



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

May 7, 2021

Alvin Cheung, PharmD, MHSA  
President  
California Northstate University  
9700 West Taron Drive  
Elk Grove, CA 95757

Dear President Cheung,

At its meeting on April 8-11, 2021 the Commission on Accreditation (CoA) conducted a review of the applicant doctoral Psy.D. program in Clinical psychology at California Northstate University. This review included consideration of the program's initial self-study report, the 1<sup>st</sup> preliminary review ("admin review"), the program's response to the 1<sup>st</sup> preliminary review, 2<sup>nd</sup> preliminary review, the report of the team that visited the program on November 16-17, 2020 (virtual), and the program's response to the site visit report.

I am pleased to inform you that the CoA voted to grant the program "**accredited, on contingency**" status with an initial date of accreditation of April 11, 2021. In accordance with Section 8.2D of the *Accreditation Operating Procedures* (AOP) and Implementing Regulation (IR) C-29 D, doctoral programs "accredited, on contingency" must provide outcome data for students in the program and program graduates within 3 years of receiving that status. These data must be provided in an updated self-study due by **May 1, 2024**. Upon review of the updated self-study, a site visit may be approved and the program will be reviewed for full accreditation status.

During the interim, the program will be listed among accredited programs on the accreditation web pages. The Commission also encourages you to share information about your program's accredited status with agencies and others of the public as appropriate. Please note that consistent with IR C-29 D the program must publish the date of expiration of its contingent status in its public materials (April 11, 2026). Please note that all programs undergoing a virtual site visit must be site visited in-person when practicable. The program will receive notice when decisions are made regarding approving and scheduling the required on-site verification visit. Please visit the accreditation website for additional information and updates on this process.

Dr. Stephanie Wood recused and therefore did not participate in the discussion and vote on your program.

The Commission recognizes the quality of training provided by the program and deems it in substantial compliance with the *Standards of Accreditation*. The program's aims are consistent with preparing students for careers in health service psychology. Training is structured to be sequential, cumulative, and graded in complexity and its training emphases are consistent with the Psy.D. degree type. The program is committed to maintaining a collegial atmosphere in which all persons are treated in an ethical and respectful manner. Students are selected based on

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relevant criteria and are sufficient in number to allow for meaningful peer interaction. Students described the faculty as highly accessible and faculty are sufficient in number and qualifications to facilitate the program's training aims. The program describes itself fully in its public materials allowing for prospective students to make informed admissions decisions. The program has adequately communicated with the Commission throughout the accreditation process and has paid all required fees necessary to apply for accreditation.

Accreditation is a process that encourages improvement through continuous self-study and review. The CoA has identified items that represent areas that require additional attention. Please navigate to the Standards tab in the CoA Portal to respond to this feedback.

## **Standard II: Aims, Competencies, Curriculum, and Outcomes**

### **II.B.1.a**

It is unclear how the program is providing sufficient coverage and evaluation of advanced integrative knowledge consistent with Implementing Regulation (IR) C-7 D. The program indicates that it assesses mastery of advanced integrative knowledge (AIK) through an integrative case presentation. However, it was not apparent how the program ensures students' exposure to advanced integrative knowledge through a curricular experience that utilizes primary source materials, including original empirical work, consistent with graduate-level training as described in IR C-7 D. In addition, it is unclear how the program ensures that the faculty responsible for evaluating the integrative case presentation are appropriately qualified to evaluate the integration of the discipline-specific knowledge content areas that are being included in the assignment consistent with IR C-7 D and IR C-23 D. By **September 1, 2021**, the program is asked to clarify how it ensures graduate-level coverage in advanced integrative knowledge consistent with IR C-7 D and that it is being evaluated by faculty who are appropriately qualified to do so. The program is asked to provide a narrative response along with any other relevant supporting documents to demonstrate sufficient coverage and faculty qualifications.

### **II.B.1.b**

One of the outcome measures used to evaluate student attainment of competence in the profession-wide competencies (PWCs) is the Supervisor Evaluation of Practicum Student form. However, it is unclear how the required minimum level of achievement (MLA) associated with the practicum evaluation is sufficient to demonstrate students' attainment of competence at an appropriate level per IR C-8 D. The form uses a 5-point rating scale with the expected MLA being a 3, which is defined as "Average Performance (Consistently meets expectations)" (SS, Standard II.B.1.b, Appendix II.B.1.b.2.15). Given this description and lack of additional behavioral anchors, it is unclear how ratings of 3 reflect that the student has demonstrated competence sufficient for entry-level practice as required in IR C-8 D. By **September 1, 2021**, the program is asked to clarify how its MLA on the practicum evaluation is sufficient to ensure students' have attained competence at the appropriate level, consistent with IR C-8 D.

### **II.B.4.a-b**

In response to the first preliminary review, the program provided its CTC Review of Non-Accredited Internship Site Checklist (Standard II.B.4.a-b, Follow-Up Uploads), which the Clinical Training Committee uses to review the sufficiency of non-APA accredited sites. While

the form includes a check that there must be consistent availability of the licensed doctoral psychologist for supervision, this criterion, in the judgment of CoA, is not sufficient to determine whether the majority of supervision and the primary supervisor for the intern will be a licensed doctoral level psychologist. In its next self-study, the program must make clear how it reviews and documents the sufficiency of supervision provided at non-APA accredited internship sites.

### **Standard III: Students**

#### **III.C.2**

The program has described a robust plan for the recruitment of diverse students; however, in the professional judgement of the Commission, the program has not described a plan for the retention of students from diverse backgrounds that is consistent with IR C-21 D. Specifically, it is unclear if the program has multiple program-level efforts in place specific to the retention of diverse students. In addition, it is unclear how the program evaluates the effectiveness of its efforts to retain diverse students. In its next self-study, the program must demonstrate that 1) it engages in multiple program-level efforts aimed at the retention of students from diverse backgrounds and 2) that it examines the effectiveness of its efforts to retain diverse students and takes steps to revise/enhance its strategies as necessary, consistent with IR C-21 D.

### **Standard IV: Faculty**

#### **IV.B.1-2**

There appear to be discrepancies in the number of core faculty reported in the program's materials. The program's original Table 14a identified 9 core faculty; however, the program's revised Table 15 only identified 6 core faculty (Standard IV.B.1-2, Follow-Up Uploads, Table 15). Furthermore, the program's original core faculty table identified three individuals at the dean level as devoting 100% of their professional time to the Psy.D. program. The program provided site visitors with a revised core faculty table that removed these individuals from the list of core faculty, indicating the program has 6 core faculty (Site Visit Report Uploads, Table 14a doctoral-core-faculty revised). In its next self-study, the program is asked to ensure that the number of core faculty are consistent across Tables 14 and 15 and that it provides accurate FTE estimates for all program faculty.

### **Standard V: Communication Practices**

#### **V.A.1**

Given that the program is now accredited, the program is reminded to include the name, address, and telephone number for the Commission on Accreditation in all public documents which cite its accreditation status, consistent with Implementing Regulation C-25 D.

The program is also reminded that consistent with IR C-26 D, the program must provide information in its public materials regarding trainee admissions, support, and outcome data. Please note that the program's public information will be reviewed on or after October 1 of each year to ensure that the disclosure data has been updated and is in compliance with the IR.

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The program's response to the Reporting Requirements with a specified due date must be submitted in the online CoA Portal. Please navigate to the "Follow-Up" tab to respond by the designated due date.

All Implementing Regulations are available on the accreditation website ([www.accreditation.apa.org](http://www.accreditation.apa.org)). The website also provides important updates and policy changes related to the accreditation process. As an accredited program, we encourage you to periodically visit the website to remain current on all new accreditation policies. The Commission on Accreditation would also like to remind you that all accredited programs must inform the accrediting body in a timely manner of changes that could alter the program's quality (see Implementing Regulation C-27 D: Notification of Changes to Accredited Programs). Such updates should be submitted via the CoA Portal under the "Substantive Change" tab.

Please note that all accredited programs are required to complete the Annual Report Online (ARO). The Training Director will receive an email when it is time to complete the ARO. As such, it is extremely important that the program inform the CoA of any staff/faculty changes in a timely manner. Since the program is now accredited, it is reminded that an annual fee will be billed in order for the program to maintain its accredited status.

In closing, on behalf of the Commission on Accreditation, I extend congratulations to the faculty and students of the program for their achievements. The Commission also expresses its appreciation for your personal commitment, and the corresponding support of your administration, to develop and maintain the best possible quality of graduate education and training in psychology. If the Office of Program Consultation and Accreditation may be of service at any time on administrative matters of accreditation, please call upon us.

Sincerely,



Jacqueline Remondet Wall, Ph.D.  
Director, Office of Program Consultation and Accreditation

cc: Sandra Nevis, Ph.D., Assistant Dean of Clinical Training  
Bret McLaughlin, Psy.D., Dean, College of Psychology

**C-18 D. Outcome Data for Doctoral Programs**  
(formerly C-32; Commission on Accreditation, October 2012; April 2016)

This Implementing Regulation clarifies the type of data the CoA needs to make an accreditation decision on doctoral programs.

The CoA requires all accredited programs to provide outcome data on the extent to which the program is effective in achieving its aim(s) and demonstrating student attainment of required discipline-specific knowledge, profession-wide competences, and program-specific competencies (if any).

As stated in the *Standards of Accreditation* (SoA) and the accompanying Implementing Regulation (IR) for doctoral programs, discipline-specific knowledge serves as a cornerstone for the establishment of identity in and orientation to health service psychology. Programs are required to demonstrate discipline-specific knowledge of its students (Standard II.B.1.a D and IR C-7 D).

*Discipline-specific knowledge serves as a cornerstone for the establishment of identity as a psychologist and orientation to health service psychology. Therefore, all students in accredited doctoral programs shall acquire a general knowledge base in the discipline of psychology, broadly construed.*

- a. *Discipline-specific knowledge represents the requisite core knowledge of psychology an individual must have to attain the profession-wide competencies. Programs may elect to demonstrate discipline-specific knowledge of students by:*
  - i. *Using student selection criteria that involve standardized assessments of a foundational knowledge base (e.g., GRE subject tests). In this case, the program must describe how the curriculum builds upon this foundational knowledge to enable students to demonstrate graduate level discipline-specific knowledge.*
  - ii. *Providing students with broad exposure to discipline-specific knowledge. In this case, the program is not required to demonstrate that students have specific foundational knowledge at entry but must describe how the program's curriculum enables students to demonstrate graduate-level discipline-specific knowledge.*

In addition to demonstrating that students obtain discipline-specific knowledge, programs must evaluate profession-wide and program-specific (if any) competencies. As stated in the SoA for doctoral programs relevant to student profession-wide and program-specific competencies (II.D.1):

1. *Evaluation of students' competencies*
  - a. *The program must evaluate students' competencies in both profession-defined and program-defined areas. By the time of degree completion, each student must demonstrate achievement of both the profession-wide competencies and those required by the program. Thus, for each competency, the program must:*
    - i. *Specify how it evaluates student performance and the minimum level of achievement or performance required of the student to demonstrate competency. Programs must demonstrate how their evaluation methods and minimum levels of achievement are appropriate for the measurement of each competency. The level of achievement expected should reflect the current standards for the profession.*

- ii. *Provide outcome data that clearly demonstrate that by the time of degree completion, all students have reached the appropriate level of achievement in each profession-wide competency and in each program-defined competency. While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with best practices in student competency evaluation.*
    - iii. *Present formative and summative evaluations linked to exit criteria and data demonstrating achievement of competencies for each student in the program.*
  - b. *For program graduates, the program must provide distal evidence of students' competencies and program effectiveness and must evaluate graduates' career paths in health service psychology after they have left the program.*
    - i. *Two years after graduation, the program must provide data on how well the program prepared students in each profession-wide and program-specific competency. The program must also provide data on students' job placement and licensure rates.*
    - ii. *At 5 years postgraduation, the program must provide data on graduates, including data on graduates' licensure (as appropriate for their current job duties) and their scholarly/research contributions (as consistent with the program's aims).*

In addition, the United States Department of Education (USDE) requires recognized accrediting bodies (such as the CoA) to collect and monitor data-driven outcomes, especially as they relate to student achievement. In making an accreditation decision on a program, CoA must demonstrate that it reviews student achievement through review of the program's outcome data.

All accredited programs are required to demonstrate an educational/training curriculum that is consistent with program aim(s) and is designed to foster student development of required profession-wide competencies and program-specific competencies (if any). Expected minimal levels of achievements must be specified for all profession-wide competencies and program-specific competencies (if any). It is each program's responsibility to collect, present, and utilize aggregated proximal and distal outcome data that are directly tied to profession-wide competencies and program-specific competencies (if any).

### **Definitions:**

**Proximal data** are defined as outcomes on students as they progress through and complete the program, which are tied to the required profession-wide competencies and program-specific competencies (if any).

- Proximal data at a minimum must include evaluations of students' performance by those who are responsible for their training (e.g., by course instructors, thesis/dissertation committees, supervisors).
- Completion of an unevaluated activity (attendance at a class or seminar, completion of a manuscript, completion of practicum hours) is not considered sufficient proximal outcome data. Rather, the program must utilize evaluative data (e.g., course outcomes/grades, supervisor evaluation of practicum performance, dissertation defense outcome, acceptance of a peer-reviewed presentation or publication) that demonstrate the program's success in promoting mastery of profession-wide competencies and program-specific competencies (if any).
- While student *self-ratings, ratings of satisfaction with training, or ratings by others (e.g., peers)* may be a part of proximal assessment, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting attainment of profession-wide competencies and program-specific competencies (if any).

**Distal data** are defined as outcomes on students after they have completed the program, which are tied to the profession-wide competencies and program-specific competencies (if any).

- Distal data typically include information obtained from alumni surveys addressing former students' perceived assessments of the degree to which the program promoted mastery of profession-wide competencies and program-specific competencies (if any).
- Distal data reflecting completion of professional activities and accomplishments (e.g., licensure, employment, memberships, and affiliations), such as those found in the self-study tables, are important examples of distal outcomes but alone are not sufficient because they do not fully reflect achievement of all expected competencies.
- Although alumni surveys assessing former students' overall *satisfaction* with the training program (including the degree to which the education and training is relevant) may be an important component of a program's ongoing self-study process, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting expected competencies.

Distal data must be collected annually on alumni who are 2 years and 5 years post-graduation in that year. Although programs are expected to contact as many of these alumni as possible, it is recognized that not all graduates will be reachable. If response rates are particularly low, the program should explain low response rates and describe efforts to contact its graduates.

### **Level of Specificity**

#### **Discipline-Specific Knowledge**

According to the Standards of Accreditation (Standard II.B.1.a D), accredited programs are required to demonstrate that their students attain requisite core knowledge of psychology.

Consistent with IR C-7 D, accredited programs are required to identify minimum levels of achievement that are acceptable to demonstrate students' discipline-specific knowledge at the advanced graduate level, to assess all required content areas within each category of discipline-specific knowledge for each student (e.g. history and systems of psychology; affective aspects of behavior; biological aspects of behavior; cognitive aspects of behavior; developmental aspects of behavior; social aspects of behavior; advanced integrative knowledge of basic discipline-specific content areas; research methods; quantitative methods; psychometrics), and to provide data to CoA that document that by the time of graduation, all students have attained the required minimum levels of achievement for each required area of discipline-specific knowledge.

As described in IR C-7 D, programs must demonstrate that students have attained advanced graduate level discipline-specific knowledge in all content areas of each category prior to graduation. This demonstration may include but is not limited to: course grades in graduate-level courses, as described in IR C-7 D, scores on comprehensive exams in discipline-specific knowledge areas, or other evaluated learning experiences. The program must set a minimum level of achievement for demonstration of student attainment of advanced graduate level discipline-specific knowledge in each area. Because discipline-specific knowledge serves as the foundation to further training in health service psychology, data regarding discipline-specific knowledge need only be presented at the proximal level; distal data are not required for discipline-specific knowledge.

#### **Profession-Wide Competencies**

According to the Standards of Accreditation (Standard II.B.1.b D), accredited programs are required to provide a training/educational curriculum that fosters the development of nine profession-wide competencies (Research, Ethical and legal standards, individual and cultural diversity, professional

values, attitudes, and behaviors, Communication and interpersonal skills, Assessment, Intervention, Supervision, and Consultation and interprofessional/interdisciplinary skills). Accredited programs are required to operationalize competencies in terms of multiple elements. At a minimum, those elements must reflect the content description of each PWC defined in IR C-8D, including the bulleted content, and must be consistent with the program aim(s). It is incumbent upon the program to demonstrate that there is a sufficient number of elements articulated for each PWC so as to demonstrate adequate trainee attainment of competence. Programs must assess student performance at the level of the elements using multiple methods and within time frames appropriate for each PWC, give feedback to students at the level of elements, but report to CoA at the level of the superordinate competency.

### **Program Specific Competencies**

Accredited programs may choose to include program-specific competencies as part of their educational curriculum. These should be consistent with the program's aim(s) and the professional standards and practices of health service psychology. Further, programs must demonstrate education/training to facilitate development of these competencies, appropriate mechanisms to assess student performance on these competencies (including expected minimal levels of achievement for successful completion of the program), and its success in ensuring that students reach expected levels of performance.

Similar to the expectations for profession-wide competencies, programs that choose to have program-specific competencies are expected to assess student performance at the level of the competency elements, and give feedback to students at the level of elements, but report to CoA at the level of the superordinate competency.

### **Aggregation of Data**

Aggregated data are compilations of proximal or distal data across students, which may be broken down by cohort, program year, or academic year. Aggregate data are used to demonstrate the effectiveness of the program as a whole in accomplishing its Aims and Competencies, rather than the accomplishment of an individual student over time. Overaggregation of data can obscure differences that are important for the program to recognize in evaluating its effectiveness over time. To the extent possible, data should be presented in table form using basic descriptive statistics (e.g., % meeting the minimum level of achievement, N). The program should choose statistics that allow for evaluation of whether all students are acquiring competencies in relation to its defined minimal levels of achievement for all program competencies (i.e., discipline-specific knowledge, profession wide competencies and any program-specific competencies). The program should provide meaningful data in such a way that the CoA can determine that by the time of program completion, all students have attained these minimal levels of achievement. If data presented indicate that in a particular year or cohort less than 100% of students have reached the minimum level of achievement for a content area, the program should describe how those students who did not meet the minimum level of achievement either did not continue to progress in the program or were able to remediate and later meet the minimum level of achievement.

### **Discipline-Specific Knowledge**

When a program is reviewing its outcome data to evaluate its effectiveness in promoting discipline-specific knowledge, it is expected that multiple data points from multiple sources may be used, and that basic descriptive statistics (e.g., means and standard deviations for course grades, comprehensive exam scores in discipline-specific knowledge areas), should be used. When presenting aggregated data to the CoA, it is expected that programs will present single data points for each discipline-specific knowledge area, demonstrating its overall outcomes of success in promoting student attainment of substantial knowledge at the graduate-level



- If data are aggregated over a number of years (i.e., not by cohort or year), the program needs to explain how aggregating the data in this alternate way facilitates the program's self-improvement and demonstrates that all students meet the MLAs by the time of graduation.

### **Profession-Wide Competencies and Program Specific Competencies**

When a program is reviewing its outcome data to evaluate its effectiveness in promoting profession-wide competencies and program-specific competencies (if any), it is expected that multiple data points from multiple sources for multiple elements will be used, and that basic descriptive statistics (e.g., means and standard deviations for course grades, clinical competency examination scores, practicum evaluations ratings, alumni ratings of preparation for practice in competencies), will be used. When presenting aggregated data to the CoA, it is expected that programs will present single data points for each profession-wide competency and program-specific competency (if any), demonstrating its overall outcomes of success in promoting student attainment of competencies.

- Proximal data and distal data should be presented separately. For distal data, the presentation should clearly differentiate between data for those who are 2 years post-graduation and those 5 years post-graduation.
- If data are aggregated over a number of years (i.e., not by cohort or year), the program must explain how aggregating the data in this alternate way facilitates the program's self-improvement.

### **C-27 D. Notification of Changes to Accredited Programs**

(formerly C-19; Commission on Accreditation, February 2005; revised October 2006, November 2015)

In accordance with Standard V.B.2 of the *Standards of Accreditation* (SoA) and Section 8.7 D of the *Accreditation Operating Procedures* (AOP), all accredited programs whether under a single administrative entity or in a consortium, must inform the accrediting body in a timely manner of changes that could alter the program's quality.

The Commission on Accreditation (CoA) must be informed in advance of major program changes such as changes in degree offered, policies/procedures, administrative structure, faculty resources, supervision resources, area of emphases, or tracks/rotations. In the case of doctoral programs, this includes changes in the areas of emphasis.

Programs must submit to the Office of Program Consultation and Accreditation a detailed written description of the proposed change(s) and the potential impact upon the relevant accreditation standards. The CoA will review the program change(s) and may request additional information or a new self-study. In the case of a substantive change (such as a change in consortium membership), the Commission may also determine that a site visit is needed to assess whether the revised program is consistent with the SoA. Upon completion of this review, the Commission will note the proposed change and include the information in the next scheduled review or inform the program of any needed immediate additional actions.

The only exception to the policy of informing the Commission *in advance* is the occurrence of an unavoidable event beyond the reasonable control and anticipation of the program (e.g., educational/training site unexpectedly withdrawing from a consortium because of financial crisis; resources affected by a natural disaster). In such circumstances, it is incumbent upon the program to immediately inform the CoA in writing of the change and to include in its notification a proposed plan for maintaining program consistency with the SoA. The CoA will then proceed as above.

Consultation on program changes is available from the Office of Program Consultation and Accreditation.