CACUP-ASLP
CAPUC-AO

COUNCIL FOR ACCREDITATION OF
CANADIAN UNIVERSITY PROGRAMS IN
AUDIOLOGY AND SPEECH-LANGUAGE
PATHOLOGY (CACUP-ASLP)

GOVERNANCE, PROCEDURES AND POLICIES MANUAL

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Terminology note:

Because administrative structures and titles vary from university to university, throughout the document *program* is used to refer to a university school or department or program within a department, except in section E, where *school or department* is used to distinguish the academic administrative unit from its academic program. *Head* is used to refer to the Head or Chair of a Department or Director of a School.

A.   INTRODUCTION

A.1   Canadian University Programs in Communication Sciences and Disorders (CSD)

Canadian universities have been offering programs in communication sciences and disorders (CSD) to prepare professionals as speech-language pathologists and audiologists since the middle of the last century. Eight programs were established between 1956 and 1995: Université de Montréal (1956), University of Toronto (1958), University of Alberta (1968), University of British Columbia (1969), McGill (1964), University of Western Ontario (1970), Dalhousie University (1976), and Université d' Ottawa (1993). Université Laval was established more recently, in 2000.

Of the nine universities, five offer programs in both speech-language pathology and audiology: University of British Columbia, University of Western Ontario, Université d'Ottawa, Université de Montréal, and Dalhousie University. Four offer a speech-language pathology program solely: University of Alberta, University of Toronto, McGill University, and Université Laval. Three programs are in French: Université de Montréal, Université Laval, and Université d'Ottawa. The remaining six are offered in English. Eight professional programs in speech-language pathology and audiology are offered exclusively at the graduate level. Only the Université de Montréal offers an undergraduate as well as a graduate program.

The curricula established by the original eight universities are standardized to the extent that each offers a coherent sequence of courses that are consistent with the Foundations of Clinical Practice for Audiology and Speech-Language Pathology published by the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA).[1] In addition, a degree of commonality across programs results from the certification program for professionals that was introduced by CASLPA in 1987. In order to be certified for professional practice by CASLPA, candidates must complete the academic and clinical requirements for the Master's degree and pass a comprehensive examination developed and administered by CASLPA. Some provinces/territories have mandatory registration requirements for practicing audiologists and speech-language pathologists. Registration requirements vary slightly across these jurisdictions and may vary from CASLPA requirements. University schools and departments offering programs have assumed responsibility for ensuring that students are provided with experiences that meet these requirements.

A.2   Accreditation of Educational Institutions and Programs

Accreditation is widely accepted as the primary means for assuring the quality of higher education. In North America, the system of accreditation for educational institutions and programs is a voluntary process, relying on both continuous self-evaluation by the educational unit as well as peer review. Accreditation is deemed especially important for

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[1] The full title of the document is *Assessing and Certifying Clinical Competency: Foundations of Clinical Practice for Audiology and Speech-Language Pathology*. It was first developed in 1988 by a working group of clinicians and academics in consultation with faculty members of all existing Canadian university programs, and has undergone three revisions (1992,1999, and 2004) using a similar process.

programs that educate professionals in such fields as engineering, law, teacher education and health care. One purpose of accreditation is to provide assurance to current and prospective students, as well as employers, regulatory bodies, and the public, that program graduates meet well-accepted standards. A second equally important function is to assist individual programs in continually assessing and improving their overall quality.

In Canada, there is no national system of accreditation for universities or institutions as a whole, although universities and colleges must qualify to become members of the Association of Universities and Community Colleges (AUCC). However, some individual educational units within universities are accredited by bodies deemed suitable for fulfilling this service. In some cases, the accrediting body is part of a professional association, as in occupational therapy, and in others such as physiotherapy, it is a separate body. Typically, the accrediting body is national, which ensures that the same standards are applied to all programs across the country.

A.3   Accreditation of Canadian University Programs in CSD: History and Current Need

The first system for accrediting Canadian academic programs in CSD was established by the Canadian Council of University Programs-Communication Sciences and Disorders (CCUP-CSD) in consultation with CASLPA. CCUP-CSD is composed of heads of the Canadian university programs in communication sciences and disorders. Historically, the purposes of CCUP-CSD were to provide a venue for directors of schools and chairs of departments that offer these programs to share information about education and research in CSD and to engage in exchange of information with representatives of CASLPA about policies or other matters having direct or indirect educational implications. An overarching objective was to strengthen the educational preparation of speech-language pathologists and audiologists in Canada. In 1995, consistent with this general objective, CCUP-CSD expanded its activities to include peer review and evaluation of member programs.

The principles and procedures for this accreditation process are outlined in the document, *Accreditation of Professional Training Programs* (December, 1995). Briefly, procedures involved CCUP-CSD appointing an accreditation team consisting of a program head, a faculty member from another program, a representative from the CASLPA standards committee, and a consumer of speech-language pathology or audiology services. This team gathered information about the program under review by examining a self-study document provided by the program and conducting interviews during a site visit to the program. The team subsequently prepared a written report of its findings and recommendations and presented the report to CCUP-CSD. CCUP-CSD rendered an accreditation decision, and the CCUP-CSD Chair communicated both the decision and the reasons for it to the head of the program and to relevant senior university officials.

Between 1998 and 2002, this process was used for the accreditation review of three programs. The primary audience for the findings was the program under review and its university. Programs benefited from the process because program heads were able to use the evaluations and recommendations to lobby their universities for resources needed

to strengthen their programs. This process of accreditation review was appropriate for its purpose, that being improvement of existing programs, which were already highly standardized (as previously described).

The need for accreditation has changed, however. Consistent with the present context of globalization of the work force, it is not unusual for graduates of Canadian programs in CSD to seek employment in other countries. In addition, new university programs may be established in Canada to meet the need for more speech-language pathology and audiology services; clear standards are needed for guiding such program creation. Furthermore, there is increased regulation of professional practice of speech-language pathologists and audiologists by governmental bodies within Canada. In consequence, the audience for accreditation status of CSD programs has expanded to include licensing bodies, professional associations, and other stakeholders both within and outside Canada. These groups require assurance that graduates of Canadian programs in CSD meet acceptable academic and clinical educational standards for the practice of the professions of audiology and speech-language pathology. Given such a context, the accreditation process initially developed by CCUP-CSD in consultation with CASLPA requires revision. In particular, the accrediting body must be separated from CCUP-CSD so that the process operates at arms length from the academic programs. Further, the standards to which programs are expected to adhere must be explicitly stated and accessible to stakeholder groups.

CCUP-CSD and CASLPA responded to the need for development of a new system by striking a Task Force on Accreditation in May, 2002. Task Force members Joy Armson (Dalhousie University), Luc De Nil (University of Toronto), Sharon Fotheringham (CASLPA), and Carolyn Johnson (University of British Columbia) examined numerous existing systems of accreditating university departments and schools—offering programs for educating other professionals as well as speech-language pathologists and audiologists in other countries— and subsequently developed a draft proposal for a Canadian system. The draft proposal provided background information, a description of governance of the accreditation entity, policies and procedures for the process, and standards to be used in reviewing programs. As set out in the first draft proposal, governance of the accreditation entity would be shared by CASLPA and CCUP-CSD. The Task Force distributed the proposal in May 2003 to all relevant stakeholder groups: CCUP-CSD, CASLPA and provincial/territorial associations, and the regulatory bodies. Regulatory bodies have a considerable stake in the quality of educational programs given their roles in licensing professionals. Therefore, their input was deemed critical to development of a successful accreditation system that would serve all stakeholders.

During the consultation process, the Task Force received input about the draft proposal from CCUP-CSD members representing the faculty members of all Canadian university departments and schools offering programs in CSD, CASLPA representing both themselves and the provincial/territorial associations, and the regulators. The regulatory bodies expressed a strong interest in participating in the accreditation process, and following further consultation with all stakeholders, the governance structure was modified to include regulators as a third partner in overseeing and administering the accreditation entity. A firm understanding of all stakeholders was that this three-way partnership was

based on the provision that all three groups represent the interests of their constituencies nationally. In response to the feedback received, the Task Force revised the proposal and distributed a new draft in May 2004. At that time, the Task Force was expanded to include Anne Lopushinsky, Registrar, Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA), representing the regulatory bodies.

Using feedback from the second round of consultation with stakeholder groups, the Task Force made further revisions to the accreditation document and completed additional preparatory work. The new accreditation entity was officially launched in May, 2005.

A.4   Purposes of Accreditation of Canadian University Programs in CSD

1. To establish explicit minimum national standards for education in CSD and distribute them to relevant stakeholders.
2. To evaluate individual university programs relative to the minimum standards.
3. To use the educational standards and the evaluation process to support the growth and development of Canadian academic programs in CSD and in so doing, support the growth and development of the professions of speech-language pathology and audiology in Canada.
4. To assure professional associations and regulatory bodies that accredited Canadian programs have provided the academic entry level preparation required for initial practice in audiology or speech-language pathology.
5. To identify to the public, programs that meet the accreditation standards.

A.5   Principles Underlying the Canadian System of Accrediting CSD Programs

1. There is a core minimum knowledge base and skill set that is required for practice as an audiologist or speech-language pathologist.
2. The standards that define these minimum requirements should be established, and applied, nationally.
3. The process of program evaluation produces relevant, useful input to programs to stimulate their continuous self-improvement.
4. The autonomy of individual programs and universities is respected with regard to how the minimum requirements are met. Differences among academic programs are expected, and responsible innovation is encouraged.
5. Review teams should consist primarily of individuals with expertise in the education of speech-language pathologists and audiologists. Reviewers must receive thorough orientation and training in accreditation policies and procedures.
6. Reviews of individual programs are conducted at arms length from the program under review.
7. The evaluation process is conducted in a fair-minded, transparent manner and ensures utmost confidentiality of material reviewed.
8. The process is conducted as efficiently as possible, to minimize costs and duplication of work and effort for the accrediting body and the applicant program.
9. The accreditation system itself requires ongoing evaluation.

B. GOVERNANCE STRUCTURE

B.1 Overview

The Accreditation Policies, Procedures, and Standards are set jointly by the Canadian Council of University Programs in Communication Sciences and Disorders (CCUP-CSD), the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA),[2] and the group of provincial/territorial regulatory bodies (Regulators). Each of these three primary partner groups (Partners) is represented in the Accreditation Secretariat (Secretariat) by an elected representative.

The Secretariat, in consultation with its constituencies, undertakes the responsibility for overseeing the accreditation system as a whole. The Accreditation Board reviews specific programs and makes accreditation decisions. The work of the Accreditation Board is supplemented for specific tasks by a Site-Review Team, an Appeals Committee, and a Procedures and Standards Review Committee. The Accreditation Board is supported administratively by the Council's Administrative Assistant.

B.2 Accreditation Secretariat

The Secretariat oversees the accreditation process as a whole and supports the work of the Accreditation Board by ongoing participation in the administration of the accreditation process. Its primary functions are to solicit Accreditation Board members from, and communicate decisions to, its constituent groups, and to solicit members for the ad hoc committee on Appeals and the Committee on Procedures and Standards. Members of the Secretariat will not serve simultaneously on any other committee within the Council.

B.2.1 Membership

The Secretariat will consist of the following three members:
1. The President of CASLPA, or his/her representative
2. The Chair of CCUP-CSD, or his/her representative
3. A representative of the Regulators

The individual members of the Secretariat represent the three partner groups. Decisions of the Secretariat are made by consensus. If consensus cannot be reached, the decision supported by a simple majority will be carried. Any decisions, nominations, or guidelines issued by the Secretariat are understood to reflect appropriate consultation and consensus within each of the three partner groups.

B.2.2 Term of Membership

The term of office for the members of the Secretariat is four years, on a staggered basis.

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[2] The Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) represents both the national association and the joint alliance of provincial/territorial associations that do not have a licensing body.

B.2.3 Roles and Responsibilities

The Secretariat:
1. Solicits the member(s) for the Accreditation Board from each of the three partner groups:
    a. CCUP-CSD selects a Head from a university program, an academic faculty member, and a clinical educator from an academic program;
    b. CASLPA selects a representative from the Standards Advisory Committee; and
    c. Regulators select a representative of the group of provincial/territorial regulatory bodies.
2. Receives the final accreditation decision from the Accreditation Board on behalf of CASLPA, CCUP-CSD, and the Regulators;
3. Communicates the accreditation decision to CASLPA, CCUP-CSD, provincial/territorial regulatory bodies, territorial and provincial associations, Canadian Academy of Audiology, and other stakeholders;
4. Maintains a list denoting accreditation status of CSD programs in Canada;
5. Receives and reviews the annual report from the Accreditation Board;
6. Reviews and approves financial reports submitted by the Accreditation Board;
7. Coordinates and oversees the review of the accreditation standards and procedures by the ad hoc Standards and Procedures Committee every seven years, or earlier when advised by the Accreditation Board that changes to the review process and/or accreditation standards are needed;
8. Solicits member(s) from his or her constituent group to sit on the ad hoc Standards and Procedures Committee;
9. Communicates changes made to the accreditation standards and/or procedures ratified by the Accreditation Board to CCUP-CSD, CASLPA, and the Regulators;
10. Appoints members of the ad hoc Appeals Committee, as required;
11. Receives the Appeals Committee's decision and reports it to the Accreditation Board; and
12. Ensures that CACUP-ASLP is a member in good standing of the Association of Accrediting Agencies of Canada (AAAC) as accomplished by paying annual dues and appointing a representative to the AAAC from the Accreditation Board (see B.3b.13).

B.3   Accreditation Board

The Accreditation Board coordinates and oversees the accreditation review of individual programs and makes accreditation decisions.

B.3.1 Membership

The Accreditation Board will consist of the following five members:
1. The Head of a Canadian university program in communication sciences and disorders (CSD) who is a voting member of CCUP-CSD;
2. An academic faculty member from one of the Canadian CSD programs who represents the discipline of either speech-language pathology or audiology;
3. A clinical educator from one of the Canadian CSD programs who is either an academic coordinator of clinical education or a clinical educator familiar with the

university's academic environment and represents the discipline of either speech-language pathology or audiology;

4. A member of the CASLPA Standards Advisory Committee who represents the professional associations and who is either an audiologist or a speech-language pathologist;

5. A member from the group of provincial/territorial regulatory bodies who is an audiologist or a speech-language pathologist.

Appointments are made to each designated position by the relevant Partners (CCUP-CSD, CASLPA, and Regulators) as solicited and coordinated by the Secretariat. A given university program should not be represented on the Accreditation Board by more than one member.

Membership will be constituted with due consideration to the following:
   a. At least two members of the Board should represent speech-language pathology and two should represent audiology.
   b. The Chair of the Accreditation Board must have an academic appointment and will be elected from the membership of the Board by its members.
   c. If a member of the Board represents the academic program being reviewed, or declares another conflict of interest, the Chair of the Accreditation Board will ask the Secretariat to solicit a substitute Board member in the designated category for the duration of the review.

B.3.2 Term of Membership

Appointments to the Board are normally for the duration of three years, with terms staggered, and with the option of a one-time renewal.

B.3.3 Roles and Responsibilities

The Accreditation Board Chair:
1. Maintains the schedule of university programs to be reviewed;
2. Ensures that participating university programs have paid their dues;
3. Maintains the financial records of the Board;
4. Has signing authority for the Council's bank account;
5. Ensures that the Accreditation Board performs its functions (B.3.3.B);
6. Communicates decisions to and requests from the Accreditation Secretariat;
7. Prepares an annual activity and financial report for presentation to the Secretariat no later than June 1st of each year. This report should include an overview of:
   a. Program accreditations and their outcome during the past year;
   b. Status of all Canadian university programs (accreditation status, date of last review, date of next review, dues status);
   c. Current membership of the Academic Board; and
   d. Detailed budget
8. Coordinates the Board-related activities of the Administrative Assistant.

The Accreditation Board:

1. Implements the policies and procedures for accreditation review;
2. Schedules accreditation reviews of individual programs in coordination with each program and notifies the programs as well as relevant stakeholder groups of upcoming reviews;
3. Appoints external site reviewers to the Site-Review Team (Review Team);
4. Reviews the documentation submitted by the program, consults with the program as needed, and makes recommendations with regard to specific areas to be addressed by the Review Team;
5. Reviews the report submitted by the Review Team and may consult further with the program for clarification;
6. Makes a decision regarding accreditation status;
7. Communicates the accreditation decision to the Head of the reviewed program for his/her review and response;
8. Considers the response submitted by the Head of the program and revises the decision and/or report as appropriate;
9. Notifies the Head of the program, the Dean of the Faculty, and the Secretariat of the accreditation decision;
10. When required, notifies the Head of the program, the Dean of the Faculty, and the Secretariat of a pending appeal; reconsiders its accreditation decision if asked to do so by the Appeals Committee as communicated by the Secretariat, and subsequently notifies the Head of the Program, the Dean of the Faculty, and the Secretariat of the final accreditation decision;
11. Advises the Secretariat regarding the need to review the accreditation process and/or to modify accreditation standards if such a need arises between scheduled reviews;
12. Ratifies changes to procedures and standards recommended by the Procedures and Standards Committee after consultation with and approval by the Secretariat; and
13. Represents the CACUP-ASLP on the Association of Accrediting Agencies of Canada (AAAC). Normally, the Accreditation Board member who is also a member of the CASLPA Standards Advisory Committee will fill the position of CACUP-ASLP representative to the AAAC.

Decision-making within the Accreditation Board is by consensus. If consensus cannot be reached, the decision supported by a simple majority will be carried.

B.4 The Site-Review Team

The Site-Review Team (Review Team) gathers direct information about the program being reviewed. The members of the Review Team are selected by the Accreditation Board, to whom it reports.

B.4.1 Membership

Review Team members are selected from a pool of nominees submitted by CASLPA, CCUP-CSD, and the Regulators. This pool may include members from across North America and from other professions who are familiar with accreditation. The pool will be maintained by the Administrative Assistant.

The Team will be composed of a minimum of two members selected with consideration to the following:

1. At least one member will be a tenured faculty member from a Canadian CSD program, but not the program being reviewed.
2. At least one member must be able to communicate in the official language of the program under review.
3. At least one member will be a practising audiologist or speech-language pathologist.

B.4.2 Roles and Responsibilities

The purposes of the site-review visit are to:

1. Verify the information included in the documentation submitted by the program;
2. Explore areas of potential concern identified by the Accreditation Board based on the submitted documentation;
3. Evaluate the overall learning environment in the academic program within the context of the Accreditation Standards;
4. Assess faculty, staff, and student morale; and
5. Evaluate the overall intellectual atmosphere of the program.

The Site-Review Team:

1. Reviews the documentation submitted by the program;
2. Reviews areas identified by the Accreditation Board that need to be addressed;
3. Reviews previous accreditation report(s), if applicable;
4. Conducts an on-site review following the guidelines set out in the Site-Review Guide;
5. Discusses the main issues to be addressed in the site-review report with the program prior to submission of the report to the Accreditation Board; and
6. Submits its report and recommendations, including a recommendation for or against accreditation, to the Accreditation Board.

B.5 Appeals Committee

The Appeals Committee is an ad hoc committee appointed by the Secretariat for the term of an appeal investigation of an accreditation decision.

B.5.1 Membership

The Appeals Committee will consist of the following three members:

1. A representative of the CCUP-CSD
2. A representative of the CASLPA executive
3. A representative of the Regulators

Members of the Appeals Committee will not be members of the Accreditation Board or Secretariat.

B.5.2 Appointment Process for Members of the Appeals Committee

The Secretariat shall maintain a list of at least 15 persons who are senior faculty members or professionals sufficiently familiar with the academic environment and accreditation

to serve on an ad hoc Appeals Committee. The list shall be reviewed and modified, as appropriate, on an annual basis by the Secretariat. Each member of the Appeals Committee shall be selected from that list.

To consider an appeal, the Secretariat shall select at least five persons as potential members of the Appeals Committee, no one of whom shall have had a relationship with the appellant institution or with the accreditation process leading to the decision being appealed. After determining the willingness of these persons to serve, the names will be communicated to the Head of the appellant program and the Chair of the Accreditation Board, either of whom may challenge any of the potential committee members for due cause (e.g., conflict of interest, bias, etc.). After considering such challenges, the Secretariat shall appoint the three members of the Appeals Committee and shall designate one of them as Chair. For an appeal involving a school or department with a program in only one profession (audiology or speech-language pathology), two of the three committee members shall represent that profession. For an appeal involving programs in both professions, the Appeals Committee shall include at least one member representing each profession.

B.5.3   Roles and Responsibilities

The Appeals Committee:
1. Reviews the self-study and Site-Review Team documentation in light of the Accreditation Board decision;
2. Interviews members of the Accreditation Board or the appellant program as needed to clarify reports;
3. Deliberates and make a final decision as outlined in the Policies and Procedures Section (C.4.5); and
4. Submits a report of the decision to the Secretariat.

B.6   Procedures and Standards Review Committee

The Procedures and Standards Review Committee is an ad hoc committee appointed by the Accreditation Secretariat for the duration of a review of the procedures and/or standards. Such a review should occur not less than once every seven years, or as requested by the Accreditation Board between regularly scheduled reviews.

B.6.1   Membership

The Procedures and Standards Review Committee will consist of the following five or six members:
1. The Head of one of the Canadian university programs in CSD who is a voting member of CCUP
2. A university faculty member from one of the Canadian programs who represents the discipline of either speech-language pathology or audiology
3. An academic coordinator of clinical education or clinical educator associated with one of the Canadian university programs who represents the discipline of either speech-language pathology or audiology
4. A member of the CASLPA Standards Advisory Committee

5. A representative from the Regulators
6. A member of an accreditation body from another health profession (optional)

Members of the Procedures and Standards Review Committee may not be current members of the Accreditation Board or the Secretariat.

B.6.2 Roles and Responsibilities

The Procedures and Standards Review Committee:
1. Reviews the full accreditation document every seven years;
2. Between full reviews, may review select portions of standards and/or procedures as requested by the Secretariat; and
3. Recommends changes to accreditation standards and/or procedures to the Secretariat.

B.7 Administrative Assistant

The Administrative Assistant position is a contracted part-time position that supports the administrative activities of the Secretariat and the Accreditation Board. The Administrative Assistant reports to the Chair of the Accreditation Board.

B.7.1 Roles and Responsibilities

The Administrative Assistant:
1. Keeps a schedule of programs to be accredited and sends notices and materials according to the schedule;
2. Communicates with the Chair of the Accreditation Board regarding progress of the accreditation schedule;
3. Handles all documentation and correspondence regarding accreditation, including photocopying documents to distribute to committee members;
4. Sends invoice notices to the programs being reviewed for accreditation;
5. Keeps an accounting of revenue and expenses;
6. Arranges travel and hotel accommodation for the Review Team, in collaboration with the program being reviewed;
7. Manages the accreditation files;
8. Co-signs cheques and invoices on behalf of the Council; and
9. Respects the confidentiality of the accreditation process.

B.8 Conflict of Interest

All members of the Secretariat, Accreditation Board, ad hoc committees and Site-Visit Review Teams are expected to declare any potential conflict of interest prior to the initiation of the accreditation review or the appeal of an accreditation decision of a program.

C.   POLICIES AND PROCEDURES

C.1   Accreditation Term

The normal term of accreditation is seven years. The Accreditation Board has the right to grant a shorter accreditation term based on concerns identified during the accreditation review process. If a shorter accreditation term is granted, the Accreditation Board may provide the program the opportunity to submit a report one year prior to the end of the accreditation term outlining how the concerns have been addressed. Upon receiving the report, the Accreditation Board may decide to 1) extend the accreditation term for up to the full seven years; 2) require a complete accreditation review; or 3) withdraw the accreditation.

C. 2   Categories of Accreditation

University academic programs can be given Accredited or Non-accredited status using the following four categories:

1. Accredited:
    The program meets the accreditation standards of the Council. Accredited status is granted for the full term (seven years) or a shorter period, as determined by the Accreditation Board.

2. Probationary Accreditation:
    A program demonstrates deficiencies at the time of the review that seriously compromise its ability to meet the minimum accreditation standards. Probationary accreditation is granted if the Accreditation Board judges that these deficiencies are remediable within a maximum of two years. If the deficiencies have not been remediated by the end of the probationary accreditation term, accreditation will be withdrawn.

3. Candidate for Accreditation:
    The Accreditation Board can grant Candidate status to new graduate academic programs. Programs must apply for Candidate status prior to graduating students [note: If such an application is not made prior to graduating the first students, new programs can only apply for a full accreditation review.] The program must provide documentation that includes: a) a detailed overview of the full curriculum, b) a detailed overview of available human, physical, and financial resources, and c) university approvals of the degree program(s) and courses. The documentation must provide evidence that the structure and content of the program are being developed consistent with the Accreditation Standards outlined in this document (Section E). Candidacy status does not involve a site-visit review. Candidacy can be granted for a maximum of three years with no renewal.

4. Non-accredited:
    A program is designated Non-Accredited under the following conditions: a) the Accreditation Board judges that the program does not meet minimum Accreditation Standards, and that the program's deficiencies are not remediable within a two

year period; b) the Accreditation Board judges that a program with Probationary Accreditation status has been unable to remediate its deficiencies within the designated two year term; c) a program's Probationary Accreditation status has expired without a successful review for accreditation; or d) a program does not undergo the accreditation review process.

Each university program should inform its students of its accreditation status. Programs that lose their accreditation or did not meet the accreditation standards in a previous application can re-apply for accreditation.

C.3 Accreditation Process

C.3.1 Renewal – Accredited Programs

1. The Chair of the Accreditation Board notifies the program that the accreditation term is coming to an end one year prior to its expiration.
2. Within one month of notification by the Board, the program sends a request for accreditation review to the Chair of the Accreditation Board.
3. Upon receipt of the request by the program, the Chair of the Accreditation Board mails accreditation guidelines, standards, and an accreditation fee notice to the program.

C.3.2 New Application – Non-accredited or Candidate Programs

1. To request an accreditation review, the program submits documentation, as specified in the Documentation Guide, to the Chair of the Accreditation Board at least eight months before a review is desired.
2. Within two months upon receipt of the documentation, the Accreditation Board evaluates the submitted documentation and makes a decision about the program's eligibility for an accreditation review.

C.3.3 Subsequent Steps Relevant to All Programs Eligible for Review (currently Accredited, Non-accredited, or Candidate units judged eligible for review)

1. The Chair of the Accreditation Board and the Head of the university program together determine the date of the accreditation site-visit review. The time of the review visit should be established six months prior to the visit. The review visit should take place at least three months before the end of the accreditation term.
2. Five months before the review, the Chair of the Accreditation Board selects and notifies the program of the names of the external site reviewers; the program has the opportunity to challenge the appointment of the site reviewers on grounds of perceived bias and/or conflict of interest within two weeks of being notified of the reviewers' names.
3. The Chair of the Accreditation Board and the Head of the program finalize the appointment of the site reviewers and, with the reviewers, finalize the dates of the site review.
4. Two months before the accreditation review, the program submits accreditation materials and the accreditation fee. The Chair of the Accreditation Board distributes the materials to the Accreditation Board members and the Site-Review Team.

5. One month prior to the visit, the program mails the visit schedule to the Chair of the Accreditation Board.
6. Two weeks before the visit, the Accreditation Board prepares an initial review of the documentation and makes recommendations to the Site-Review Team.
7. The site review proceeds as scheduled. The Site-Review Team meets with the Head of the program for initial discussion of the Team's findings and recommendations at the end of the visit.
8. Within four weeks of the site-visit review, the Review Team submits its report to the Chair of the Accreditation Board and the program.
9. The program can respond concerning the accuracy of the report in writing to the Chair of the Accreditation Board within six weeks of receiving the report.
10. The Chair of the Accreditation Board distributes the report and the program's response to the members of the Accreditation Board. The Chair of the Board schedules a meeting (in person, or tele/videoconference) of the Board members within a six-week period after distribution of the material.
11. The Accreditation Board reviews the accreditation documentation, the Site-Review Team's report, and the program's response and makes the accreditation decision. The Chair of the Accreditation Board submits its decision to the Head of the program, the Dean of the Faculty, and the Accreditation Secretariat.
12. If the program disagrees with the decision according to section C.4.3, it may launch an appeal. If no appeal is initiated, the Accreditation Secretariat communicates the accreditation decision to stakeholders.

The timeline for steps of the accreditation review process is meant to be a guideline and is approximate. The Chair of the Accreditation Board may consult with the Head of the program as needed to clarify information pertinent to the review.

C.4   Appeal Procedures

A decision of the Accreditation Board may be appealed in accordance with the procedures specified below.

C.4.1   Appointment of the Appeals Committee

Within 30 days of the receipt of a program's notice of intent to appeal, the Secretariat will appoint an Appeals Committee in accordance with the procedures specified in section B.5.2.

C.4.2   Decisions That May Be Appealed

Accreditation Board decisions can be appealed only if the program has exercised its option to undergo further consideration of that decision by the Board and that review has been completed in accordance with the procedures specified in section C.3.

The following decisions of the Board may be appealed:
1. To withhold accreditation from a program not currently accredited; and
2. To withdraw accreditation from a program currently accredited.

C.4.3 Filing an Appeal

Within 30 days of the date upon which a notice of the Board's Non-accreditation decision is received by the program, the Head of the program shall submit to the Accreditation Secretariat a written notice of intent to appeal. An appellant must send a copy of the notice of intent to appeal to the Chair of the Accreditation Board.

Within 60 days of the date upon which the notice of the Accreditation Board's decision is received by the appellant, the Head of the appellant program shall submit to the Chair of the Appeals Committee a written explanation of the grounds for appeal. A program may appeal only on the grounds that:
1. The decision by the Accreditation Board was arbitrary, capricious, or not supported by substantial evidence in the record on which the Board took action; or
2. The procedures used by the Accreditation Board to reach its decision were seriously flawed and contrary to the accreditation policies and procedures as specified in this document.

The appellant's explanation should not introduce evidentiary matters not included in the record upon which the Accreditation Board based its decision. The appellant shall also transmit a copy of the explanation to the Chair of the Board and shall verify to the Chair of the Appeals Committee that a copy was transmitted.

The Chair of the Accreditation Board may choose to submit a written statement to the Chair of the Appeals Committee further explaining its accreditation decision. This statement shall not introduce evidentiary matters not included in the record before the Board. The Chair of the Board shall also transmit a copy of any such statement to the appellant and shall verify to the Committee Chair that a copy was transmitted.

The Accreditation Board shall furnish to the Appeals Committee, for review by its members, complete copies of the record on which the Board based its decision.

C.4.4 Appeal Hearing

The Chair of the Appeals Committee shall schedule a hearing on the appeal and shall notify the appellant and the Chair of the Accreditation Board of the time and place thereof. By agreement of all parties, the Appeals Committee may decide the matter in question by means of written submissions or a scheduled tele- or videoconference, without the necessity of the parties attending the hearing in person. If a meeting takes place, each party shall have the right to participate in the hearing (or designate a representative to participate) and to present a statement or arguments or, as an alternative, to present a statement or arguments via tele- or videoconference.

Alternatively, the appellant may inform the Chair of the Appeals Committee in writing that it chooses to have the appeal considered on the basis of written documents only, without a hearing. If this option is chosen, the Committee will hold a meeting, within 60 days of receipt of the appeal documents, to consider the written appeal and reach a decision.

The appellant shall be entitled to be accompanied by a resource person at the hearing. The Chair of the Appeals Committee shall be entitled to the assistance of a resource person at the hearing. These persons, at the Committee's discretion, may be called to provide information and, in this case, shall be subject to questioning like any other presenter.

No additional persons other than the staff member assigned to assist the Committee and record the proceedings shall be present at the hearing.

C.4.5   Appeals Committee Decision and Report

An appeal of an Accreditation Board's decision shall be judged on the basis of the Accreditation Board's record. All written material that the Board considered in reaching its decision constitutes the record. The Appeals Committee shall not receive or consider evidentiary matters that are not included in the record.

The function of the Appeals Committee is to evaluate whether due process was followed. This evaluation includes whether the Board followed required procedures, properly applied the standards, and based its decision on evidence that was in the record. The Committee shall determine whether or not there was evidence before the Board that would justify its decision.

The Appeals Committee may a) affirm the Board's decision that was appealed, or b) remand the case to the Accreditation Board for reconsideration in light of the Committee's finding regarding procedural violations or substantive errors in the Board's decision. The Committee may make recommendations for appropriate action and disposition in a manner consistent with its findings.

The report of the Appeals Committee will state its decision and the basis for it. Within 15 days of its decision, the Committee will transmit its report to the appellant, the Dean of the Faculty, the Board, and the Secretariat. If the Committee upholds the decision of the Accreditation Board, that decision becomes final as of the date of the letter informing the appellant of the Committee's decision. The final decision will be available to the public.

When a decision is remanded, the Accreditation Board shall reconsider its previous decision no later than its next regularly scheduled meeting, giving due weight to the findings and recommendations of the Appeals Committee. The Board may afford the appellant the opportunity to make further written submission to the Board. The results of the Board's deliberations and its decision will be transmitted to the appellant, the Dean of the Faculty, the Appeals Committee, and the Secretariat within 15 days of the reconsidered decision. Reconsidered decisions are final, and no further appeals are available.

C.4.6   Costs of Appeals

All personal costs incurred by the appellant in connection with the appeal, including travel and lodging of the appellant's representatives and other fees, shall be the appellant's sole responsibility. Costs associated with the travel and lodging of members of the Appeals Committee shall be divided equally between the appellant and the Council. All costs of the appeal process itself will be assumed by the Council.

D. FINANCIAL SUPPORT AND MANAGEMENT

D.1 Guiding Principles of Financial Management

1. The Council for Accreditation of Canadian University Programs in Audiology and Speech-Language Pathology will operate on a cost-recovery basis. Fees will be charged that reflect the actual costs of activities required to conduct high quality accreditation reviews and make appropriate decisions. Fees will not be set to include a profit for either the Council or any of the partner groups. Expenses will be monitored annually and fees adjusted as necessary to reflect the actual costs of past activity averaged over a three-year period and to include anticipated increases in the cost of future activity.

2. Costs will be shared among the three partner groups: CCUP-CSD, CASLPA, and Regulators.

3. The Council will operate as cost-efficiently as possible. Examples of possible cost savings include obtaining premium discount rates on travel for site reviewers, holding meetings by teleconference rather than face-to-face where possible, and, accepting in-kind contributions from Council Partners for equipment and services if convenient and appropriate.

4. The work of the Council will be conducted primarily by volunteers, with the exception of one administrative support personnel (Administrative Assistant, section B.7), who will be contracted to work on a part-time basis. While site reviewers will be paid an honorarium to acknowledge the value and importance of their contributions, the amount is not intended to compensate them on an hourly basis at a rate they would be able to charge as consultants. Site reviewers are deemed volunteers.

5. It is recognized that the quality of the accreditation reviews is dependent on the competence and efforts of the volunteer members of the Accreditation Board and Site- Review Team. The Council will make every effort to provide services to support their work and increase the convenience and ease with which it is conducted, where the budget permits. Further, decisions for selecting site reviewers will be determined primarily by the qualifications of the candidates rather than exclusively by pragmatic considerations such as travel costs. In no case should the quality of an accreditation review be compromised for the sake of financial expediency.

D.2 Home Office

The home office for the Council will be located within the administrative office for the CASLPA in Ottawa or another designated site. The CASLPA office was selected as the official home of the accreditation agency because it is located centrally within Canada and provides a long-term permanent address. In addition, there are potential cost savings that could result from the in-kind contribution of CASLPA equipment and services for use by the Administrative Assistant for the Council. However, use of the CASLPA address as the official home address of the agency does not preclude hiring an Administrative Assistant who works from his or her home office in the Ottawa area.

D.3   Financial Support Structure

D.3.1   Operating Costs

All operating costs will be shared equally by the three Partners of the Council. Annual operating expenses will consist primarily of the salary of the part-time Administrative Assistant, stationary and other expendable desk supplies, liability insurance, annual dues to the AAAC, and communication services such as internet, phone (including teleconference calls), and fax, as well as postage and courier services.

D.3.2   Site Reviews

A fee will be charged to each program undergoing accreditation review to recover the costs of sending a team of two reviewers to conduct face-to-face interviews at the university site. The fee will be set irrespective of the location of the program or the actual travel costs of the reviewers and, therefore, will be the same in a given year for any university, regardless of its location in Canada. The fee will be based on an estimated or actual average of costs for site reviews over a rolling three-year period. It will be monitored annually and adjusted as necessary.

D.4   Administration of Accounts

1. The fiscal year will be April 1 to March 31. The Administrative Assistant will provide financial statements to the Chair of the Accreditation Board semi-annually. Following its approval, the Chair of the Accreditation Board will forward the statement to the Secretariat.
2. The Administrative Assistant will send invoices to each of the three members of the Secretariat by January 15, and payment from each member will be due by March 1 of the same year.
3. The Administrative Assistant will send an invoice to the university program undergoing review following confirmation of the review by the program. Payment will be due to the Council within one month of receipt of the invoice.
4. The Chair of the Accreditation Board and the Administrative Assistant will have signing authority for the Council bank account(s). The Administrative Assistant is responsible for paying all bills, following approval by the Chair of the Board.

D. 5   Financial Authority

The Secretariat is responsible for monitoring the expenditure patterns and setting/re-adjusting fees in accordance with the financial principles specified in D.1. In addition, the Secretariat is responsible for making decisions regarding legal and insurance issues pertaining to the Agency. While the Chair of the Accreditation Board directly supervises the work of the Administrative Assistant, decisions related to hiring and termination of the Assistant is the responsibility of the Secretariat.

Any and all decisions regarding major financial changes to the Council require that Secretariat members consult with their constituencies.

E. ACCREDITATION STANDARDS

The Standards set forth in this section are adapted from the Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology published by the Council on Academic Accreditation, American Speech-Language-Hearing Association.

Standards are described for each of five areas: Curriculum, Faculty and Instructional Staff, Students, Resources, Administrative Structure and Governance. Performance indicators or types of evidence used to judge compliance with the standards appear below each Standard.

E.1 CURRICULUM (ACADEMIC AND CLINICAL EDUCATION)

E.1.1 The curriculum is consistent with the mission and goals of the individual university program.

Graduates meet academic and clinical requirements for registration with provincial regulatory bodies and provincial/territorial professional associations and for CASLPA membership and certification of practitioners. The curriculum adequately reflects areas across the scope of practice for the profession, as described in ***Assessing and Certifying Clinical Competency: Foundations of Clinical Practice in Audiology and Speech Language Pathology*** (CASLPA, 2004).

The school or department will provide its mission statement or an outline of its goals, a list of course prerequisites, undergraduate (if applicable) and graduate course titles and a complete set of course descriptions. In addition, it will provide a descriptive overview of the content, frequency, and duration of practicum placements throughout the program. Documentation should show that the curriculum a) is congruent with the school or department's mission statement and b) provides a foundation of knowledge and skills that enables graduates to function as generalists in either speech-language pathology or audiology. Documentation should also demonstrate that students are exposed to a wide variety of work settings as well as populations and age groups served by the professions. Information about student performance on CASLPA certification exams, feedback from regulatory bodies, and information obtained from employer and alumni surveys is pertinent.

E.1.2 The scientific foundations of the professions are evident in the curriculum.

Evidence includes descriptions of basic and applied science courses, research courses, and student engagement in research activities. The information demonstrates how the interrelationship between theory (basic and applied) and practice in the fields of speech-language pathology and/or audiology is reflected in the curriculum/curricula.

E.1.3 Expectations of student performance in courses are congruent with graduate level education.

The school or department will provide syllabi for all graduate level courses, including those in both foundation and clinical areas. Such syllabi should describe course objec-

tives, content, and readings, as well as student performance requirements. The school or department will provide a description of expectations of student performance. It will provide a description of procedures for graduate course approval and for dealing with students who do not meet graduate level performance standards. It will provide evidence on how graduate students are prepared to become competent consumers of, and/or contributors to, the scientific knowledge base of the discipline.

E.1.4   The curriculum is structured to reflect a logical conceptual framework for course sequencing and for integrating clinical and academic education.

The school or department will provide an outline of the course sequence as well as a description of the relationship between clinical training and course work. Documentation will include a description of how students are prepared for their clinical education experiences.

E.1.5   The clinical education experiences of students are carefully planned and monitored with respect to degree of independence expected. Clinical educators are adequately oriented and monitored with respect to student preparation and performance expectations.

The school or department will provide documentation regarding expectations of student performance defined in terms of knowledge, skills, and/or competencies acquired throughout their practica and describe how such information is imparted to students, faculty, and clinical educators. It will provide documentation regarding the process by which students are given feedback and evaluated during their clinical experiences.

E.1.6   A process is in place for reviewing and updating the curriculum.

Documentation schould describe the process for regular review of the curriculum/curricula. Evidence can include the presence of an active curriculum committee, a description of recent changes in the curriculum along with an explanation of the process followed and the reasons for change (e.g., desire to implement new instructional techniques, perceived need to reflect changes in practice scopes and settings, etc.), and evaluation of changes made. A mechanism for receiving feedback about the curriculum from students should be described.

E.1.7   All student and faculty interactions with clients, whether for clinical or research activities, are conducted in accordance with relevant codes of ethics.

The school or department should attest that the implementation of the curriculum is in accordance with university, professional, and/or regulatory body ethical codes and policies. There should be no evidence to the contrary.

E.2 FACULTY AND INSTRUCTIONAL STAFF

E.2.1 The number of full-time equivalent positions (FTE) for full-time and part-time faculty members with PhD degrees or equivalent is appropriate to support the educational and research missions of the school or department.

The school or department will provide information about the number of full-time positions, full-time equivalent positions, and part-time positions. A list of positions showing the academic ranks and degrees of current faculty as well as a breakdown of number of tenured, tenure track, and non-tenure track positions should be included.

E.2.2 The range of expertise and the professional competence of the full-time and part-time faculty is sufficiently diverse to reflect the multifaceted and multidisciplinary nature of speech-language pathology and audiology.

The school or department will provide up-to-date curriculum vitae for all faculty members (both full-time and part-time). It will provide a list of faculty members showing their degrees, areas of expertise, as well as clinical certification, registration and memberships, as appropriate. All faculty members with cross or joint appointments should be identified and the department in which the cross or joint appointment is held should be named.

E.2.3 Instructional staff contracted sessionally have the necessary expertise for teaching.

The school or department will provide curriculum vitae for all instructional staff who are contracted sessionally. Information should include highest degree they have attained, clinical certification and registration status, their area of content expertise and other qualifications relevant to the teaching area. Samples of teaching evaluations should be made available upon request.

E.2.4 Faculty and sessional instructors engage in activities to support the teaching mission of the school or department, including developing and/or maintaining their own content expertise and teaching ability.

Syllabi should provide evidence that a variety of instructional methods are used across the program. The school or department should describe expectations for the growth and development of faculty members as teachers. Policies and procedures that are in place to assure competence in teaching should be described. Evidence that faculty and instructional staff have undertaken teaching development activities should be provided. Teaching awards should be listed. Samples of teaching evaluations should be provided and additional samples should be made available upon request.

E.2.5 Faculty engage in activities to support the research missions of their unit.

The school or department should provide information about the current research activities of faculty, for example, the number of grant applications submitted, grants held, and papers published and presented. An overview of research topics or areas should be provided. Research areas for which faculty members and/or the school or department are especially known should be identified.

E.2.6   Faculty and instructional staff are sufficiently accessible to students for discussion of academic and clinical issues.

The school or department will provide a description of the policies and procedures that are in place to ensure that students have adequate access to faculty and instructional staff.

E.2.7   The workload for faculty provides sufficient flexibility and time to meet the institutional and unit educational and research missions.

The school or department will provide an overview of the teaching load and administrative responsibilities (including committee work) for faculty members. It will specify the targeted percentages of time spent in teaching, research, and service.

E.2.8 The university and the school or department support the career development of faculty.

The school or department will provide information about laboratory and research facilities available to faculty. It will demonstrate that faculty have sufficient time allocated to develop research programs (see E.2.7). Information about mentorship programs, sabbaticals, and other institutional supports is pertinent.

E.2.9   The faculty or staff members responsible for clinical placement of professional students hold the required credentials to work as speech-language pathologists or audiologists.

The individual(s) must be certified and/or licensed for practice of the profession of speech-language pathology or audiology in Canada.

E.2.10 Clinical educators have appropriate academic qualifications, registration and/or certification credentials, clinical experience, and supervisory training necessary to provide student supervision.

The school or department will describe criteria used for appointing and, if applicable, promoting clinical educators. It will provide a current list of clinical educators and their credentials. Additional documentation includes description of mechanisms for providing initial training as well as ongoing mentorship and evaluation of clinical educators.

E.2.11 Faculty and staff participate in university, community, and/or professional service, as appropriate.

There is evidence that faculty members participate on school or department, faculty, and university level committees. Other relevant service includes, but is not restricted to, the following: professional consultation or other clinical service activity, board membership, editorial service for journals, conference organization, and external review of academic programs.

E.3   STUDENTS

E.3.1   The school or department is successful in attracting, enrolling and graduating its targeted enrolment of students.

The school or department will provide yearly admission statistics such as number of inquiries from prospective applicants, number of applications, number of offers, and final enrolment. It will also provide information about the annual number of graduates and explain any pattern of significant attrition from the program.

E.3.2   Admission requirements and procedures are explicit and the admission requirements are congruent with the academic requirements of the school or department.

Documentation includes a description of published and other relevant admission requirements and procedures. If deemed necessary, documentation may include a description of the relationship between admission requirements and the academic program. Documentation should also include a description of applicant selection procedures. Data regarding the undergraduate degrees and entry grade point averages of admitted students are relevant.

E.3.3   Students have access to university and school or department requirements and policies, including conflict resolution and student appeal processes.

Documentation includes information about the role of the school or department in ensuring that students are aware of relevant university and school or department policies and procedures. A description of student appeal processes should be included.

E.3.4   Students have an opportunity to participate in aspects of university and/or school or department governance.

The school or department will provide evidence of student memberships on committees. A description of student participation in any other aspects of school or department and university governance is relevant.

E.3.5   The school or department has processes in place to provide students with regular advising on academic and clinical performance.

Documentation includes policies and procedures for monitoring student performance throughout the program and providing helpful feedback and advice.

E.3.6   The school or department has appropriate processes in place to make reasonable accommodations for diversity among students.

Documentation includes an overview of admission policies for students of diverse backgrounds and needs, such as disabilities or differences pertaining to cultural background, language, gender, and sexual orientation. It also should include an overview of resources and special accommodations that are available for students with disabilities or other special needs to facilitate their performance in the academic program and in clinical placements.

E.3.7   The school or department has processes in place to protect the confidentiality of student matters.

The school or department demonstrates that the handling of student records and discussion of issues related to specific students involves safeguards to protect student confidentiality. Sensitive areas include but are not limited to: grades, applications for financial assistance, and referral to support services.

E.3.8   The school or department directs students to appropriate student support services provided by the university.

The school or department demonstrates that students are referred to support services outside the unit, as necessary and appropriate.

E.3.9   The school or department has a process in place to evaluate its support of students.

Documentation may include information obtained from exit surveys of graduates. The school or department should describe processes established to facilitate ongoing communication with students.

E.4   RESOURCES

E.4.1   The school or department's budget is sufficient to support program needs.

Documentation shows that the school or department administers its own budget. The staff salary budget should be sufficient to hire an adequate number of qualified support staff, as described in E.5.4. The faculty salary budget should be sufficient to hire full-time and other instructional faculty required to fulfill the research and educational goals of the school or department (see E.2). The discretionary budget is sufficient to purchase and maintain computer and teaching technology needed to support the school's or department's educational goals, and to purchase supplies and services required to maintain the office and the program.

E.4.2   The school or department has adequate space for administrative and office staff, faculty, instruction, labs, research facilities, and students. Space meets applicable health, safety, and accessibility standards.

The school or department will provide a map or description of its physical plant, specifying office, lab, classroom, administration, research, and meeting space. There should be evidence that university and school or department policies regarding health, safety, and accessibility standards are in place and that these standards are met in the school's or department's facility.

E.4.3   The school or department provides students with access to discipline-relevant technology for educational, clinical, and research needs.

Documentation includes a list of relevant technology and equipment available in the school or department, throughout the university, and at clinical sites, to which students have access.

E.4.4 Faculty and staff have adequate computing and communication resources and access to technology for educational and other work-related needs.

The school or department will provide a description of computing and communication resources that are available to staff and faculty.

E.4.5 Technological support is available to the school or department.

The school or department will describe the type and level of technology support available to faculty, students, and staff.

E.4.6 Students and faculty have access to library resources that are sufficient to meet their educational and research needs.

The university has policies and procedures to insure that students and faculty have access to library resources that are adequate to support research and educational activities in speech-language pathology and audiology.

E.5 ADMINISTRATIVE STRUCTURE AND GOVERNANCE

E.5.1 The academic unit, typically a school or department, is autonomous. The unit has clear and distinct administrative authority over its academic and clinical education and research programs within the university.
[CHEA 2002; CAA Accreditation Manual]

The academic unit will provide documentation to reveal its administrative status within the university and internal governance structure. Documentation should show that the academic unit has a distinct mission statement and its own education and research goals. It should also show that the unit sets the requirements for degree(s) to be granted, has budgetary discretion, and authority with respect to hiring and promotion of faculty and staff. The academic unit should provide a description of the internal governance structure, including structures and procedures for admissions, processes for creating and revising the curriculum, processes for administering the academic and clinical education programs and research, and processes for recruiting and reviewing faculty.

E.5.2 The Head of the academic unit is appropriately qualified and provides effective administrative and academic leadership.

The Head holds a Ph.D. or equivalent (in most cases) in a discipline relevant to communication and its disorders. The Head holds a full-time academic appointment, engages in research, has knowledge of the professions of audiology and speech-language pathology and the educational requirements for entry into these professions (as appropriate for the scope of the program), and is positively evaluated by others such as faculty members in the school or department, heads of related departments, and the Dean(s) and, where relevant, external reviewers. There is evidence of growth and development of the academic unit (e.g., strategic planning, curriculum change, enhancement of academic or clinical education, recruitment of new faculty, new research collaborations).

E.5.3   The administrative structure is adequate to support the education and research aspects of the school's or department's mission.

Documentation should outline individual and committee responsibilities of faculty and staff and procedures demonstrating shared governance with respect to carrying out the functions and responsibilities of a graduate program, including the following: admitting students and monitoring their progress; making and implementing curricular decisions; advising the school or department Head about infrastructure issues (e.g., resource allocation, technology requirements, staffing issues); and making academic unit-level decisions for faculty recruiting and hiring and reviewing faculty for promotion and tenure. Documentation should also include description of procedures for submitting research grants, obtaining ethical approval, administering research grants (including budget, purchasing, and hiring).

E.5.4   The school or department has sufficient administrative support. Staff are sufficient in number and have skills and training appropriate and sufficient to support its educational and research goals.

Documentation should include staff job descriptions. These job descriptions should indicate that staff cover the range of functions and responsibilities required of an autonomous graduate program, including, e.g., budget planning and account management; office and personnel management; purchasing; hiring staff; statistics keeping and reporting; clerical support for admissions, maintaining records, reporting of student progress, and other student-related concerns; clerical and technical support for the educational program; clerical and technical support for faculty members; and infrastructure support for research. Documentation should also include description of opportunities and resources for staff continuing education.

E.5.5   The school or department has full participation in governance of the university.

The school or department will provide documentation of participation in faculty and university governance. Documentation should include description of the Head's role in faculty governance and participation in other university governance structures or functions (e.g., consultations concerning reviews of faculties or deans). It should also include description of the participation of the school's or department's individual faculty members on committees of other governance structures at the faculty or university level.

E.5.6   The school or department abides by the university's employment equity policies.

The school or department should provide documentation of procedures for personnel decisions: recruitment, hiring, pre-tenure reappointment review, and tenure and promotion reviews. Policies and procedures for assignment of instructional and governance responsibilities are relevant as is a description of faculty and university support for school or department personnel decisions (e.g., school or department-level recommendation to hire supported and resulting in permission to hire by the Faculty and the university).

E.5.7 The school or department has procedures for evaluating accomplishment of its academic goals.

The school or department should provide a description or documentation of review of: goals, course content, instructional approaches, curriculum, student course evaluations, exit interviews, curriculum questionnaires for students or clinical educators, faculty peer teaching evaluations, faculty participation in instructional growth activities, degree completion rate, performance and pass rate on CASLPA exam, student and graduate presentations at academic and professional meetings, and student publications and awards.

E.5.8 The school or department has procedures in place for disseminating information about the program and the university.

Documentation may include university calendars, school or department and university websites, and procedures for handling telephone inquiries.

F.   REFERENCES

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Consultation with:

Accreditation Council for Canadian Physiotherapy Academic Programs (ACCPAC)

American Speech-Language-Hearing Association (ASHA)

Association of Accrediting Agencies of Canada (AAAC)

Canadian Association of Occupational Therapists (CAOT)

Canadian Association of Schools of Nursing (CASN)

Canadian Council for Accreditation of Pharmacy Programs (CCAPP)

Canadian Council of Professional engineers (CCPE)

Canadian Council of Technicians and Technologists (CTAB)

Canadian Forestry Accreditation Board (CFAB)

Commission on Dental Accreditation (CSAC)

Dieticians of Canada (DC)

Royal College of Speech and Language Therapists (RCSLT)

Speech Pathology Australia

G. APPENDICES

APPENDIX 1

CACUP-ASLP Implementation Guidelines for Start- Up and Transition Period

This Appendix provides implementation guidelines for CACUP-ASLP during the start-up phase and includes provisions for facilitating transition from use of the previous system of accrediting Canadian university programs in audiology and speech-language pathology. The transition period ends when all programs that meet the following criteria have undergone their first accreditation review: the programs are in place at the time that CACUP-ASLP is introduced and are voting members of CCUP–CSD. The start-up and transitional provisions pertain to terms of members of the Accreditation Board, accreditation status, scheduling initial accreditation reviews, and set-up costs.

1. Terms of Accreditation Board members

It is desirable that the terms of service of the members of the Accreditation Board be staggered, to provide for continuity on the Board. Members of the first Accreditation Board will be appointed for terms of either two, three, or four years, with an option of a one-time three-year renewal, and with no more than two members appointed for each term length. After the initial Board is appointed, the policies stated in section B.3 of the CACUP-ASLP Manual will be in force.

2. Accreditation status of university programs that are full members of CCUP–CSD by the time that the CACUP-ASLP is established/Review scheduling

2.1   The accreditation status of member programs reviewed in accordance with the 1995 accreditation policies and procedures will be honoured for the term of accreditation, which will determine the time of each program's next accreditation review.

2.2   University programs that are full members of CCUP–CSD that have not yet been reviewed at the time CACUP-ASLP is established are designated Accreditation Eligible. This status carries no stigma, but simply designates an established program that has not yet been reviewed for accreditation. To maintain its Accreditation Eligible status, each member program so designated should confirm its status with the Accreditation Board and work with the Board to schedule the initial accreditation review. After the initial review, each member program will be granted a category of accreditation defined in section C.3. After all of the Accreditation Eligible programs, as defined here, have been reviewed, Accreditation Eligible will no longer be a category of accreditation.

2.3   To accomplish the initial accreditation reviews of all Accreditation Eligible university programs in speech-language pathology and audiology on a schedule that will be feasible for the Board and will also allow reviews of all currently existing programs within a seven year cycle, the Task Force recommends that at least one program be reviewed per year, and two reviews per year occur twice during the cycle.

3. Set-up costs

All set-up costs will be shared equally by the three partners of the Secretariat: CASLPA, CCUP-CSD, and Regulators. Set-up costs will include printing and translation of the accreditation document and other materials and could potentially include purchase of office equipment.

APPENDIX 2

Documentation Guide

The program to be reviewed is required to compile and submit an extensive set of materials as part of the accreditation review. These materials provide evidence of the program's compliance with Standards (Section E).

The program must submit the Core Materials listed below, in binder form, to the Accreditation Board early in the review proceedings. For accreditation renewal, the Core Materials are submitted two months before the scheduled site-review visit (see C.3.3); for new applications, the Core Materials are submitted eight months before a review is desired (see C.3.2). The Core Materials will be carefully examined by each member of the Accreditation Board and the Site-Review Team. Based on this examination, Board and Site-Review Team members will assemble a list of questions to be addressed during the site visit.

The program must also compile a set of Supplementary Materials (see Form C, below). These materials will be provided to the Site-Review Team during the visit.

Core Materials and Checklist (Form A)

This checklist must be completed and included with the binder of materials submitted to the Accreditation Board. It should correspond to information provided in the binder.

E.1 Curriculum (Academic and Clinical Education)	
School or department mission statement and goals	
Description of program(s), including history if relevant	
Complete set of master's level course titles and descriptions	
Outline of course sequence	
Demonstration that topics in current version of *Assessing and Certifying Clinical Competency: Foundations of Clinical Practice for Audiology and Speech-Language Pathology* are covered in the curriculum – Form B may be used	
Description of grading standards and policies or procedures for dealing with students who do not meet standards	
Description of procedures for approving course modifications at the school or department and university levels	
Overview of clinical education component, including duration and frequency of each placement and list of placement sites	

Description of the relationship between clinical training and coursework	
Description of expectations for student performance in practicum placements and methods of mentoring and evaluating students	
Description of methods of recruiting, training, and evaluating clinical educators	
Description of student exposure to/involvement in research	
Description of process for regular review and updating of curriculum/curricula, both academic and clinical training components	
Information about student performance on CASLPA certification exams as well as feedback from regulatory bodies, employers of graduates, and alumni	
Statement attesting that unit is abiding by ethical codes and policies	
Self assessment of program(s) strengths and weaknesses with respect to curriculum/curricula	

E.2 Faculty and Instructional Staff

List of number of complement positions (i.e., positions funded through general operating funds of the university and on-going, versus externally funded) and the status of each with respect to FTE and tenure/non-tenure track	
List of current faculty with highest degree, academic rank, expertise area, and joint appointments identified	
Description of processes for recruiting and reviewing faculty	
Overview of results of teaching evaluations for faculty and other instructors	
Expectations of, and opportunities for, ongoing development of teaching expertise, and description of uptake	
List of teaching awards, if applicable	
Overview of current research activities of faculty members	
Number of grants submitted and held by faculty for past five years	
Number of papers published and presentations made by faculty for past five years	
Targeted and actual percentages for time spent in teaching, research, and administration for faculty	
List of laboratory and research facilities for faculty	

List of clinical educators for current year and their credentials	
Overview of faculty participation on school or department, faculty, and university committees along with other relevant service; list of school or department committees with members (including student members)	
Self assessment of program(s) strengths and weaknesses with respect to faculty and instructional staff	

E.3 Students

Admission statistics for past five years, including number of inquiries, number of applications, number of offers, and final enrolment	
Number of graduates for past three years	
Admission requirements; description of applicant selection procedures; average entry GPA of students for past five years	
Description of student access to school or department and university procedures and policies; description of student appeal processes	
Description of advisor system	
Information about school or department procedures to promote diversity in student pool and provide necessary accommodation and support to non-mainstream students	
Overview of methods used to handle student records and confidential student information	
Self assessment of program(s) strengths and weaknesses with respect to students	

E.4 Resources

Description of budget administration	
Number and roles of support staff	
Description of technical resources and equipment available to support teaching/learning	
Map or description of physical plant; evidence that health, safety, and accessibility standards are met	
Description of student and faculty access to library resources	
Self assessment of program(s) strengths and weaknesses with respect to resources	

E.5 Administrative Structure and Governance	
Overview of school or department's place within university administrative structure (e.g., organization chart)	
Process for evaluating Director or Chair	
Overview of school or department function with respect to governance shared among school or department Head, faculty, and students	
Overview of procedures for administrating research grants	
Description of processes for ethical review of all research	
Self assessment of program(s) strengths and weaknesses with respect to administrative structure and governance	

Core Information - Curriculum: Coverage of Essential Topics (Form B)

The program must provide demonstrate that profession-relevant topics listed in the document, *Assessing and Certifying Clinical Competency: Foundations of Clinical Practice for Audiology and Speech-Language Pathology* are covered in their curriculum/curricula. Form B must be completed and submitted as part of Core Evidence.

Topic Areas – Audiology and SLP	List Courses or Other Experiences
Unit one: Basic Requirements	
1.1 Anatomy and Physiology	
1.2 Neuroanatomy	
1.3 Genetics and Human Development	
1.4 Counselling and Applied Psychology	
1.5 Psycholinguistics and Linguistics	
1.6 Speech Perception and Acoustics	
1.7 Instrumentation	
1.8 Pharmacology and other Medical Interventions	
1.9 Research Methodology	

Topic Areas - Audiology	List Courses or Other Experiences
Unit Two: Prevention, Evaluation and Diagnosis	
Unit Three: Client Management	
Unit Four: Neonatal and Infant Population	
Unit Five: Preschool Populations	

		List Courses or Other Experiences
Unit Six:	Profoundly Hearing Impaired Populations	
Unit Seven:	The Aging Population	
Unit Eight:	Occupational Hearing Loss	
Unit Nine:	Professional Practices and Issues	

Topics Areas - Speech-Language Pathology		List Courses or Other Experiences
Unit Two:	Principles of Clinical Practice and Professional Practice Issues	
Unit Three:	Developmental Articulation/ Phonological Disorders	
Unit Four:	Neurologically Based Speech Disorders	
Unit Five:	Developmental Language Disorders	
Unit Six:	Acquired Language Disorders	
Unit Seven:	Voice Disorders	
Unit Eight:	Resonance Disorders	
Unit Nine:	Fluency Disorders	
Unit Ten:	Augmentative and Alternative Communication	
Unit Eleven:	Hearing Disorders and Related Speech-Language Disorders	
Unit Twelve:	Dysphagia	

Supplementary Materials and Checklist (Form C)

The program will compile the materials listed below and make them available to the Site-Review Team during the site visit.

E.1 Curriculum (Academic and Clinical Education)	
Syllabi for all master's level courses	
Clinical handbook for students and clinical educators	
Titles of student research projects for past 3 years	
Samples of student research papers	
Admissions materials or brochure	
E.2 Faculty and Instructional Staff	
Curriculum vitae for all full-time faculty, part-time faculty, and sessional lecturers (should include information about clinical certification, and professional memberships)	
Sample teaching evaluations	
E.3 Students	
Student handbook	
E.4 Administrative Structure and Governance	
Job descriptions of key staff members; description of opportunities for continuing education for staff	
University and/or Faculty policies and procedures concerning personnel decisions (hiring, reappointment review, tenure and promotion review)	

APPENDIX 3

Normal Timeline for Accreditation Review

Renewal –Accredited Programs

- **One year** prior to expiration of accreditation, notice of renewal of accreditation is sent to the program.
- Within **one month** of notice, the program sends a request for re-accreditation to the Chair of the Accreditation Board (AB) and the materials for renewal are sent.

New Applications – Non-accredited Programs

- At least **8 months** prior to a desired review, the program submits self-study documentation to the AB.
- Within **2 months** the AB evaluates documentation and determines eligibility.

All Eligible Programs

- **6 months** prior to the visit, a site-visit date is determined.
- **5 months** prior to the visit, Site Reviewers are selected and their names are sent to the program.
- Within **2 weeks,** the program can challenge appointment of Reviewers and request new Reviewers.
- **4 months** prior to the visit, the date of the site-visit is finalized with the Reviewers and program Head.
- **2 months** prior to the visit, the program submits the accreditation materials and fee to the AB.
- **7 weeks** prior to the visit the materials are sent to the AB members and Site-Review Team.
- **4 weeks** prior to the visit the program sends the visit schedule to the Chair of the AB.
- **2 weeks** prior to the visit, the AB prepares an initial review and recommendations for the Site-Review Team.
- At the end of the site-review visit, the Team meets with the Head of the program to report initial findings.
- Within **4 weeks** after the visit, the Site-Review Team sends its report to the Chair of the AB and the Head of the progam.
- Within **6 weeks** of receiving the report, the program can respond to the report to the Chair of the AB.
- Within **2 weeks** of receiving the program's response, the report and response is distributed to AB members and a teleconference is scheduled to discuss and make an accreditation decision.
- Within **1 week,** the decision is sent to the Secretariat, the program, and the Dean of the Faculty.
- Within **6 weeks,** the program can launch an appeal of the decision.
- If there is no appeal, the decision is communicated by the Secretariat to stakeholders.

APPENDIX 4

Sample Accreditation Timeline for Review

March 15, 2005:

New (non-accredited or candidate) program requests accreditation review and submits materials to the Accreditation Board (AB).

April 30, 2005:

AB determines eligibility after evaluating the application.

May 15, 2005:

Site-visit date determined by program Head and Chair of AB.

June 15, 2005:

AB notifies program of names of Site Reviewers.

June 29, 2005:

Deadline for program to challenge names of Reviewers.

July 1, 2005:

Reviewers finalized, onsite review dates confirmed.

September 1, 2005:

Program submits accreditation materials and fee.

September 7, 2005:

Accreditation materials distributed to AB and Site-Review Team.

October 1, 2005:

Deadline for program to send schedule to Chair of AB.

October 15, 2005:

AB prepares initial review of documentation and recommendations to Site-Review Team.

November 1-2, 2005:

Site-visit review takes place; Site-Review Team meets with Head of program for initial discussion of findings and recommendations at end of visit

December 1, 2005:

Site-Review Team submits report to AB and program

January 15, 2006:

Deadline for program to respond to AB regarding report

January 16, 2006:

Chair of AB distributes report and program's response to the AB.

January 30, 2006:

Teleconference with AB to discuss report and response and make accreditation decision; decision sent to Accreditation Secretariat and program

March 5, 2006:

Deadline for appeal of non-accreditation decision; if no appeal, decision communicated to stakeholders

Notice for renewal of accreditation:

One year prior to expiration

Within the next month:

Program submits request for re-accreditation and Administrative Assistant mails pertinent materials

APPENDIX 5

Sample Site-Review Visit Schedule

Day 1

8:30   Interview with the Head of the program
10:00 Interview with the Dean of the Faculty
11:00 Tour of facilities and library
12:00 Lunch
1:00   Interviews with full-time faculty representatives
2:00   Interviews with office staff representatives
3:00   Interviews with the Academic Coordinator(s) of Clinical Education
4:00   Interviews with alumnae of the program
5:00   Interviews with clinical educators

Day 2

9:00   Interviews with part-time or sessional faculty
10:00 Interviews with current students: representatives of all years
11:00 Interviews with faculty
12:00 Lunch
1:00   Team meeting
3:00   Meeting with Dean for feedback
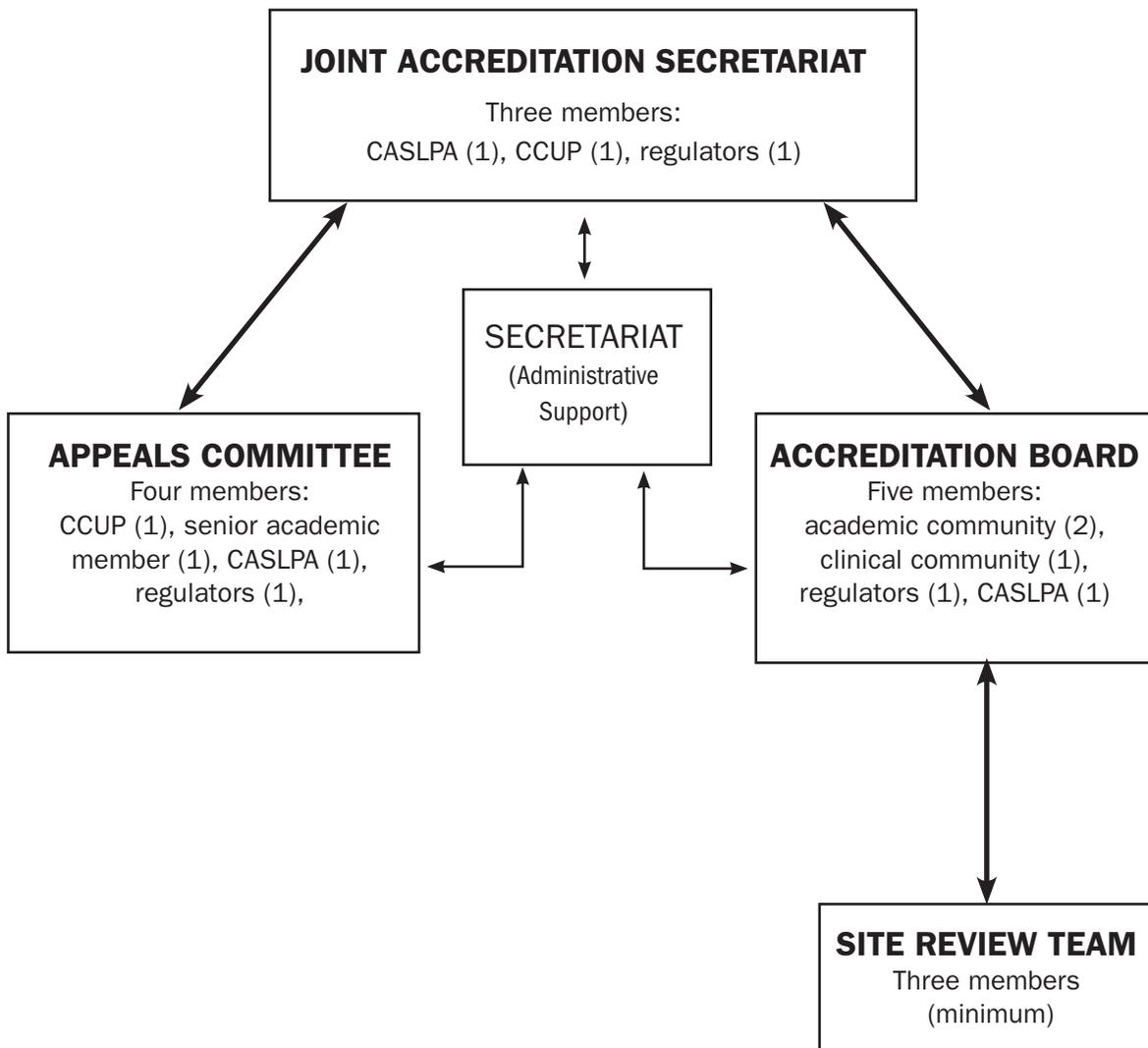4:00   Meeting with Head and faculty for feedback

H. FIGURES

Figure 1: Governance Structure

PROGRAM UNDER REVIEW

- provides self-study materials

SITE REVIEW TEAM

- produces report
- makes recommendation

(opportunity for program
to respond to Review
Team's report)

ACCREDITATION BOARD

- reaches accreditation decision

JOINT ACCREDITATION SECRETARIAT

- receives decision
- communicates decision

APPEALS COMMITTEE
- appointed if necessary
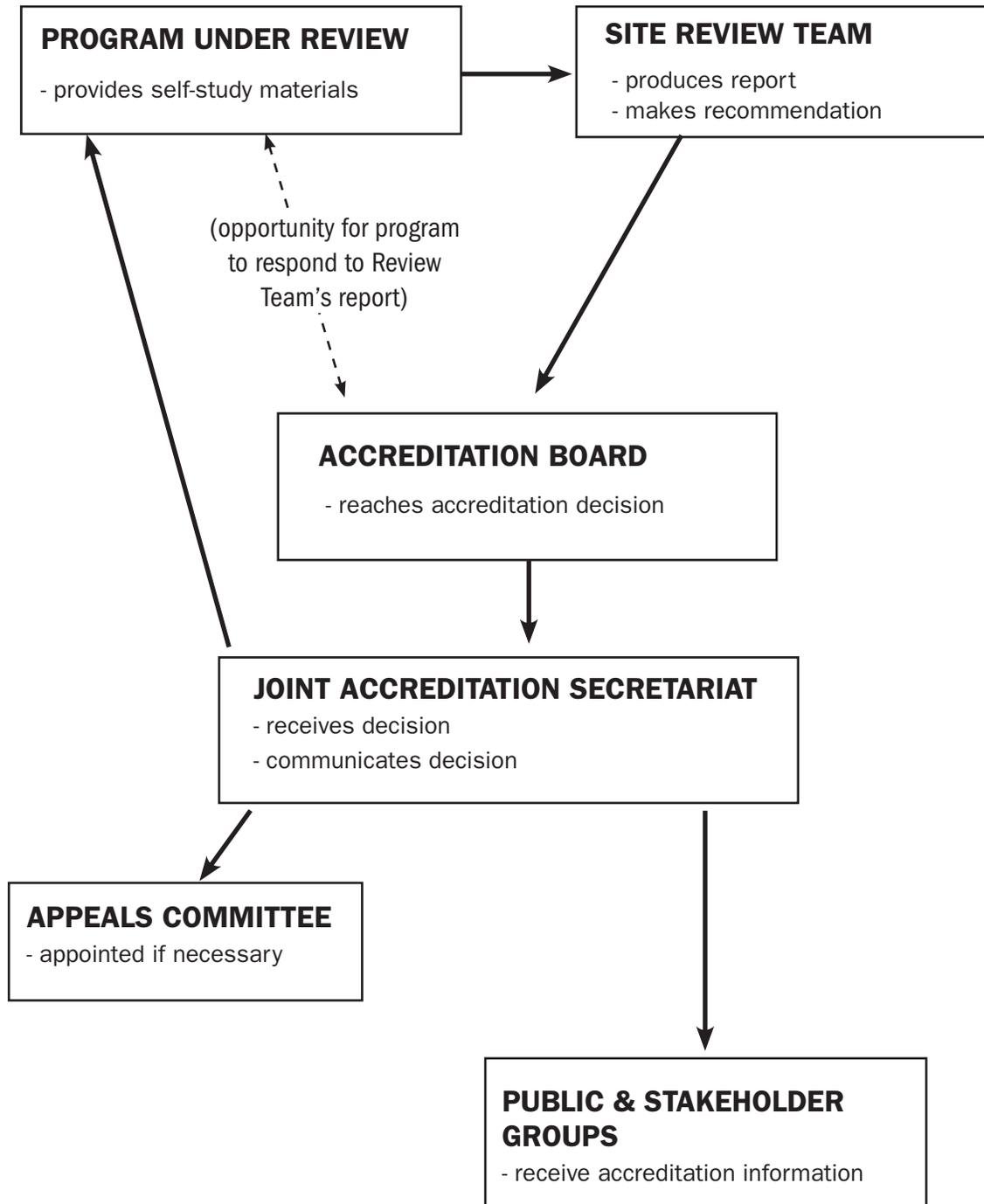
PUBLIC & STAKEHOLDER
GROUPS

- receive accreditation information

Figure 2: Flow Chart of Decision-making in Accreditation Process