The Canadian Psychological Association (“CPA”) and the American Psychological Association (“APA”)—through its Commission on Accreditation (“CoA”) (hereinafter jointly “the signatories”—share an understanding of the policies, processes, standards, criteria, guidelines, and principles upon which accreditation (and/or other systems of quality assurance) of doctoral program/mes and internship program/mes in psychology in their respective countries is based.

A. The signatories agree that:

1. Accreditation (or other systems of quality assurance) and their policies, processes, standards, criteria, guidelines, and principles (hereinafter “accreditation standards and processes”) guide the education and training of professional psychologists (termed health service psychology in the USA).

2. The elements of Accreditation Standards and Processes prescribed by the accreditation systems of the respective signatories, but not necessarily the actual content of these standards or criteria, are substantially equivalent to each other and those signatories will so indicate by publishing statements to that effect in an appropriate and agreed-upon manner within their jurisdictions. This equivalence is based on consensus on the necessary elements of an accreditation/quality assurance system as defined in Schedule 1 and on the expected competencies of graduates of accredited program/mes in psychology as defined in Schedule 2.

3. This Accord asserts only that the elements of the accreditation or quality assurance Standards and Processes used by the APA and CPA for review of programs/mes (consistent with the tables attached) are “substantially equivalent.” Variations between the Standards and Processes may exist but are deemed by the parties not to be material when assessing the two sets of accreditation standards and processes as a whole.

4. Neither agreement by the signatories regarding substantial equivalence of accreditation standards and processes, nor this Accord itself, indicates that an individual doctoral or internship program/me, accredited by one signatory in any way, has been conferred reciprocal accreditation status by the other signatory/accrediting body.

5. This Accord has as its scope the accreditation or quality assurance activities undertaken by APA and CPA only in their own respective jurisdictions as defined in their scope.

6. This Accord recognizes the substantial equivalence of the elements or components of signatories’ respective policies, processes, standards, criteria, guidelines, and principles at the time the Accord was signed and for as long as these respective policies, processes, standards, criteria, guidelines, and principles remain in place and unchanged, except as otherwise provided herein. The signatories will advise each other when any revisions are made in the policies, procedures, and standards above so that this Accord might be reviewed and modified or terminated, as appropriate.

7. Regardless of revisions by either party, the Accord itself will be reviewed by the signatories at least every five years beginning from the date of the initial signing of the Accord.
B. The signatories agree to:

1. engage in mutual monitoring and information exchange;

2. make reasonable efforts to ensure that the bodies and organizations responsible for regulating, credentialing, hiring, compensating, or training psychologists for professional practice in their respective jurisdictions are aware of this Accord and the signatories' agreement that there is substantial equivalence of their respective accreditation or quality assurance processes with respect to the components specified;

3. convene triennial meetings of representatives of the signatories to review the operation of the Accord; and

4. explore the feasibility of expanding the signatories who form party to this Accord (i.e., other psychology accreditors) as appropriate, in the future, subject to the approval of the current signatories.

The Accord will remain in effect for so long as it is acceptable and desirable to both signatories. The parties may agree to modifications in writing as they deem necessary. Either signatory may withdraw from the Accord by giving at least 12 months' written notice to the other party of its intent to terminate the agreement and the effective date of termination. The terminating party will be responsible for notification of the bodies and organizations defined in B.2. above of the termination of this Accord. The parties acknowledge and agree that this Accord, and the principles, agreements, and understandings expressed herein, are not intended to create legally enforceable rights, obligations, or liabilities.

Signed on this day, August 1, 2021

Jennifer F. Kelly, PhD, ABPP
President
American Psychological Association

Ada L. Sinacore, PhD
President
Canadian Psychological Association

Arthur C. Evans, PhD
Chief Executive Officer
American Psychological Association

Karen R. Cohen, PhD, C. Psych.
Chief Executive Officer
Canadian Psychological Association
Schedule 1
Components Required for Accreditation and Quality Assurance

1. Submission of a self-study
   a. Review of adequacy of resources
   b. Review of appropriateness of the qualifications of faculty for roles in the program
   c. Review of didactic and experiential curricula
   d. Review of concordance between the program’s aims, competencies, or objectives, and its outcomes

2. Site visit by peers with appropriate policies and procedures
   a. by which visitors are determined, and
   b. for the conduct of the visit

3. Review of the program materials by a representative group of peers designated by the accrediting body

4. Policies and procedures governing how material is received and reviewed and how accreditation decisions are made

5. Review of decision-making body responsible and accountable for accreditation processes and decisions

6. Decision-making process that includes a comprehensive review of the program’s compliance with accreditation standards and policies governing resources, faculty, curricula, operations, and evaluation of same, which include, but are not limited to:
   a. resources,
   b. faculty,
   c. didactic and experiential curricula,
   d. program evaluation and quality enhancement,
   e. program outcomes—including student learning outcomes and achievement, and
   f. programmatic policies and procedures

7. Standards/principles that are transparent and accessible by the public

8. Publication of accreditation decisions

9. Process for the appeal of decisions

10. Provisions for annual or regular reporting between accreditation reviews

11. Review and monitoring of public statements by programs

12. Accrediting body engages in its own evaluations of its processes
### Schedule 2

**Expected Competencies of Graduates of an Accredited Doctoral Program in Professional Psychology**

<table>
<thead>
<tr>
<th>General parameters</th>
<th>Specific components</th>
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<tbody>
<tr>
<td>Advanced understanding of the science of the discipline of psychology</td>
<td>• biological aspects/neuropsychology</td>
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<tr>
<td></td>
<td>• cognitive aspects</td>
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<td>• affective aspects</td>
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<td>• social aspects</td>
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<td>• developmental aspects</td>
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<td></td>
<td>• historical aspects</td>
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<tr>
<td>Foundational competencies for professional practice</td>
<td>• reflective practice/self-assessment</td>
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<td></td>
<td>• ethics, standards, and legislation</td>
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<td></td>
<td>• individual, social, and cultural diversity</td>
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<td></td>
<td>• interpersonal relationships</td>
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<td>• professionalism</td>
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<td>• collaborative and interprofessional</td>
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<td></td>
<td>• practice</td>
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<tr>
<td>Advanced understanding of functional competencies for professional practice</td>
<td>• case conceptualization, assessment, and diagnosis</td>
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<td></td>
<td>• evidence-based intervention</td>
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<td></td>
<td>• consultation</td>
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<td>• research and evaluation</td>
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<td>• supervision and teaching</td>
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<td></td>
<td>• management and administration</td>
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<tr>
<td>Integration of science and practice</td>
<td>• research methods, statistics, and psychological measurement (psychometrics)</td>
</tr>
<tr>
<td></td>
<td>• the application of science-based practice and/or practice-based science which includes, but is not limited to, evidence-based assessment and intervention</td>
</tr>
</tbody>
</table>

**Note:** In order to achieve the appropriate level of practice competencies, the sequence of training must include the equivalent of one-year full-time of intermediate supervised practice during an internship at an organization dedicated to professional practice. This internship experience is separately accredited (see Schedule 3).

*The accrediting body is expected to ensure that the program provides evidence of achievement of these competencies as appropriate.*
Elements of Accredited Internship Programs

1. An internship program requires the equivalence of one year of full-time supervised practice at a setting dedicated to professional service.
   a. The internship is accredited separately from the doctoral program.
   b. An internship is a requirement of the doctoral program.
   c. The internship facilitates the integration and synthesis of the doctoral training experiences and prepares interns for entry-level professional practice.

2. An internship program must be an integral part of the institution in which it resides.

3. The internship is an organized program with specific training aims, each with defined competencies. Internship programs should emphasize science as the foundation of evidence-based practice.

4. The program uses a logical sequence of education and training that builds upon the skills and competencies acquired during doctoral training. At the internship level, education and training:
   a. is sequential, graded, and cumulative across the course of the training sequence; and
   b. promotes increased autonomy to achieve competency for entry-level practice.

5. Internships include training in individual, social, and cultural diversity, as well as training in addressing barriers to access or comparable care based on these dimensions and intersectional elements.

6. Internship programs offer an environment supportive of work-life balance in which all interns, staff, and persons are treated with courtesy and respect.

7. Psychologists who are doctoral-prepared, appropriately credentialed, and accessible to interns provide supervision.

8. Programs provide socialization of interns as early career professionals.

9. Programs develop the foundational and functional competencies that are part of doctoral training.
   a. Training is primarily experiential.
   b. Training includes a range of perspectives and assessment and treatment methods that are evidence-based.
   c. Training takes precedence over the generation of fees.

10. Minimum standards for successful completion of the training program are established.

11. Interns are prepared to function as entry-level psychologists at the time internship is completed.

12. Interns receive formative and summative evaluations of their performance.

13. Training site has remediation procedures and offers students due process.