

Turkish Psychological Counseling and Guidance Association

**Turkish Psychological Counseling and Guidance Association Evaluation and
Accreditation Unit of Psychological Counseling and Guidance Education Programs**

Directive on Evaluation and Accreditation Implementation Principles

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ARTICLE 1 Basis, Purpose and Scope

This directive has been prepared in accordance with the “Regulation on Evaluation and Accreditation of Psychological Counseling and Guidance Education Programs (PDR-EPDAB)”. The purpose of this directive is to regulate the principles of program evaluation and accreditation of the Psychological Counseling and Guidance Education Programs Evaluation and Accreditation Unit (PDR-EPDAB).

ARTICLE 2 Definitions

In this directive:

- a) PDR-EPDAB, Psychological Counseling and Guidance Education Programs Evaluation and Accreditation Unit,
- b) AÜK, Accreditation Supreme Council,
- c) Standards, Counselor Counselor Education and Psychological Counseling Evaluation Criteria to be used in the accreditation evaluation of counselor education programs,
- d) Institution refers to the institution to which the program for which accreditation is applied is affiliated.

ARTICLE 3 Purposes of EPDAB Accreditation

Accreditation of counselor education programs by PDR-EPDAB is a voluntary process, and PDR-EPDAB only evaluates the programs that apply to it for the purpose of accreditation. PDR-EPDAB accreditation aims to achieve the following objectives in order to contribute to the improvement of the quality of the education programs implemented in the departments/departments of guidance and psychological counseling in Turkey:

- a) To identify those that meet the evaluation standards/criteria of the educational program of the applicant institution.
- b) To announce the accredited programs and to inform the relevant stakeholders (society, student candidates, student counselors, student parents, educational institutions, professional institutions, potential employers and government agencies) about the programs that meet the evaluation criteria of counselor education.
- c) To provide guidance on the continuous improvement of educational programs in the field of counselor education and the development of new programs.

ARTICLE 4 Programs and Institutions that can apply for accreditation

- Undergraduate and graduate programs in higher education institutions providing education in the field of counselor education in Turkey and the Turkish Republic of Northern Cyprus, which are recognized by the Council of Higher Education (YÖK), can apply for evaluation to PDR-EPDAB for accreditation purposes.
- The applicant program must provide education in the field of counselor education.

- A program applying for the first time must have graduated before the application date.
- If an applicant program has several options that students can choose from to complete the program, each of these options must meet all of the individual evaluation criteria.
- If a program for which an accreditation application is made also offers second education, the evaluation of this program is made according to the following principles:
 - (1) The application must be made for both regular education and second education.
 - (2) Institutions must demonstrate that this program meets the standards/criteria of PCDR-EPDAB separately for both regular education and second education.
 - (3) Although regular education programs have already been evaluated, the application of the second education program that has not been evaluated because it has not yet been opened or has not graduated at that time is made in the first general evaluation of regular education programs after graduation.
- Each campus of a multi-campus institution seeking accreditation of its programs by the Counseling and Psychological Counseling Association will be considered as a separate institution in the evaluation process.
- Programs accredited by other accreditation agencies that have mutual recognition agreements with PDR-EPDAB cannot apply for PDR-EPDAB accreditation before the expiration of these accreditations.

ARTICLE 5 Application Process for Accreditation

5.1. Programs Applying for Accreditation for the First Time

- (a) An institution wishing to request a first-time assessment for one or more of its programs for accreditation purposes shall submit this request in writing to the PDR-EPDAB by the end of January of the year in which the assessment is to take place. In this letter, the institution shall specify the programs for which it wishes to apply and shall send a brief description of the programs as an attachment.
- (b) The institution's request for accreditation is reviewed by the AÜK for compliance with the conditions in Article 4. If deemed necessary, the AÜK may request additional information and documents from the institution for the program for which accreditation is requested.
- (c) PDR-EPDAB notifies the institution by the end of February at the latest whether the programs for which accreditation applications have been made can be evaluated, the total accreditation fee determined for the programs that can be evaluated and the payment conditions.
- (d) The accreditation request of the institution is finalized when the institution sends a letter of confirmation that it accepts the notification and conditions of the PDR-EPDAB to the PDR-EPDAB by the end of March. The applications of institutions that do not send a confirmation letter by this date and do not pay the total accreditation fee are considered withdrawn by their institutions. This fee is not refundable in any way.

- (d) The AÜK starts the work of establishing an evaluation team for the programs whose accreditation request is finalized.
- (e) The institution prepares a self-evaluation report in the format and content determined by the PCDR-EPDAB for each of its programs whose accreditation requests are finalized, and sends the electronic files of the self-evaluation report and its annexes for each program electronically and one hard copy to the PDR-EPDAB by the end of the first week of July of the year in which the evaluation will be made. Institutions that do not submit a self-assessment report by this date are deemed to have withdrawn their applications.
- (f) The AÜK conducts a preliminary review of the self-assessment reports sent by the institutions to the PDR-EPDAB in terms of content and compliance with the required format.
- (g) If deemed necessary, the AÜK shall notify the relevant institution by the end of August to remedy these inconsistencies or inadequacies within 15 days in self-assessment reports where only format inconsistencies or reporting inadequacies are detected. The applications of programs that do not correct the format inconsistencies or reporting inadequacies in their self-assessment reports within 15 days after being notified by the PCR-EPDAB are deemed withdrawn by their institutions.
- (ğ) In the preliminary review of the self-assessment reports by the AÜK, if reporting and/or criteria inadequacies are found that will cause the program not to receive accreditation, the accreditation evaluation of the relevant program is suspended. This situation, together with its justification, is notified to the relevant institution by the end of September by the PCDR-EPDAB. After these inadequacies are eliminated by the institution, it is informed that the program can reapply to the PCR-EPDAB. Failure to report standard/criteria inadequacies as a result of the preliminary review does not mean that the assessment team will not make a standard/criteria inadequacy assessment as a result of the detailed review.
- (h) The evaluation process of programs whose self-assessment reports do not reveal any reporting and/or standard/criteria deficiencies that would stop the accreditation evaluation of the program, and which are found to be format compliant, and programs that resolve format incompatibilities or reporting deficiencies within 15 days are initiated by the AÜK.
- (ı) In case of a high number of applications, PCDR-EPDAB may establish a second evaluation period within the same evaluation year.

5.2. Programs with Expired Accreditation

- (a) The PCDR-EPDAB sends a reminder letter to the programs whose accreditation will expire by the end of December one year prior to the expiration date.
- (b) In the application procedures of these programs, for programs that will apply for accreditation for the first time

The process given in Article 5.1 is applied with the following differences.

(1) An institution wishing to request an evaluation for programs whose accreditation will expire and for which a general evaluation or interim evaluation will be conducted by the PCR-EPDAB shall submit this request in writing to the PCR-EPDAB by the end of January one year prior to the expiration date of their accreditation. In this letter, the institution indicates for which programs it wishes to apply. Institutions are deemed not to have applied for accreditation evaluation for programs for which the evaluation request is not submitted to the PCR-EPDAB by the end of January.

(2) Programs that will be evaluated with an interim report or interim visit prepare an interim report focusing only on the weaknesses, concerns and observations identified in the previous general evaluation, instead of a comprehensive self-evaluation report, and send this report and its annexes electronically to PDR-EPDAB by the end of the first week of July of the year in which the evaluation will take place. Programs that do not submit an interim report by this date are deemed not to have applied.

(c) In the case of show evidence by report and show evidence by visit evaluations, the institution submits its evaluation request in writing to the PCDR-EPDAB by the end of September of the year in which the accreditation decision is made. For programs for which the evaluation request is not submitted to the PCR-EPDAB, the institutions are deemed not to have applied for evaluation. Programs that will be evaluated on the basis of evidence prepare an interim report focusing on the weaknesses identified in the last interim evaluation, and send the electronic files of the report and its annexes to the PCR-EPDAB by the end of November of the year in which the evaluation will be conducted electronically. Programs that do not submit an interim report by this date are deemed not to have applied.

ARTICLE 6 Program Evaluation Teams

- Teams to evaluate counselor education programs consist of a team leader selected by the AÜK and program evaluators selected by the AÜK from the pool of available program evaluators.
- One student evaluator is also assigned to teams that include general evaluation.
- The team chairperson is selected from among the current or former members of the AÜK or, if necessary, from among experienced program evaluators who have worked as a PDR-EPDAB evaluator for at least two semesters.
- If deemed necessary, team co-chairs and/or co-evaluators may also be used.
- Evaluation teams that do not include general evaluation consist of at least three people, and evaluation teams that include general evaluation consist of at least four people.
- The number of team members may be reduced in cases where the evaluation focus is very limited and there is significant overlap between the programs to be evaluated, such as interim evaluations or show evidence evaluations.
- When identifying evaluation team members,

- The possibility of a conflict of interest/conflict with the relevant organization,
 - Intra-team:
 - i) organizational breakdown,
 - ii) balance between academic and practitioner representation,
- (3) Requirement for a team co-chair and/or program co-assessor,
- (4) Issues such as the transportation requirements of program evaluators and student evaluators are taken into consideration.
- (g) The formation of program evaluation teams is finalized by the end of September at the latest and notified to the relevant institutions for approval by the AÜK. Institutions are asked to submit their self-evaluation or interim evaluation reports and their annexes electronically to the PCDR-EPDAB office. The PCDR-EPDAB office sends electronic copies of the reports to the relevant team members electronically.
- (ğ) From this point on, all communication and arrangements of the team with the institution are carried out under the joint responsibility and cooperation of the team leader and the dean of the faculty conducting the programs.
- The team's transportation and accommodation requirements are provided by the PDR-EPDAB Office under the coordination of the team leader.

ARTICLE 7 Evaluation of Programs and Interpretation of Standards / Criteria

The assessment of programs applying for accreditation is carried out to determine whether these programs meet the assessment standards/criteria. The following points should be considered when using the standards/criteria in the assessment process.

- Although institutions may use their own different terminologies, the different terminologies of the institutions should be used consistently with the definitions in the “Definitions” section of the PDR-EPDAB Evaluation Standards / Criteria document in the evaluations using the PDR-EPDAB standards / criteria.
- Institutions are free in the selection and arrangement of courses and course contents in education programs. Qualitative factors are more important in these contents than quantitative factors such as credit-hours. The education program should be carefully checked to ensure that it meets the general principles given in the standards/criteria.
- Teaching methods and their use are constantly evolving. The methods of assessing the level of learning are also in constant evolution. Whether a traditional teaching method or an innovative teaching method is used in a course or in all courses of a program, it is imperative to assess the level of learning with the most contemporary and reliable methods to ensure that program outcomes are achieved.
- A program to be evaluated by the Counseling and Psychological Counseling Education Department must be a counselor education program and must be adequate as a counselor education program.

- As used in the standards/criteria, the suffixes “should” and “must” indicate clear requirements that are expected to be met at a minimum level for programs to be accredited. The word “expected” in the statements is used for less restrictive recommendations that may affect the assessment. On the other hand, the suffix “may” is used in the sense of giving latitude.

ARTICLE 8 Stages of the Program Evaluation Process

The program evaluation process, which includes the assessment of both qualitative and quantitative factors and at the end of which an accreditation decision will be made, consists of the following three stages

- **Review of the self-evaluation report prepared by the institution:** The self-evaluation report is an introductory document that describes in a certain format the programs for which the institution has applied for accreditation, the processes applied in the execution of these programs, and all relevant academic and administrative units. During the examination of the self-assessment report, any additional information and documents deemed necessary for the pre-visit assessment by the members of the assessment team are requested from the institution without waiting for the institutional visit. Institutions will send the transcripts of the graduates from each of their programs to be evaluated to the evaluation team for pre-visit analysis.

- **Institution visit:** In addition to reviewing the self-assessment report and additional information and documents requested from the institution, the evaluation team conducts an institutional visit and on-site inspection. The institutional visit has three purposes for the assessment team:

- (1) To assess factors that may not be adequately described in the self-evaluation report. For example, the academic environment, the motivation of students and faculty, the continuity and commitment of faculty and students, the quality of staff and students, the student work on which educational outcome measures are based, and other factors that are not easy to document in writing in the self-evaluation report.
- (2) To help the institution identify its strengths and areas for improvement.
- (3) To examine the documents and information prepared by the institution as evidence of the fulfillment of the evaluation criteria of PCR-EPDAB and to see the physical facilities on site.

(c) Preparation of a report by the evaluation team:

Evaluation team,

- If an institutional visit was made, following the visit,
- Within sixty (60) days after the Explanation of Deficiencies Document is sent to the institution, if no institutional visit has been made,
- The content of the self-assessment or interim report, the information and documents requested from the institution and the interviews conducted, places seen, documents

examined, information obtained during the institutional visit, and the institution's exit notification or

- Prepares and submits a draft report to the AÜK, taking into account its 30-day response to the Explanation of Deficiencies document.

(d) If the institution cannot be visited due to any force majeure (epidemic, natural disasters, security, etc.), the steps described below are followed:

1. AÜK obtains the opinion of the assessment team and institutional administrators on the feasibility of conducting assessments of programs with existing accreditation remotely. In line with this opinion, one of the following methods is applied:

i) If it is deemed possible to conduct a distance assessment, the team chair and the dean of the relevant institution shall manage the implementation of the distance program assessment together and within the framework of the definitions and methods of this directive.

ii) If it is not possible to conduct a distance assessment, the current accreditation period of the relevant programs may be extended for a maximum of one (1) year with the decision of the AÜK within the framework of the maximum time limit specified in Article 9 (a) of this directive. If the force majeure continues at the end of this period, a remote evaluation is conducted. If remote evaluation is not possible at the end of this period, the decision on this issue is made by the AÜK by taking the opinions of the institution and the evaluation team.

2. Since it would be more appropriate to conduct the current evaluations with face-to-face institutional visits, the evaluations of these programs can be postponed to the next evaluation period with the decision of the AÜK. However, in the event that a decision is taken to grant accreditation at the end of the evaluation in order to prevent loss of rights of graduates, retroactive accreditation may be granted, provided that it is not earlier than the period applied for. If the force majeure continues, the assessment may be conducted remotely. The decision on this issue is made by the AÜK, taking the opinions of the institution and the evaluation team.

3. The AÜK may request an additional self-evaluation report from the programs whose evaluation has been postponed, in the format and content determined by the PDR-EPDAB, on how the educational process was carried out during the period of force majeure and what quality assurance measures were taken.

4. Distance assessment practices will be carried out in accordance with all definitions and methods of this directive except for the institutional visit.

5. Distance program evaluation practices are carried out according to the method specified in the Counseling and Psychological Counseling Department - Distance Program Evaluation Guide (Version 1.0 - 00.00.2021).

ARTICLE 9 Details of the Evaluation Process

In order to decide on the accreditation of a program for the first time or to conduct a general or interim accreditation evaluation of an accredited program, a detailed review is required. Such a review is carried out by evaluation teams according to the guidelines given in the “Guidelines for the Evaluation of Counseling and Psychological Counseling Programs” prepared by AÜK. Some important details of the evaluation process are given below.

- For renewal of accreditation, each program must undergo a detailed evaluation at five (5) year intervals. Such detailed evaluations, called “General Evaluations”, are conducted as simultaneously as possible by the PCR-EPDAB for all accredited programs of an institution. This synchronization is arranged so that no program is not evaluated for more than six (6) years. The accreditation period may be shorter than five (5) years in order to synchronize with other programs at the same institution that will be summatively assessed more recently. Such changes of duration shall be made with the approval of the relevant institution.
- If a program is denied accreditation, or if accreditation is revoked as a result of an evaluation, the institution may appeal this decision and request immediate re-evaluation as detailed in Article 13. If such a request for re-evaluation is deemed appropriate by the AÜK, the re-evaluation by the AÜK will take the form of an overall evaluation.
- If a re-assessment identifies weaknesses or deficiencies, an interim assessment shall be carried out without waiting for the periodic review. Interim evaluations focus only on the deficiencies identified in the previous summative evaluation and the measures and improvements the program has taken to address these deficiencies. An interim evaluation may also include an institutional visit focused on the deficiencies identified in the previous evaluation. If the interim evaluation identifies new deficiencies and observations related to the assessment criteria that were not identified in the previous evaluation, these new deficiencies and observations are included in a separate section in the evaluation report, and those that are found to have occurred after the previous evaluation are taken into account in the accreditation decision to be given to the program in accordance with Article 14, while others do not affect the accreditation decision.
- In evaluations based solely on interim reports that do not require an interim visit, if other programs of the institution that require a visit will not be evaluated in the same period, the interim reports sent by the institution are evaluated by the evaluation teams established under Article 6. The Explanation of Deficiencies document reflecting the evaluation of the interim report and the additional information requested from the institution is sent to the institution by the evaluation team. If the institution responds to the Explanation of Deficiencies document, the draft report is prepared to include the institution's 30-day responses and the team's assessment of these responses. An electronic copy of the draft report is sent electronically by the team leader to the Chair of the AÜK. The reports, which are checked for consistency and spelling, are submitted for

approval by the AÜK members according to the AÜK evaluation schedule. Approved reports are the final reports to be submitted to the institutions.

- The date of the evaluation team's visit to the institution is jointly agreed upon by the team chair and the authorized manager of the institution (usually the dean or the relevant vice dean) to suit the team members and the institution.
- The visit team's review and evaluation activities during the visit are jointly planned in full detail in coordination with the head of the team and the competent manager of the visited institution prior to the visit to accommodate the visit team's requests for additional information, additional documents, interviews and reviews. The details of the program evaluators' requests for the visit plan are planned jointly between the head of the relevant program (usually the head of the department or the deputy head of the relevant department) and the evaluator, and the dean and the head of the team are informed about this. The plan for the student evaluator's work during the visit to the institution is developed jointly by the team leader and the student evaluator and communicated to the dean by the team leader.
- Observers may participate in evaluation teams only with the permission of the team chair and the institution.
- Issues related to general institutional functions such as administration, student services, library, computer and informatics infrastructure, support of academic units such as other departments and faculties, etc. will be evaluated only in terms of the services provided to the evaluated programs.
- Reporting of visit findings:
 - As the final activity of the institutional visit, the visiting team presents its factual findings orally to the rector of the university or his/her designee and to a group of academic staff of the institution that he/she deems appropriate. The meeting where this "Exit Statement" is made is called the "Exit Interview".
 - The exit statement should reflect evaluations based on the findings of the visit. These assessments may be modified by the AÜK in the process of turning them into a final report to the institution.
 - At the end of the exit interview, the visiting teams provide the institution with a written report of the inadequacies they presented verbally during the exit interview.
 - The institution may respond to the written explanations of inadequacies left by the evaluation team within thirty (30) days following the visit. Failure to receive any response from the institution to the PCR-EPDAB within this period means that all assessments in the exit notice are accepted by the institution and the right to appeal these assessments is waived.
 - The primary purpose of the 30-day response by the institution is to correct "material errors" in the information and impressions on which the team assessment presented in the exit notice is based. However, the institution may also provide additional information

in the 30-day response to be taken into account in the preparation of the evaluation team report. However, in order for inadequacies identified during the visit to be considered corrected, the necessary corrections or changes must have been agreed and started to be implemented within 30 days of the visit and evidenced by official documents signed by authorized managers. Where some attempts have been made to correct a problem and some measures have started to be taken, but the effects of these measures have not begun to fully bear fruit or only some signs of goodwill are visible, the effects of the corrective measures will be taken into account by the AÜK during the next scheduled interim visit or evaluation of the interim report.

- After each institutional visit, the visit team prepares a draft report containing its main findings and recommendations for accreditation. The draft report is expected to include a separate section for the faculty as a whole and a separate section for each program evaluated. If the visited institution responds to the exit notification, the draft report is prepared to include the institution's 30-day responses and the team's assessment of these responses. An electronic copy of the draft report is sent electronically by the team leader to the AÜK Chairperson. The reports, which are checked for consistency and spelling, are submitted for approval by the AÜK members according to the AÜK evaluation schedule. Approved reports are the final reports to be submitted to the institutions.

- The written exit notice given to the Agency usually contains the following types of statements

- i) Statement of strengths: An example can be given as follows: The infrastructure and expertise distribution of the faculty in the department where the program is carried out covers all areas of the program in a balanced and qualified manner.

- ii) Statement of concern: A concern indicates that a criterion is currently met, but that this situation has the potential to change in the near future and that this criterion may not be met in the future. It is therefore useful for the organization to take positive action to ensure that the criterion continues to be met.

- iii) Weakness statement: A weakness indicates that a criterion has been partially met, but this has been achieved with difficulty and there is no guarantee that the quality of the program will not deteriorate until the next general evaluation. Corrective measures should therefore be taken by the institution to ensure that the criterion is met more robustly.

- iv) Deficiency notification: A deficiency is a statement that a criterion is not met. Therefore, the program is not in compliance with the criterion. Urgent measures need to be taken by the organization to meet this criterion.

- v) Observation statement: An observation is an impression, comment or suggestion that may or may not be directly related to the standards/criteria used

in the assessment and is stated to assist the institution in its continuous efforts to further improve its programs.

ARTICLE 10 Consistency and Spelling Checks

As a result of the accreditation evaluation of the programs, the notifications to be made to the institutions must be consistent with each other both in terms of evaluations and format, and must be free from any typographical errors. Before the draft reports are discussed by the AÜK, it is ensured that consistency of evaluation is ensured at three levels.

(a) Intra-team consistency: In a team evaluating different programs of an institution, the assessment of similar deficiencies of these programs on a given criterion should be consistent. All team members are responsible for ensuring this level of consistency, but the primary responsibility lies with the team leader. Intra-team consistency should be achieved before the exit interview on the last day of the institutional visit.

(b) Inter-team coherence: Program evaluations conducted in different institutions during an evaluation period should be consistent in their assessment of similar deficiencies on a given criterion. The heads of the evaluation teams of these institutions are primarily responsible for ensuring this level of consistency. However, if possible, in order to guarantee this level of consistency, a Consistency Control Committee consisting of AÜK members who have not served as team chair for that period, or experienced PDR-EPDAB evaluators selected by the AÜK, performs consistency checks between teams. Possible inconsistencies are addressed through coordination with the relevant team chairs and, if necessary, program evaluators contacted through them.

(c) Consistency across years: The assessment of similar deficiencies in a standard/criterion should be consistent across years, unless there is a specific PDR-EPDAB decision to assess these deficiencies differently. At the primary level, the heads of the teams that are established each year are responsible for ensuring this level of consistency. However, in order to guarantee this level of consistency, the Consistency Control Committee to be established at that time will also carry out consistency checks between years.

Once the consistency checks have been completed, the draft reports are reviewed and corrected, both in terms of format, typographical errors and style, by AÜK members appointed by the AÜK or by editors selected by the AÜK for this purpose. The corrections are coordinated with the relevant team leaders and the reports are finalized for submission to the AÜK. In case of disagreement, the final decision is made by the AÜK.

ARTICLE 11 Accreditation Decisions

- The AUC has the final say in accreditation decisions based on the recommendations made by the evaluation team to the AUC.

- PDR-EPDAB does not rank programs according to their qualifications. Programs are accredited or not. Accreditation decisions only specify the type and date of the next assessment. Accredited programs are issued relevant certificates that are valid for the duration of the accreditation granted.
- If the overall evaluation of a program concludes that all of the minimum conditions specified in the PCP-EPDAB standards/criteria have been met, accreditation is granted for five (5) years. In the case of interim evaluations or show evidence evaluations, the accreditation period may cover a maximum of 5 (five) years from the date of the previous general evaluation. If a program has not been assessed as “deficient” in any standard/criteria, but has been assessed as “weak” in one or more standards/criteria, accreditation is granted for two (2) years only. For programs granted accreditation for two (2) years, interim evaluations are conducted in the last year (second year) of the accreditation validity period. The interim assessment is focused on standards/criteria for which “weakness” and “concern” assessments were made during the overall assessment. Any assessment of “deficiency” or “weakness” for any criterion during the interim assessment is considered a “deficiency” and a focused “show evidence” interim assessment is required within one (1) year from the date of this conclusion. If, as a result of this focused “show evidence” interim assessment, it is determined that the “deficiencies” in the relevant criteria still persist, the accreditation of the program will not be extended. This decision is open to appeal. On the other hand, programs that are not assessed as “deficient” or “weak” in any criterion in the interim evaluation will have their accreditation extended for a maximum of three (3) years, until the next general evaluation date. In the demonstration of evidence assessment following an interim assessment, the accreditation period of programs in which it is determined that the previously identified weaknesses have been eliminated is extended for a maximum of two (2) years until the next general assessment date.
- If a program is assessed as “deficient” in its first general evaluation because one or more standards/criteria are not met at all, the program will not be granted accreditation. This decision is open to appeal.
- If a program with accreditation has been assessed as “deficient” in one or more standards/criteria in its summative assessment, a focused “show evidence” interim assessment of those standards/criteria is required within one (1) year from the date of this conclusion. If this focused “show evidence” interim assessment determines that the “deficiencies” in the relevant criteria still persist, the program's accreditation will not be extended. This decision is open to appeal. The accreditation of programs continues until the “show evidence” interim evaluation decides not to extend the accreditation. The accreditation periods of the programs that are found to have eliminated the “deficiencies”

are extended for a maximum period of four (4) years until the next general evaluation date.

- If, during the accreditation period, the PCR-EPDAB receives information that a program no longer meets the standards/criteria, this information is immediately reported to the institution and the PCR-EPDAB is asked to provide a response within thirty (30) days. If no response is received from the institution, or if the response is deemed unsatisfactory by the AÜK, the PCR-EPDAB may initiate cancellation for cause proceedings. These procedures start with notifying the institution of the reasons for applying the grounded revocation. A visit to the institution may be organized to determine the actual data. A report indicating the reasons for the revocation is prepared and sent to the institution for review and response within thirty (30) days. If no response is received from the institution or if the response is deemed unsatisfactory by the AÜK, the accreditation is revoked. This decision is notified to the institution immediately, together with an explanation of the reasons. This decision is open to appeal.

- The AÜK may take the following decisions.

- (1) Subsequent General Assessment (SGD): This decision indicates that the program fully complies with the applied criteria. This decision can only be taken after a general evaluation and its duration is usually five (5) years.

- (2) Interim Report (AR): This decision indicates that the standards/criteria for which a “weakness” has been reported need to be met more strongly to ensure that the quality of the program does not deteriorate until the next general evaluation. The nature of the weakness does not require a visit to the institution for the next assessment of the corrective measures to be taken by the institution. However, the institution is required to provide an interim report focused on the corrective measures taken. This decision can only be made in an overall assessment and its duration is usually two (2) years.

- (3) Interim Visit (AZ): This decision indicates that the standards/criteria for which a “weakness” has been reported need to be met more strongly to ensure that the quality of the program does not deteriorate until the next general evaluation. The nature of the weakness requires an institutional visit for the next assessment of the corrective measures to be taken by the institution. Prior to the visit, the institution is also required to provide an interim report focused on the corrective measures taken. This decision can only be made in an overall assessment and its duration is usually two (2) years.

- (4) Extension by Report (RU): This decision indicates that the organization has taken adequate measures to address the weaknesses identified in the previous AR decision. This decision can only be taken at the AR evaluation. This decision

extends the accreditation until the next general evaluation and therefore its duration is usually three (3) years.

(5) Extension by Visit (ZU): This decision indicates that the institution has taken adequate measures to address the weaknesses identified in the previous AZ decision. This decision can only be taken at the A-Z evaluation. This decision extends the accreditation until the next general evaluation and therefore its duration is usually three (3) years.

(6) Report Show Evidence (RKG): This decision indicates that deficiencies have been identified in the general evaluation of an accredited program or that weaknesses identified in the previous evaluation still persist during the interim evaluation of a program. The nature of the deficiencies or persisting weaknesses does not require an institutional visit to assess the actions taken by the institution to address them. However, the institution is required to provide an interim report focused on the corrective measures taken. This decision may be taken in an overall assessment or in an AR or AZ assessment and is usually one (1) year in duration.

(7) Visit Show Evidence (VSA): This decision indicates that deficiencies have been identified in the overall evaluation of an accredited program or that weaknesses identified in the previous evaluation are still persisting in the interim evaluation of a program. The nature of the deficiencies or continuing weaknesses requires an institutional visit to assess the actions taken by the institution to address them. Prior to the visit, the institution is also required to submit an interim report focused on the corrective measures taken. This decision may be taken in an overall assessment or in an AR or AZ assessment and is usually one (1) year in duration.

(8) Show Evidence Extension (SAE): This decision indicates that the institution has taken adequate measures to address the deficiencies identified in the previous RKG or HRD decision. This decision can only be taken after the RKG or HRD evaluation. This decision extends the accreditation until the next general evaluation and therefore has a duration of two (2) to four (4) years.

(9) Denial of Accreditation (AV): This decision may be taken after the evaluation of a new program for which there is no accreditation, or after the RKG or ZKG evaluation of a program. This decision indicates that a program being assessed for the first time has deficiencies in its overall assessment that do not meet the criteria. If issued after an RKG or an IQR assessment, this decision indicates that the deficiencies identified in the overall assessment of an accredited program or the weaknesses identified as persisting in the interim assessment of an accredited program continue to exist after the RKG or IQR period.

(10) Termination (S): This decision is usually made in response to an institution's request to extend the accreditation of a program that has been decided to be closed from its expiry date. The purpose of this decision is to cover students currently studying in the program to be closed. The duration of this decision is usually one (1) year. An extension of accreditation may be granted based on annual reports submitted by the institution for a total of no more than three (3) years. This decision cannot be made after the RKG or ZKG evaluation.

- A decision to “deny accreditation” based on a “show evidence” takes effect at the beginning of the academic year following the AÜK's decision to “deny accreditation”. If the AÜK revokes the accreditation previously granted to a program and this decision is not appealed by the institution or, if appealed, the decision is not overturned by the AÜK, the accreditation of that program is terminated.

- Sometimes institutions may close a program. The PCR-EPDAB, working in partnership with the institutions, ensures that the accreditation of a program in this situation remains valid until the date of closure, provided that the following actions are taken

- (1) The accreditation of a program that is to be closed by its institution within an accreditation period already granted shall be considered valid from the notification of the decision to close until the date of closure, provided that a report by the institution is accepted by the AUC.

- (2) The accreditation of a program to be closed at a date not more than three (3) years after the end of the current accreditation period may be extended for one (1), two (2) or at most three (3) years until the date of closure with the “Termination” decision to be made by the AÜK based on a report to be submitted by the institution. If necessary, the AÜK may request a short visit to the institution, usually lasting one (1) day and conducted by only one team leader, in order to take this decision.

- (3) • In the list of accredited programs, the PCR-EPDAB makes a note of the date of closure for those programs that are to be closed and for which the decision to “Terminate” has been taken.

- PDR-EPDAB accredits the programs deemed appropriate by the AÜK, notifies the relevant institution and the relevant team leader of the accreditation decisions and reports finalized by the AÜK, prepares and archives the list of accredited programs annually.

- The evaluation reports prepared for the programs evaluated by PDR-EPDAB are not shared with anyone other than the relevant institution, except for a legal obligation.

ARTICLE 12 Publicizing Accreditation Decisions

- The current version of the list of programs accredited by the PDR-EPDAB is published on the Turkish Counseling and Psychological Counseling Association PCDR-EPDAB web page. This list includes the names of the accredited programs and the duration of the accreditation. The format to be used for the list of accredited programs to be published on the PDR-EPDAB web page and the details of the information to be disclosed are determined by the decision of the AÜK.

(1) Programs that do not apply to the PDR-EPDAB until the end of January one year before their accreditation expires,

(2) Programs deemed to have withdrawn their application in accordance with Article 5.1(ç), (e), (g) or Article 5.2(b)-2 or 5.2(c),

(3) Programs deemed not to have submitted their application in accordance with Article 5.2 (b)-1 or 5.2 (c),

(4) Programs whose accreditation has been completed in accordance with Article 11 (g) (10) and

(5) Programs whose accreditation has been terminated in accordance with Article 11 (i).

The accreditation periods previously given on the PDR-EPDAB website are kept unchanged in the list of accredited programs.

ARTICLE 13 Objections

(a) Appeals may be made against “accreditation” decisions of the PDR-EPDAB and may be based solely on the view that a decision of the PDR-EPDAB is inappropriate because it is based on some error of fact or on an assessment contrary to the published criteria, regulations and guidelines of the PDR-EPDAB. The review of an appeal will only take into account the circumstances known to the PDP-EPDAB at the time of the PDP-EPDAB's decision.

(b) Appeals must be made in writing to the AÜK by an authorized representative of the institution within thirty (30) days of the notification of the accreditation decision to the institution.

(c) Assessment of Appeal:

(1) During each evaluation period, the AÜK shall appoint an Appeals Committee of at least 5 members to review appeals from institutions. At least one member of this committee must be a former member of the AÜK. The AÜK appoints one of the committee members as the chairperson of the committee.

(2) The Appeals Committee shall be provided with copies of all documents provided to the institution at different stages of the evaluation process, the institution's response to the evaluation process and other documents provided by the institution and the AÜK.

(3) In its appeal, the institution is expected to provide a response to the PDR-EPDAB's assessment on which the accreditation decision is based, sent by the PDR-EPDAB. The institution may also submit other necessary documents as evidence to support its appeal. However, such evidence must have been provided to the PCR-EPDAB by the institution

during the evaluation process of the program for which the accreditation decision was taken. Evidence that has not been submitted to the PDR-EPDAB evaluation team during the evaluation process will not be taken into account.

(4) Program adjustments made after the evaluation of the PCR-EPDAB and the 30-day response of the institution are not taken into consideration by the Appeals Committee.

(5) At the request of the Appeal Committee, the AÜK may, at the Appeal Committee's request, provide the Appeal Committee with further evidence to explain its views in addition to the evidence of the institution's response and the assessments on which the accreditation decision was based.

(6) Only the written evidence provided by the institution and the AÜK shall be taken into account in making a recommendation at the Appeal Committee meeting. Representatives of the institution and the AÜK may not attend this meeting. The decision of the Appeal Committee is limited to the accreditation decision options available to the AÜK. The Appeals Committee shall submit a written report of its decision to the AÜK within thirty (30) days of the start of the assignment. The decision taken by the AÜK as a result of the evaluation of this report is final.

(7) The decision and its reasons shall be notified in writing to the institution and the AÜK by the PDR-EPDAB within fifteen (15) days following the decision.

ARTICLE 14 Changes During the Evaluation Period

- It is the responsibility of the management authority of the institution to notify PDR-EPDAB of changes in areas that occur in a program accredited by PDR-EPDAB and may affect the accreditation status of the program. The important ones of these are given below.

(1) Program Name

(2) Teaching Staff

(3) Educational Purposes

(4) Content of the Training Program

(5) Students

(6) Management

(7) Corporate Infrastructure

(8) The Importance that the Institution Attaches to the Program

(9) The Financial Situation of the Institution

- Upon notification of significant changes that occur in an accredited program and may affect the accreditation status of the program to PDR-EPDAB by the institution or a third party, an evaluation process is initiated. The first step to be taken in this evaluation process is for the institution to provide information to the PDR-EPDAB in a way that responds to the suggestions or decisions.

- The information provided by the institution does not need to be very detailed. However, it should contain sufficient details so that the impact of the change on the accredited program can be evaluated.
- AUK evaluates the information provided by the institution and decides whether a change is required in the accreditation decision that is still valid. This decision depends on the degree of certainty of whether the program affected by the change continues to meet the relevant evaluation criteria.
- After the notification of a significant change in an accredited program reaches the PDR-EPDAB, the AUK president sends copies of the information provided by the institution to two AUK members.
- These two members of the AUK are asked to evaluate the information provided to them and submit their proposals to the AUK within thirty (30) days. These members may request additional information from the institution through the Oct-EPDAB Secretariat. The proposal to be made may be in the form of extending the accreditation of the program affected by the change until the end of the current evaluation period, or requesting the institution to request a re-visit in order to determine the accreditation status of the modified program.
- AUK evaluates the proposal made and makes a final decision without wasting time.
- This final decision is immediately notified to the institution by the PDR-EPDAB.
- The refusal of the re-visit by the institution is the reason for the cancellation of the accreditation of the program.
- PDR-EPDAB should be constantly informed about the closure of programs in institutions with accredited programs and significant changes that may occur in the teaching staff, infrastructure, organization, registered students and other related factors of the programs. If an accredited program is closed without following the process in Article 11(i), the PDR-EPDAB accreditation of this program will automatically expire.

ARTICLE 15 Amendment to the Directive

Proposals for amendments to this directive may be submitted by a committee to be appointed by the AUK. The prepared proposals are taken to the agenda of the first meeting of the AUK and decided.

ARTICLE 16 Entry into Force

This directive shall enter into force from the date of its approval by the AUK.