory Board and hold a meeting within two months of the notice date. A documented plan for remediation that addresses all

of the deficiencies must be developed and approved by the Advisory Board. This plan must be submitted to ACGC within one month of the Advisory Board meeting.

F. Denial of Accreditation

If a program has applied for Accredited New Program accreditation, Full Accreditation, or Re-Accreditation, and does not meet one or more Standards and has significant deficiencies or pervasive problems that limit its ability to adequately prepare students to enter the genetic counseling profession, it will be denied accreditation.

-) Denial of accreditation is subject to reconsideration and appeal (*Section IX*).
-) A program that held full accreditation, has been denied accreditation, and exhausted appeal rights may apply for Accredited New Program accreditation no less than one year after being notified of the ACGC's final decision. However, in reviewing its application, the ACGC will consider issues and concerns that led to the original denial decision.
-) A program that held Accredited New Program accreditation has been denied accreditation, and exhausted appeal rights may apply again for Accredited New Program accreditation no less than one year after being notified of the ACGC's final decision. However, in reviewing its application, the ACGC will consider issues and concerns that led to the original denial decision.
-) A program with no accreditation status that is denied Accredited New Program accreditation and exhausted appeal rights may apply again for Accredited New Program accreditation no less than six months after being notified of the ACGC's final decision.

G. Revocation of Accreditation

The ACGC may revoke accreditation if, in its opinion, an accredited program is out of compliance and has such serious challenges that it cannot provide satisfactory educational and/or clinical training and is unlikely to be able to remediate the problems in a timely fashion.

-) Revocation of accreditation is subject to reconsideration and appeal (*Section IX*).
-) As with a program whose accreditation is denied, one whose accreditation is revoked may apply for Accredited New Program accreditation after at least one year has elapsed. The same caveats apply.

IV. Applying for Accreditation as a New Program

A. Letter of Intent

Applying for New Program Accreditation is a process initiated by the sponsoring institution. The application enables the ACGC to conduct a comprehensive assessment of the developing program's proposed structure and educational plan to see if these should enable it to comply with the Standards. Prospective programs and institutions must submit a Letter of Intent and receive ACGC approval at least 30 days in advance of submitting an Accreditation Application for New Programs. Additionally, an Accreditation Application for New Programs must be received by ACGC no more than 180 days after approval of the Letter of Intent. A \$500 non-refundable fee must accompany the Letter of Intent. If the program receives New Program Accreditation, this \$500 will be applied to the fee due upon receipt of accreditation. If the program fails to submit an Accreditation Application for New Programs within 180 days of approval of their Letter of Intent, they forfeit the \$500 fee.

The Letter of Intent should outline how the proposed program will meet the following components of eligibility. To be considered for ACGC New Program Accreditation, the developing program must...

1. Have appointed a qualified Program Director with qualifications as specified in the Standards of Accreditation who will be responsible for administering the degree program.
2. Provide a letter from the Program Director indicating willingness to assume the directorship and documenting that he or she meets requirements for the position.
3. Provide a letter from the dean or appropriate chief operating officer of the sponsoring college or university, documenting that the institution meets the eligibility requirements (*Section I.C of the [Accreditation Manual](#)*). The letter must also demonstrate the proposed program's feasibility by addressing:
 -) Public need and demand for the program, including demographics, student interest, and the potential impact of and *on* other similar programs in the geographic area
 -) The plan for the program's development, including the anticipated month and year the first class will enter, and the month and year it is expected to graduate
 -) The institution's willingness to commit appropriate resources (financial and educational) to the program, documented by a letter of commitment
 -) Availability of clinical facilities and potential affiliations
4. Provide a letter of support from the sponsoring department, school, or college addressing:
 -) The sponsor's willingness to host the program
 -) Its ability to confer the degree
 -) The anticipated title of the degree

If the ACGC should find the information submitted in the Letter of Intent to be insufficient, the program will have 60 days to remediate or submit additional information. If the program fails to submit any additional information, the board will consider the Letter of Intent abandoned and the \$500 fee will be forfeited. A new Letter of Intent must then be submitted indicating a new timeframe within which the program plans to apply, as well as an amended timeframe for when the program intends to matriculate its first class.

B. Accredited New Program Accreditation Application and Possible Decisions

If the ACGC's review of the Letter of Intent and accompanying materials indicate that the prospective program meets criteria for eligibility, it will be invited to submit an Accreditation Application for New Programs. In the Application, the program will be expected to provide evidence that it will be able to meet the Standards by submitting, as part of the application and demonstration of compliance:

1. an overview of the program, including contact information, the program's intended size and cost, and an abstract describing the program's development,
2. information about the sponsoring institution, including accreditation and administration oversight, relevant experience, and educational resources and opportunities,
3. evidence of adequate financial resources, institutional commitment to the program, planned tuition and fees, and an appropriate budget,
4. a description of physical and educational resources that will be available to faculty and students,
5. information about the qualifications, planned responsibilities, and dedicated time commitment of the program's intended primary faculty, administrators, and staff,
6. curriculum, including coursework, rotations, and supplementary activities, and how these will develop the expected competencies,
7. a plan for fieldwork and clinical training, including descriptions of the roles of partnering or affiliated institutions and supervisors,
8. an outline of policies and procedures for recruitment and admissions, and for student orientation, evaluation and support,
9. information about outcomes measures and plans for continuous program improvement, such as faculty performance evaluations, an advisory board, alumni/ae and employer surveys, etc.,
10. appendices, such as curricula vitae, as specified to support the above descriptions.

After Board review the ACGC may:

-) request additional information about specific aspects of program design, or
-) defer a decision until specific areas of concern are satisfactorily addressed, or
-) grant Accredited New Program accreditation status, or
-) deny Accredited New Program accreditation status.

Once a complete application is submitted you can expect to receive an initial response (not an accreditation decision) within approximately 3 months.

To assist programs with planning, keep in mind that the review process generally includes questions and clarifications regarding items in the original application as well as subsequent responses. The average time for a final decision on a new program application is generally 8-12 months, however, ACGC does not guarantee an accreditation decision by any specific date. Actual time to a final accreditation decision depends on the complexity of the proposed program, quality and completeness of the application.

A program achieving Accredited New Program accreditation may admit students, who, upon successfully completing their degree, will be deemed to have graduated from an ACGC-Accredited program.

A program whose application for Accredited New Program accreditation is subject to a final denial decision may re-apply as a new program *no sooner than six months from the original date of reconsideration and/or appeal.*

C. Requirements for Maintaining Accreditation as a New Program

An Accredited New Program must be in compliance with the Standards, annually complete and submit a Report of Current Status and required fees by the date specified by ACGC. If, prior to the program's application for Full Accreditation, the ACGC determines that the program has short-term, remediable problems that the ACGC judges to be interfering with students' optimal education, the Board may issue an *Accreditation Warning*.

Within one year after graduating its second class, the program must conduct a self-study, undergo a site visit, and apply for Full Accreditation. If the program is denied Full Accreditation as a result of this application, it will no longer retain its Accredited New Program accreditation. It can apply again for Accredited New Program accreditation no sooner than a year after a final decision to deny full accreditation. In evaluating a new application, the ACGC will take previous issues and concerns that led to revocation or denial of accreditation into consideration and may require an early, modified site-visit and/or additional reporting.

V. Applying for Full Accreditation or for Re-Accreditation

A. Purpose of Self-Study

The self-study is a key component of the accreditation process. It should engage the program's entire community, including its current and former students, faculty, administration, clinical supervisors, advisory board, and other stakeholders, such as employers who work with its graduates in the process of self-examination for the purpose of self-improvement and long-term planning. The self-study provides an opportunity to critically review the program's mission, goals, and educational components, to examine its strengths and weaknesses, to consider the impact of changes affecting the profession and the institution, and to give the ACGC Board, PRC and Site Visitors a detailed description of the program.

B. Process of Self-Study and Submission of Application for Accreditation or Re-Accreditation

A new program that will apply for Full Accreditation in the year after graduating its second class or an accredited program applying for Re-Accreditation will be notified by the ACGC 18 months prior to the date they must submit their Self-Study for Accreditation. A second notice will be sent six to nine months before the Self-Study is due. Applications for Full Accreditation or Re-Accreditation can be submitted on either September 1st or January 2nd. The program will be asked to indicate its preferred date of submission at the time of the second notification (i.e., 6-9 months before the site visit is due). The site-visit typically is conducted six to nine weeks after receipt of the Self-Study report.

Preparing the Self-Study for Accreditation

The Self-Study report should not only document educational outcomes and adherence to the ACGC Standards, but also reflect the program's own assessment of its effectiveness and strengths in achieving its goals. It should also identify areas that could be improved. The report is central to the ACGC's evaluation of the program, orienting the PRC and site visitors to the program's educational approach and outcomes. As such, it is a key component in informing the ACGC's decision about accreditation.

Self-Study for Accreditation materials are submitted in electronic format. The application can be downloaded at: <http://www.gceducation.org/Pages/Accreditation.aspx>. The Accreditation Fee must be received by the Executive Office by the application deadline. The Executive Office confirms receipt of the application and briefly reviews materials for completeness before posting them to ACGC's secured website for access by the PRC.

C. Site Visitors

The site visit provides an opportunity for the PRC and the ACGC Board to get a more comprehensive understanding of the program, to verify that information contained in the self-study document is accurate, and to gather additional information about issues or concerns that may have been raised by the PRC. It allows site visitors to see the physical facilities and to meet with students, faculty, alumni/ae, clinical supervisors, and institutional and program administrators. Site visitors provide a completed check sheet evaluating compliance with all standards and a complete site visit report to the Executive Office, PRC, and the program regarding findings, but are not involved in and do not make recommendations about the accreditation decision. This decision is the responsibility of the ACGC Board.

Requirements for Site Visitors

Those interested in serving as site visitors for the ACGC are invited (via the "Volunteers" tab on the ACGC website) to submit an application to the Executive Office. To be considered, they must:

-) be a practicing genetic counselor or medical geneticist with at least five years of clinical experience,
-) have recent involvement in formal teaching and/or clinical training and supervision of genetic counselors (e.g., as emeritus faculty), *or*
-) have expertise in the body of knowledge essential to the field of genetic counseling, *and*
-) have current ABGC or ABMG certification or CAGC certification, *and*
-) be willing to conduct at least two site visits over a three-year period.

Conflict of Interest and Confidentiality Policies for Site Visitors

Individuals selected as site visitors must complete ACGC Site Visitor Training and comply with ACGC Conflict-of-Interest and Confidentiality policies. The appropriate forms for each policy must be signed and returned to the Executive Office before *each* site visit. Prospective site visitors must declare a potential conflict-of-interest if they:

-) Are currently employees of, or consultants to the sponsoring institution or have relatives who are appointees or employees of the sponsoring institution; or have served in one of these capacities during the current accreditation cycle;
-) Are graduates of the sponsoring institution;
-) 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;
-) Are program leaders or core faculty of a program that shares clinical sites, courses, and/or teaching modules with the program under review

The ACGC policy regarding confidentiality is that:

- the ACGC Board of Directors and Executive Office Staff
 - PRC members
 - other members of the site visit team.
- questions and/or concerns that arise before, during or after the site visit should be directed to the Executive Director.

Site Visitor applicants who meet the above criteria must be reviewed and approved by the Board of Directors.

D. The Site Visit: Selecting a Team and Scheduling a Visit

The Site Visit Team

- The Site Visitor team is selected from the pool of currently-qualified site visitors. Site visitors are provided formal training on a periodic basis which includes a Site Visitors Manual. Factors such as location, professional background, prior service, or particular areas of expertise influence the site team selection decision. The program director is notified about the proposed team, and is given the opportunity to reject the site team for reasons of conflict. The job of the site visitors is to provide the PRC and The Board with a more comprehensive picture of the program’s strengths, weaknesses, and adherence to ACGC Standards by exploring issues that were raised during review of the self-study. To do so, site visitors meet with students, faculty, administration, and clinical supervisors; visit the facilities; and examine internal documents such as student records, case logbooks and faculty or student evaluations. Findings are summarized by the team leader in an exit interview with the program director. The team leader sends a formal report along with the check-sheet and comments to the PRC Chair and ACGC Executive Office. However, the Site Visit Team does *not* make a recommendation about accreditation. Decisions regarding accreditation are made by the Board, based on PRC review of the program’s application and input from the site visitors.

The site visit team comprises:

- the team leader, an experienced genetic counselor with previous involvement in at least 2-3 site visits,
 - a second genetic counselor, and
 - either an additional genetic counselor or an MD or PhD geneticist

Role of the Team Leader

Prior to the visit the team leader notifies team members of their tentative assignments and contacts the program director to:

- describe what the team will need during the visit, including:
 - private room(s) for interviews,
 - a list of individuals (students, faculty, program leadership, administrators) that the team wishes to interview,
 - documentation that may be requested.
 - develop an agenda for the visit
 - confirm operational or logistical details (e.g., ground transportation, access to building, etc.).

During the visit, the team leader speaks for the team and is responsible for keeping the visit on schedule. He or she meets with the team for a working lunch and dinner at which the members discuss information they have gathered, and identify any areas needing further exploration.

What to Expect During the Site Visit

Depending on the size of the program, the visit usually spans 1.5-2 days and involves 2-3 site visitors. On the first day of a typical visit, the team tours the facilities (classrooms, laboratories, library, computer resources, and students' workspace) and conducts interviews with the program director, administrative officers, the medical director, faculty, students, and program graduates. After a working lunch, the team reviews documents that have been requested that morning from the program director. These may include:

-) students' records (to determine if student progress is being appropriately monitored, and to confirm that they can complete degree requirements in the expected time).
-) reviews, progress sheets, or evaluations from students' clinical experiences.
-) internal logbooks demonstrating the numbers and types of clinical cases seen by students, and their roles in the patient's evaluation and counseling.
-) documentation of academic achievements, such as exams, presentations, thesis or capstone project, papers.
-) affiliation agreements or memos of understanding with clinical sites involved in training.

On the second day, team members travel (if necessary) to visit clinic sites to tour the facilities and interview clinical supervisors.

The team leader's exit interview with the program director usually occurs by early afternoon of the second day. During the exit interview the team leader may share an initial summary of observations. The team leader will outline the next steps and timeline for PRC and Board review of the team's findings.

After the Site Visit

Within 1-2 weeks of the visit, the site team leader, incorporating input from the other site visitors, writes the final Site Visit Report and forwards it to the Executive Director and PRC Chair. The Executive Director then sends the report to the program director, who is given two weeks to respond with any necessary clarifications to the report. After this response period, members of the PRC and the site visit team leader meet by conference call to discuss their findings and formulate a recommendation to the Board regarding accreditation.

For a list of possible accreditation decisions see Section III page 9.

VI. Accreditation Reviewers

A. *The Program Review Committee*

The Program Review Committee (PRC) is charged with reviewing applications for any of the following: programs seeking ACGC Accredited New Program accreditation, Full Accreditation or Re-Accreditation, as well as reports from site visits. Effective in 2017, the PRC will be responsible for evaluating Reports of Current Status that programs must submit annually during their accreditation period. Based on this review, the PRC drafts recommendations for action which are presented to the ACGC Board for deliberation and decision. The Board also encourages the PRC to suggest changes that would improve the accreditation process.

Requirements for PRC Membership

The PRC comprises six to ten members, the majority of whom are *not* on the ACGC Board.

Membership of the PRC includes:

-) an ACGC Board Member who serves as Chair and is elected by the Board
-) the most recently elected ACGC Board member(s)
-) 3-7 additional volunteers, not from the ACGC Board, who apply and are vetted by the staff, PRC Chair, and approved by the Board. Below is the eligibility criteria for PRC members.

When a large number of programs are under review during the current or following year's cycle, the PRC may choose to add one or more volunteers as needed.

Non-Board members interested in serving on the PRC are invited to submit a volunteer application to the Executive Office. The Chair of the PRC proposes candidates for Committee membership based on review of their personal statement, curriculum vitae, qualifications, and ability to fulfill the PRC's needs. Requirements include:

-) ≥5 years of practice as a genetic counselor or medical geneticist,
-) being a faculty member in a graduate program, *or*
-) having participated in graduate or medical student clinical training, *or*
-) serving as an accreditation site visitor, *or*
-) having experience with accreditation processes.

The PRC must have:

-) no more than one representative from any single accredited program.
-) ≤50% who are program directors, Co-Directors or Associate/Assistant program directors. This ratio includes Board Member(s) currently serving on the PRC.

Protection against Conflict of Interest and Confidentiality

All PRC members must complete a Conflict of Interest and Confidentiality Form and declare a conflict for any program:

-) in which they were trained.

-) at which they teach.
-) for whose students they provide clinical or laboratory supervision.
-) with which they have an affiliation (e.g., as an Advisory Board member).

Term of Committee Membership

-) Non-Board members serve a three-year term on the PRC, and are eligible for two consecutive terms.
-) Board members are appointed to the PRC for one review cycle but may serve up to five consecutive cycles.

Evaluation of Applications for Full Accreditation and Re-Accreditation

All PRC members read all materials submitted by each program under review and discuss any noncompliance issues or areas for further clarification by site team. Between approximately six and nine weeks after the program's self-study application is received, the PRC members hold a conference call to discuss the program's application. It is the collective review of all self-study and site visit documents by the entire PRC that achieves the appropriate breadth and depth of evaluation. At the conclusion of the call, the PRC develops a list of specific issues that the site team will be asked to explore at the site visit. The site visit team also reviews all of the application materials prior to the site visit in order to ensure the team explores any additional potentially problematic areas the site team identified.

VII. Maintaining Accreditation

A. Report of Current Status

Annually, during its period of accreditation, a program must complete a Report of Current Status (RCS) and pay required fees by the date specified by the Executive Office. Specific requirements for annual reporting can be found on the ACGC website. The RCS forms are distributed via email, can be downloaded, completed and submitted electronically. The purpose of the RCS is to assure that the program remains in compliance with the Standards. Programs need to report any substantive changes including changes in:

-) personnel, including administration and instructional faculty and staff.
-) curriculum, such as new required courses, and those that have been discontinued or for which there has been a significant change in content or delivery (e.g., to an online, video, or blended format).
-) clinical training or fieldwork experiences.
-) student teaching opportunities or requirements.
-) laboratory experiences.
-) research requirements (e.g., thesis or “capstone” project).
-) infrastructure changes (learning resources, facilities)

Programs must also report specific information about students’ clinical experiences, including...

-) the clinical rotation schedule for the current academic year, giving the names of the sites and types of practice settings they represent (e.g., cancer, pediatrics, etc.).
-) the number and types of (logbook-eligible) core cases seen by the most recent graduates.
-) whether all training sites are staffed by at least one board-certified genetic counselor and/or clinical geneticist.
-) whether clinical supervisors with less than a year of experience are being formally mentored.
-) whether the program and each clinical training site has a formal, written affiliation agreement that protects the institution, its students, and the site and its patients.
-) whether any student has been unable to graduate by virtue of not being able to complete clinical training within the stated program length.

The RCS requires programs to report about ongoing self-evaluation of its success in meeting goals and objectives. This includes information about:

-) their advisory board: its composition, and the date(s), format(s), and de-identified minutes of its meeting(s) within the previous year.
-) any changes in how personnel, courses, and clinical training are evaluated.
-) ABGC board certification pass rates for first and repeat examination takers from the previous four years.
-) fiscal considerations, including significant changes in tuition and fees, operating expenses, or budget.

VIII. Substantive Change Policy

A. Substantive Changes

It is the responsibility of each accredited program to notify the ACGC of substantive changes in a program to ensure maintenance of accreditation status and protection of students. Since failure to report a substantive change might place the accreditation of a program in jeopardy, program directors are encouraged to contact the ACGC with any questions about whether a contemplated change would be considered substantive under ACGC policies and seek approval before implementing the 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 mission or goals of the program;
-) change in sponsorship of the program, including acquisition by another institution or program;
-) change of the program director or co-program director;
-) a significant reduction in resources of the institution or program;
-) offering a portion or an entire program via distance education;
-) establishing a new off-campus instructional site;
-) closing an approved off-campus instructional site or branch campus where a program is offered;
-) significant change in faculty composition and size;
-) significant change in student enrollment;
-) significant change in passage rate for the certification examination by the American Board of Genetic Counseling (ABGC) and the Canadian Association of Genetic Counsellors (CAGC) board examination;
-) significant change in teaching affiliations;
-) major curricular revisions

The substantive change notification must be submitted to ACGC no earlier than 90 days prior to implementation of the change, but no later than 90 days after implementation or occurrence of the change.

The substantive change notification is submitted by the program director and must document the nature and scope of the substantive change. The notification also must document how, if at all, the change affects the program's compliance with the accreditation standards. The substantive change notification should not exceed five pages without the express approval of the ACGC.

The substantive change notification is reviewed by the Board of Directors. Upon review of the notification, the Board of Directors may act to approve the change or may request additional information. The Board's review of a substantive change notification may result in additional reporting requirements, a focused or comprehensive on-site evaluation or, in the event the Substantive Change Policy is not followed or the change adversely affects the program's compliance with accreditation standards, an adverse action. Adverse actions are subject to reconsideration and appeal in accordance with Section IX of the ACGC policies and procedures.

IX. Complaints, Requests for Reconsideration and Appeals

A. Complaints

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

Jurisdiction

ACGC will consider and investigate only those complaints containing allegations which, if substantiated, may indicate noncompliance with the ACGC Standards for Accreditation.

ACGC is not a mediator of disputes and, generally, will not interpose itself in a manner that limits the discretion of a program in the normal operation of its personnel or academic policies and procedures, unless a violation of the ACGC Standards is specifically alleged. Such matters include: admission, appointment, promotion, or dismissal of faculty or students.

ACGC will not seek any type of compensation, re-admission, or other redress on behalf of an individual.

ACGC will not respond to or take action upon any complaint that is defamatory, hostile, or profane. In addition, ACGC will not involve itself in collective bargaining disputes.

ACGC will not intervene on behalf of individuals in cases where the situation giving rise to the complaint occurred so far in the past that ascertaining the facts might prove to be difficult or impossible.

ACGC typically will not take any action based on an anonymous complaint.

Filing a Complaint

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

The complainant shall attempt to resolve an issue through the program's own published grievance policy/procedures (if applicable) before submitting a complaint to the ACGC.

A complaint must be made using the ACGC Complaint Form. The form must either be emailed or mailed to the provided address. A complaint must be specific as to the accreditation standard that allegedly is being violated.

Processing a Complaint

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

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

Although the complaint will be treated with discretion, the ACGC does not guarantee the confidentiality of the complainant. Specifically:

Any information about a program or school may be released to the Program Official, Dean, Department Head, or Administrative Supervisor (hereinafter, each is referred to as a "Program Official"), members and staff of 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 complaint.

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

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

The ACGC Executive Committee determines that the complaint raises issues relating to compliance with accreditation Standards, the ACGC Executive Director will investigate the complaint in accordance with the procedure set forth in section 4.

Investigating a Complaint

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

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

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

Grievance Committee Review

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

After reviewing the complaint and the program's response, the Grievance Committee may request additional information or a progress report, schedule a limited survey or site visit,

or take any other appropriate action to further investigate the matter. The Program Official will be notified in a timely manner of the Grievance Committee's recommendation.

In the event the Grievance Committee determines that sufficient evidence exists that the program may not be in compliance with accreditation Standards, the Grievance Committee shall recommend to the Board one of the following accreditation actions:

-) Probation
-) Revocation
-) Accreditation with Contingencies.

The Chair of the Grievance Committee shall be responsible for notifying the President of the Board in writing of its recommendation together with the justification for this recommendation within 30 calendar days.

Board of Directors Hearing and Review

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

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

Action

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

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

Expenses

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

B. Decisions Subject to Reconsideration and Appeals

Denial of Accreditation and Revocation of Accreditation are *adverse* actions. Adverse actions are *subject to reconsideration* and are *appealable*. In the case of an appealable action, 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 for 30 days following notification and 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 and accordingly are not subject to reconsideration or appeal.

Request for Reconsideration

A program that has received an appealable accreditation decision will be promptly notified of the decision by written notice delivered by overnight/traceable carrier by the deadline for notification stated by the Board. The notice shall state the reason(s) for the decision and inform the program director that he or she has the right to seek review of the decision by filing a written "Request for Reconsideration" with the Executive Office. At the time of notification, the Executive Office shall furnish the program director with a copy of the **ACGC Process for Reconsideration and Appeal**. To be valid, a Request for Reconsideration must be received by the Executive Office no more than thirty (30) calendar days after the program director receives notice of the adverse decision.

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

Reconsideration Process

A Request for Reconsideration must be accompanied by a check, money order or credit card payment in the amount of \$500 made payable to the Accreditation Council for Genetic Counseling. This fee will not be refunded regardless of the outcome of the review.

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

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

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

Decisions on reconsideration are appealable in accordance with Section VII C. below.

Appeals

Notice of Appeal: A program that intends to appeal a Board decision on reconsideration must file a written Notice of Appeal addressed to the Executive Director within 10 days of receipt of the notice of decision. In the event a Notice of Appeal is not timely filed, the adverse decision will become final.

Appeal Brief: Within 30 days of filing the Notice of Appeal, the program must submit an appeal brief setting forth the reasons why the Board's decision should be changed.

Standard of Review: The Appeal Panel (see below) will consider whether the decision of the Board was erroneous as a matter of fact, was arbitrary and capricious or not based on substantial evidence on the record at the time the Board made its decision.

Burden of Proof: The program has the burden of proof.

Appeal Panel Composition

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

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

Protections Against Conflict of Interest in Appeals

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

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

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

The Record on Appeal

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

Decision on Appeal

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

Notification of Decision

The Executive Office shall notify the program director of the Appeal Panel's decision and the reasons for the decision in writing (either electronically or via overnight/traceable carrier) within 30 days after receipt of the Appeal Panel's Report.

Appeal Hearing

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

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

Hearing Procedure

The Appeal Panel will set aside two hours for the appeal hearing. The hearing will include an opening statement by the Chair of the Appeal Panel which will describe the proceeding and the process of review. Representatives of the program and ACGC will have an opportunity to offer opening and closing statements addressing the grounds for appeal which will be limited to 20 minutes, The Appeal Panel will pose questions to the program representatives. The Appeal Panel Chair will offer a closing statement.

The appeal hearing is not considered to be adversarial in nature. Accordingly, there will not be witnesses or cross examination.

A record of the hearing will be maintained by ACGC as a permanent part of the archives of the Board. A copy of the hearing record shall be made available to the program director upon payment of the cost of reproduction.

X. 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 the 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 shall be adjudicated only in the U.S. District Court for Kansas shall be deemed to have entered into in Johnson County, Kansas. The laws of the State of Kansas shall govern the interpretation and performance of the terms of the ACGC Bylaws and Accreditation Manual, as well as any dispute between an accredited member, former member, or applicant for accreditation and the ACGC, regardless of the law that might otherwise be applied under any principles of conflicts of laws. All accredited members, former members, and applicants for accreditation agree that jurisdiction and venue for any action which might arise from any accreditation agreement or accreditation action between the program and the ACGC, regardless of which party shall initiate the action, shall be exclusively in the United States District Court for the District of Kansas or the state courts of Johnson County, Kansas, whichever of these courts shall have proper subject matter jurisdiction

XI. Relevant Information Available on the ACGC Website

On its website, <http://www.gceducation.org>, The ACGC publishes:

-) A list of the programs currently accredited, with the state or province of their sponsoring institution, their accreditation status, and the year their accreditation expires.
-) The ACGC's By-Laws and Policies
-) The Accreditation Manual For Master's Degree Genetic Counseling Programs
-) The Standards of Accreditation for Graduate Programs in Genetic Counseling
-) Practice-Based Competencies
-) Schedule of Fees for Accreditation
-) Information on Establishing a New Program
-) A list of resources, including other genetics professional organizations
-) The names of the ACGC's Board of Directors and Staff
-) Procedures for Handling Complaints about Program Compliance
-) Adverse Decision Appeals Policy
-) Information and news about the ACGC
-) How to contact the ACGC

APPENDIX

ACGC 2015-2018 Strategic Plan

The Board of Directors hired a facilitator and met in January 2015 to develop a longer term strategic plan in order to better guide the organization's activities. Following this meeting, the Board further refined the strategic goals and adopted the plan in March 2015. As a relatively new organization, the Board of Directors agreed that ensuring that the organization has the appropriate processes and policies based on best practices in place was the top priority as evidenced in the strategic goals below.

Goals

Strategic Goals

Build Governance policies, procedures, documents and training to be an efficient and effective accrediting Board.

Develop and implement a systematic process for reviewing accreditation standards, policies and procedures.

Develop, implement and evaluate an engagement strategy for ACGC's key internal and external stakeholders.