

**Council on Accreditation of Parks, Recreation, Tourism and  
Related Professions**



**Council on  
Accreditation**

---

Parks, Recreation, Tourism  
and Related Professions

***Accreditation Handbook***

Initial approval October 1982

Revised:

1983, 1992, 2000, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2019, 2020, 2021, 2025

## Table of Contents

<b>SECTION 1</b> .....	7
<i>Introduction to the Council on Accreditation of Parks, Recreation, Tourism and Related Professions</i> ..	7
<b>Council Mission</b> .....	7
<b>Council Vision</b> .....	7
<b>Council Core Values</b> .....	7
<b>Non-Discrimination Policy</b> .....	8
<b>A Brief History of the Council</b> .....	8
<b>Recognition by National Accrediting Bodies</b> .....	8
<b>Administration</b> .....	9
<b>Council Personnel</b> .....	9
<b>Performance Review Committee</b> .....	9
<b>Meetings</b> .....	9
<b>The Dual Meanings of “Program”</b> .....	9
<b>Notification to the Public</b> .....	10
Program Accreditation Status.....	10
The Harm of Degree and Accreditation Mills .....	10
<b>SECTION 2</b> .....	11
<i>Steps in the Accreditation Process</i> .....	11
<b>Steps in Becoming Accredited</b> .....	11
<b>Optional Mid-Cycle Accreditation for Additional Programs</b> .....	13
<b>Annual Maintenance of Accreditation</b> .....	14
<b>SECTION 3</b> .....	18
<i>Accreditation Standards and Curriculum Requirements</i> .....	18
<b>Organization and Content of Standards</b> .....	18
<b>Assessment of Standards</b> .....	19
Assessment of Standards in the 1.0-6.0 Series .....	19
Assessment of Standards in the 7.0 Series .....	19
<b>SECTION 4</b> .....	22
<i>The Self-Study Report</i> .....	22
<b>Purposes</b> .....	22
<b>Time Considerations</b> .....	22
<b>Length of the Self-Study</b> .....	22

<b>Addressing On-Going Changes .....</b>	<b>23</b>
<b>Costs of Preparing the Self-Study Report .....</b>	<b>23</b>
<b>Preparing the Self-Study Report .....</b>	<b>23</b>
<b>Submitting the Self-Study Report .....</b>	<b>25</b>
<b>7.0 Series for Multiple Programs .....</b>	<b>26</b>
<b>Confidentiality .....</b>	<b>26</b>
<b>SECTION 5 .....</b>	<b>27</b>
<i>The Site Visit .....</i>	<i>27</i>
<b>Purposes.....</b>	<b>27</b>
<b>Expenses .....</b>	<b>27</b>
<b>Length and Timing of the Visit .....</b>	<b>28</b>
<b>SECTION 6.....</b>	<b>29</b>
<i>Site Visitors.....</i>	<i>29</i>
<b>Visitor Selection .....</b>	<b>29</b>
<b>Qualifications To Be a Visitor.....</b>	<b>30</b>
<b>Petitioning to Become a Visitor .....</b>	<b>30</b>
<b>Visitor Commitments .....</b>	<b>31</b>
<b>Site Visitor Evaluations .....</b>	<b>31</b>
<b>Visitor Response to Council Chair, Lead/Second Reviewer Questions .....</b>	<b>31</b>
<b>Visitor Travel Arrangements .....</b>	<b>31</b>
<b>SECTION 7.....</b>	<b>32</b>
<i>Preparing for the Site Visit.....</i>	<i>32</i>
<b>Shared Logistics .....</b>	<b>32</b>
<b>Responsibilities of Program Personnel.....</b>	<b>32</b>
Arranging for On-site Visit Transportation.....	33
Arranging for On-site Visit Housing.....	33
Arranging for On-site Visit Meals.....	33
Handling On-site Visit Expenses .....	33
Other On-site Visit Physical and Support Arrangements.....	34
<b>SECTION 8.....</b>	<b>35</b>
<i>Conducting The Site Visit.....</i>	<i>35</i>
<b>Initial On-site Team Meeting.....</b>	<b>35</b>
<b>Social Meeting.....</b>	<b>35</b>
<b>Initial Interviews with Administrators .....</b>	<b>35</b>
<b>Evidence Review and Data Collection .....</b>	<b>35</b>
Review Documents .....	36
Interview Faculty.....	36

Interview Students.....	36
Visit Support Centers/Resources.....	37
Explore Student Files .....	37
Interview Fieldwork Supervisors and Alumni .....	37
An Exit Interview with Program Faculty .....	37
The Formal Exit Interview .....	37
Unsolicited Information .....	38
<b>Responsibilities of Visitation Team Members.....</b>	<b>38</b>
Guidelines for the Visitation Team Chair .....	38
<b>Guidelines for All Visitation Team Members.....</b>	<b>39</b>
<b>Responsibilities of the Council Chair, Council Lead/Second Reviewers, and Staff Liaison .....</b>	<b>39</b>
<b>Visitor Response to Council Chair&amp; Council Lead/Second Reviewer Questions.....</b>	<b>40</b>
Visitor Presence.....	40
Division of Tasks by the Visitation Team.....	41
The Final Visitation Team Meeting .....	41
<b>Visitation Report Spelling/Grammar/Formatting.....</b>	<b>41</b>
<b>Confidentiality, Courtesy, and Collegiality .....</b>	<b>41</b>
<b>SECTION 9.....</b>	<b>43</b>
<i>The Visitation Report and Program Response.....</i>	<i>43</i>
<b>The Written Report.....</b>	<b>43</b>
Cover Sheet .....	43
Introduction .....	43
Evaluation of Compliance with Standards .....	43
Format for 1.00-6.00 Standards.....	43
A Format Example .....	44
<b>Treatment of 7.00 .....</b>	<b>44</b>
<b>Summary Section.....</b>	<b>44</b>
<b>Team Signatures .....</b>	<b>45</b>
<b>The Final Section .....</b>	<b>45</b>
<b>Submitting the Visitation Report.....</b>	<b>45</b>
<b>Institutional Acknowledgement .....</b>	<b>46</b>
<b>SECTION 10.....</b>	<b>47</b>
<i>The Council Hearing.....</i>	<i>47</i>
<b>Council Review, Decision, and Notification Process.....</b>	<b>47</b>
<b>Hearing Format.....</b>	<b>47</b>
<b>SECTION 11.....</b>	<b>49</b>
<i>Council Actions: Considerations for Accreditation.....</i>	<i>49</i>
<b>Votes Required for Council Action .....</b>	<b>49</b>
<b>Program Status .....</b>	<b>49</b>

<b>Initial Accreditation .....</b>	<b>49</b>
<b>Accreditation Not Granted.....</b>	<b>49</b>
<b>Continuing Accreditation .....</b>	<b>50</b>
<b>Accreditation Withdrawn .....</b>	<b>50</b>
<b>Motions .....</b>	<b>50</b>
Motion 1: Approval.....	50
Motion 2: Extension.....	51
Motion 3: Deferral.....	51
Motion 4: Denial .....	51
<b>Responses to Requests for Additional Information and/or Revisions, Conditions, and Warnings, and Deferrals .....</b>	<b>51</b>
<b>Progress Reports .....</b>	<b>52</b>
<b>Institutional Notification .....</b>	<b>52</b>
<b>Program Response .....</b>	<b>53</b>
<b>Effective Dates .....</b>	<b>53</b>
<b><i>SECTION 12</i> .....</b>	<b><i>54</i></b>
<b><i>Appeals, Complaints, and Feedback to the Council</i>.....</b>	<b><i>54</i></b>
<b>The Appeals Process .....</b>	<b>54</b>
<b>Complaints .....</b>	<b>54</b>
<b>Feedback to the Council.....</b>	<b>55</b>
<b>General Feedback to the Council.....</b>	<b>55</b>
<b><i>SECTION 13</i>.....</b>	<b><i>56</i></b>
<b><i>Confidentiality of Accreditation Information</i> .....</b>	<b><i>56</i></b>
<b><i>SECTION 14</i>.....</b>	<b><i>57</i></b>
<b><i>Amendments to Handbook and Standards</i>.....</b>	<b><i>57</i></b>
<b><i>SECTION 15</i> .....</b>	<b><i>58</i></b>
<b><i>COAPRT Logo Usage Guidelines</i> .....</b>	<b><i>58</i></b>
<b>Purpose .....</b>	<b>58</b>
<b>COAPRT BRAND Signature.....</b>	<b>58</b>
<b>Usage Eligibility .....</b>	<b>58</b>
<b>Logo Usage .....</b>	<b>59</b>

*This page intentionally left blank*

## SECTION 1

### **Introduction to the Council on Accreditation of Parks, Recreation, Tourism and Related Professions**

The Council on Accreditation of Parks, Recreation, Tourism and Related Professions (hereafter, “the Council,” “Council,” or “COAPRT”) administers a voluntary peer review process to evaluate compliance of academic programs with standards for accreditation of baccalaureate programs in parks, recreation, tourism, and related programs, such as sport management, event management, therapeutic recreation, and leisure studies. The review is based on standards established by the Council, with input from educators and practitioners in all areas of the profession. The accreditation process consists of completion of a Self-Study Report, an initial review by the Council, a site visit from a team of academic and practitioner peers, a final Council review and decision, and annual progress reporting by the program to the Council. The Council is recognized by the Council for Higher Education Accreditation (CHEA).

This handbook is for use by individuals who are working with the Council’s accreditation process. It also is for use in training sessions designed to help these individuals become more knowledgeable and effective regarding the accreditation process. This handbook is designed to be used in conjunction with the document, *Council on Accreditation of Parks, Recreation, Tourism and Related Professions (COAPRT): Learning Outcomes Standards and Assessment (2021)*.

#### **Council Mission**

Through formal review and accreditation of undergraduate higher education programs within the United States, its territories, Canada, and Mexico, the Council on Accreditation of Parks, Recreation, Tourism and Related Professions protects students, families, sponsoring bodies, regionally accredited colleges and universities, employers, and the public by ensuring that those enrolled in accredited programs are provided a quality education that empowers them to succeed in parks, recreation, tourism and related specialization professions.

#### **Council Vision**

The Council on Accreditation of Parks, Recreation, Tourism and Related Professions (COAPRT) accredits baccalaureate programs in parks, recreation, tourism, and related programs such as sport management, event management, therapeutic recreation, and leisure studies offered at regionally accredited institutions within the United States and its territories, and at nationally accredited institutions in Canada and Mexico.

#### **Council Core Values**

The Council adheres to the following core values:

- Rigorous and consistent review
- Timely and relevant standards



- Continual improvement through program self-assessment and Council review
- Diverse, experienced, and committed committee members
- Reliable, valid, and unbiased information
- Qualified and well-trained reviewers
- Accountability to the profession and the public
- Highest ethical standards
- Innovation and experimentation

### **Non-Discrimination Policy**

The Council shall not discriminate on the basis of race, disability, religion, color, national origin, age, gender, covered veteran status, marital status, personal appearance, sexual orientation, family responsibilities, political affiliation, source of income, place of business or residence, pregnancy, childbirth, or any other unlawful basis. This policy is in compliance with Title VII of the Civil Rights Act, the Americans with Disabilities Act, and the Age Discrimination in Employment Act.

### **A Brief History of the Council**

The Council held its first meeting at the National Recreation and Park Association Congress in Denver, Colorado on October 25, 1974. Recreation and park educators and practitioners had been studying the matter of accreditation and working on the development of a plan and evaluative criteria for many years prior to that time. This development included a trial-run and evaluation of the process at four institutions across the country. On January 1, 1976, the Council began to accept applications for accreditation from colleges and universities. The first program to be accredited was North Carolina State University's Department of Recreation Resources Administration in 1977.

In 2008, Council accepted learner outcome standards to become effective in 2013. In 2009, documents were prepared to create affiliate relationships with specialization professions, and the Council's name was changed from the Council on Accreditation for Recreation, Park Resources, and Leisure Services to the Council on Accreditation of Parks, Recreation, Tourism and Related Professions.

In April 2019, COAPRT was incorporated as a 501(c)(3) not-for-profit organization and on June 30, 2019, began to operate independently from the National Recreation and Park Association as documented through their separation agreement.

### **Recognition by National Accrediting Bodies**

In 1986, the Council was officially recognized and accepted into membership by the Council on Postsecondary Accreditation (COPA). COPA was the recognition body for accrediting bodies, as well as the national association for the advancement of professional education and collegial interaction for its member organizations. These member organizations included both regional accreditors of entire institutions as well as accrediting organizations for professional schools and specializations such as the field of recreation, park resources, and leisure services. COPA included such bodies as the Association of American Law Schools, the American Council on Pharmaceutical Education, the American Psychological Association, the Society of American Foresters, the National Architectural Accrediting Board, and the New England Association of

Schools and Colleges. In 1986 COPA evolved into CHEA, the Council for Higher Education Accreditation. The Council continues to be recognized by CHEA.

### **Administration**

The Council is administered with the assistance of a consulting firm, which supports a staff liaison position in its offices. The Council is funded primarily through fees of accredited programs, with additional support from donors.

Professional association(s) in parks, recreation, tourism and related professions formally collaborate with the Council to accredit programs in professional specialization areas. These associations develop and recommend adoption of learner outcomes in the respective professional specialization, and they also participate in the review and accreditation decision process for specialization areas. The mission, policies and procedures of the affiliates are consistent with those of the Council.

### **Council Personnel**

#### **Council Members**

The Council is composed of ten (10) members. Each member serves a three-year term and, with approval by the Council, this appointment is renewable for a second three-year term. The terms are staggered to provide continuity. Members of the Council include five (5) educators from accredited institutions, three (3) practitioners, one (1) college/university administrator, and one (1) public representative. Annually in the fall, from the nominees, the Council makes appointments to fill each vacant position. The Council is committed to appointing members qualified to represent the scope of academic disciplines and professions served. Each year in the fall the Council elects the executive committee, which includes the Chair, Vice-Chair, and Past-Chair/Second Vice Chair.

### **Performance Review Committee**

The Performance Review Committee (PRC) is a standing committee of COAPRT. The PRC is charged to review annually reported Student Learning Outcomes (SLO) and to make recommendations to Council regarding appropriate action from under-performing programs, as warranted. The Council may in-turn request respective programs to submit a plan for improvement.

### **Meetings**

The Council meets annually in the fall to conduct hearings on programs being reviewed for accreditation, to consider affiliate matters, and to attend to other business matters. Business matters generally include policy and procedure issues, and elections of officers. A review of COAPRT standards is completed every seven (7) years.

### **The Dual Meanings of “Program”**

In documents and correspondence about accreditation by the Council, the term *program* may refer to both the academic unit and the set of courses it offers. The professional preparation program of a parks, recreation, tourism, and/or related professional unit in a college or university includes the curriculum and associated activities and services offered by the unit. The curriculum

focuses on program support criteria and learning outcomes. Programs seeking accreditation must meet standards in both of these areas.

When a Program (administrative unit such as a department) conducts a self-assessment and develops its Self-Study Report, it demonstrates compliance with the standards as appropriate to its specific situation. During the visit to the campus, a visitation team representing COAPRT collects data and seeks to verify that the Program is meeting standards as the Self-Study Report indicates. The Council grants accreditation, or defers or denies it, on the basis of the Program's compliance with standards.

### **Notification to the Public**

#### Program Accreditation Status

All accreditation actions are posted on the Council on Accreditation of Parks, Recreation, Tourism and Related Professions (COAPRT) [website](#), which includes a list (with explanation) of each possible accreditation decision. Each program is listed with their current accreditation status that refers back to the accreditation decision descriptions listed at the top of the page, as well as any standards in which they are non-compliant.

#### The Harm of Degree and Accreditation Mills

Degree mills offer academic credentials for a fee. Similarly, accreditation mills provide degree mills with accreditation for a fee without subjecting the degree provider to a rigorous review of non-existent academic programs.

Degree mills harm students and society. Students who are unknowing victims of degree mills are harmed when they invest a considerable amount of money for credits or credentials that cannot be used for transfer to another institution, entry to graduate school, or employment. Society is harmed when fraudulent credentials are issued in areas that put public health and safety at risk, such as engineering or health-related professions. The international work of legitimate higher education providers – reliable evaluation of credentials, successful transfer of credit, reconciling differences in degree structure – is undermined by degree mills. See the CHEA website, <https://www.chea.org/degree-accreditation-mills> for more information about degree and accreditation mills.

## SECTION 2

### Steps in the Accreditation Process

This section describes the general steps involved in accreditation of higher education programs in parks, recreation, tourism and related profession by the Council. As established by CHEA (Statement of Good Practices and Shared Responsibility in the Conduct of Specialized and Professional Accreditation Review, Part I), Institutions and Programs are Responsible for:

1. Providing clear, accurate and complete information for an accrediting review.
2. Emphasizing the importance of having key faculty and administrators appropriately involved in the accrediting review.
3. Informing accrediting organizations of the desired purpose and expected results of the review in relation to institutional and program purpose and strategic direction.
4. Providing constructive information in a timely manner to accrediting organizations if there are concerns or difficulties that emerge during the accrediting review.
5. Understanding the standards, policies and procedures of the accrediting organizations with which institutions and programs are working. See <https://www.chea.org/statement-good-practices-and-shared-responsibility-creation-and-application-specialized>.

### Steps in Becoming Accredited

1. A Program (parks, recreation, tourism, and or related professional academic unit hereafter referred to as “Program”) evaluates its eligibility for accreditation by the Council.

Accreditation is open to Programs that meet the following criteria:

- a. The academic unit and curriculum concerned with parks, recreation, tourism, or a related profession has been in operation for at least three (3) years and is clearly identifiable to the public.
- b. The institution is currently accredited by the appropriate regional accrediting association recognized by the Council for Higher Education Accreditation (CHEA) or by the current national accrediting body (United States). Canadian institutions must be authorized by the provincial government. Mexican institutions must have approval from the Secretary of Public Education (La Secretaría de Educación Pública) in the form of an Official Validity of Studies (Validez Oficial de Estudios).

All institutions seeking accreditation or continuing accreditation will be subject to policies and procedures set forth in COAPRT’s by-laws and handbook, as well as the standards in effect at the time the program’s self-study is prepared.

- c. A minimum of two (2) full-time faculty members and a minimum of one (1) additional full-time equivalent faculty position (FTE), which may be composed of multiple individuals, shall be assigned to and instruct in the Program.
- d. A minimum of (2) two full-time faculty members shall hold a degree of masters or higher, and a degree of bachelors or above in parks, recreation, tourism, or the appropriate related profession. All individuals instructing in the programs shall have competence and credentials in the subject matter for which they are responsible.

- e. Each Program seeking accreditation shall employ at least one (1) individual as a faculty member who has completed the most current COAPRT training within three (3) years prior to submission of the self-study.
2. The Program files a *Notice of Intent to Pursue Accreditation* with the Council, using the form found online at <http://accreditationcouncil.org/Accreditation-Resources/COAPRT-Policies-Procedures-and-Forms>. For initial applicants, this completed form and payment of the appropriate fee is submitted to the Council Staff Liaison. For programs seeking continuing accreditation, the *Notice of Intent to Pursue Accreditation* form will be submitted without the fee. The Review Fee will be invoiced in January of the year of the review.
    - a. If an institution seeks accreditation for more than one program where all programs seeking accreditation are within the same department, only one *Notice of Intent to Pursue Accreditation* form and applicable fees must be submitted. On the other hand, if the programs seeking accreditation are in separate departments, a *Notice of Intent to Pursue Accreditation* form and applicable fees must be submitted for each program.
      - i. Implement a charge for additional programs in the same department due to the additional time and resources required.
    - b. In addition to submitting the *Notice of Intent to Pursue Accreditation* identifying each of the programs for which accreditation is being sought, the self-study must include separate learning outcomes for each program that are consistent with the 7.0 Series of Standards. Council will create separate action reports indicating compliance or non-compliance with the 7.0 Series of Standards for each program. One certificate will be issued to each accredited program, the website will identify all accredited programs, and notification letters sent to the university/college president will acknowledge all accredited programs.
  3. The Council Chair screens the *Notice of Intent to Pursue Accreditation* forms to ensure eligibility. This review leads to one of the following actions. If an institution and Program meet the eligibility criteria, the Staff Liaison notifies the Program Administrator to proceed with the Application for Accreditation. This notification is usually given within two weeks of receipt of the Notice of Intent. If the Council Chair has questions or concerns about an institution's eligibility, the Notice of Intent will be referred to the Council Executive Committee for action. If the Council Executive Committee approves the Notice of Intent, the Staff Liaison will notify the Program Administrator to proceed with the Application for Accreditation. If the Council Chair or Council Executive Committee does not approve the Notice of Intent the Council Chair will notify the institution in writing, identifying the criteria that were not met.
  4. The Program conducts an assessment of its compliance with accreditation standards and documents results in the Self-Study Report. Council values innovative and experimental approaches to addressing the standards.
  5. From a list of qualified individuals, and in communication with the Program seeking accreditation, the Council selects a Visitation Team of 2-3 members.
  6. The Visitation Team visits the campus to confirm information in the self-study.

7. The Visitation Team submits a written Visitation Report to the Council on its findings. The Council reviews, modifies (if necessary), and transmits this report to the Program, which then has the option of preparing a written response to the Visitation Report.
8. The Program submits a site visitor evaluation. Site visitors evaluate one another. Council reviewers evaluate the site visitors. All evaluations will be held in confidence by the Council Staff Liaison until after the Program's hearing.
9. The Council reviews the Visitation Report and the Program's Response, referring to the self-study as needed.
10. The Council conducts a hearing at its next formal meeting and acts on the question of accreditation. Council members, representative(s) of the Program, and the Visitation Team Chair attend the hearing. The hearing may occur with at least one-half of the Council membership. Program representatives and the Visitation Team Chair may participate via telecommunication or video conference. Based on information provided, the Council (1) grants accreditation, (2) establishes conditions for accreditation, (3) defers action, or (4) denies accreditation. Deferral or denial must be on the basis of the Program's failure to meet the established standards or to provide compelling evidence that standards are met.
11. The accredited Program submits Annual Progress Reports and fees to the Council.
12. The accredited Program is periodically revisited and reviewed for continuing accreditation. The review period following initial accreditation is five (5) years, and the subsequent review period is seven (7) years. More frequent evaluation may be required by the Council or requested by the program. Eighteen (18) months in advance, the Council Staff Liaison sends a written reminder to the Program Administrator that a review of the program is due within a specified period. The procedures for continuing accreditation are similar to those for initial accreditation. The Program completes the continuing accreditation application process, including the development of a subsequent Self-Study Report and payment of the required fees.

#### **Optional Mid-Cycle Accreditation for Additional Programs**

1. Programs residing in units with one or more COAPRT accredited academic programs that are in good standing may seek accreditation for additional academic programs in Parks, Recreation, Tourism or Related Professions during the Standard Review Cycle (SRC – 7 years).
2. Programs seeking mid-cycle accreditation must submit the *Notice of Intent to Pursue Accreditation Form* found online at <http://accreditationcouncil.org/Accreditation-Resources/COAPRT-Policies-Procedures-and-Forms>, along with a Self-Study Report evidencing program compliance with Standards 1.01, 1.03, 1.04, 1.06 and Series 7.00.
3. The Self-Study Report will be reviewed and a one-person visitation conducted consistent with existing Council practices.
4. The Self-Study and Visitation Reports will be considered at the regularly-scheduled Council hearing.

5. Successfully accredited programs will undergo review for continued accreditation on the SRC of the originally accredited program(s).
6. Failure to respond to the conditions/warnings identified by Council in a post hearing report (initial or continuing accreditation) by the timeline identified by the Council will result in a late fee.

### **Annual Maintenance of Accreditation**

Once a program/specialization has been accredited, maintenance of accreditation is contingent upon fulfilling the following requirements:

1. Compliance with the eligibility criteria and standards set by the Council for the duration of the seven-year period between reviews.
2. The purpose of submitting an Annual Progress Report is to provide statistics for the previous calendar year, specifying improvements made, reporting any significant changes, and reporting on status of the 1.0 series standards and standards 2.05.05, 3.06, 3.07, and the 7.0 series. Institutions with multiple accredited programs will be required to report on the 7.0 series for each individually accredited program. An answer of “no” to questions involving the 1.0 series, 2.05.05, 3.06, and 3.07 standards constitutes non-compliance.
3. For the 7.0 series (i.e., 7.01, 7.02, 7.03, 7.04), report a measure of student learning and outcome for each of the series (for a total of four measures) for each accredited program. TWO of the four reported outcomes must refer to direct measures. Failure to report these assessment measures constitutes non-compliance. If non-compliance is noted, Council will notify the Program and initiate a Corrective Action Plan (CAP). If non-compliance is noted, Council will impose Conditions and the program will have until August 1 prior to the Council’s Fall Meeting to bring the identified standard(s) into compliance. Annual Progress Reports are required for all programs regardless of their review cycle.
  - a. Student Learning Outcomes (SLO) performance: The COAPRT Annual Progress Report requires programs to report SLOs from the 7.0 Series. COAPRT expects all programs to demonstrate that student learning outcomes associated with its 7.0 Series Learning Outcomes are met at a 70% level. Therefore, student achievement will be judged as appropriate when 70% or more of the students being assessed demonstrate that they have accomplished the learning outcome.
  - b. Performance Review Committee (PRC) procedure for Annual Progress Report review:
    - i. All annual reports will be divided among Council members for review. To enhance consistency, Council members will track the same schools over the tenure of their appointment.
    - ii. Following initial review by Council members, the PRC will collect and review all performance data from the annual reports in relation to measurement validity and the 70% criteria.
    - iii. Council, having collected the annual reports, will send copies of annual reports to respective programs, which are required to post their respective report on their website for public access.

- iv. After the PRC has reviewed all annual report data it will validate institutions have posted the data publicly. Links to individual Programs will also be updated on the COAPRT website.
- v. The PRC will annually report to the Council at its fall meeting the aggregate data for all schools. These data will be posted on the COAPRT website.
- vi. In the case of Programs that have not met COAPRT performance standards during the annual review process, the PRC will initiate a Corrective Action Plan (CAP). COAPRT developed CAP to ensure that programs are making progress towards compliance with all standards, while providing accountability for programs that fail to make progress:

### **Corrective Action Plan**

#### ***Year One: Identification of non-compliance and paths to gain compliance.***

Annual Report Review (March 1): If a program is underperforming (defined as being non-compliant in one or more standards) they may take one of two paths to gain compliance:

**Path 1:** A program may submit documentation of compliance for review at the Fall meeting.

- If the program is in compliance with all standards, the program will remain in good standing as fully accredited.
- If the program continues to be non-compliant after review, the program will move into the CAP process. CAP must be accepted by the Council at the December COAPRT meeting or the program will be placed on *Warning* and Council will communicate that accreditation will be *Withdrawn* if progress toward compliance is not made by the next Annual Review.

**Path 2:** If a program determines that it can't reach and document compliance by the COAPRT Council Fall Meeting, the program will be required to submit a CAP outlining the steps the program will take to get into compliance. This will be submitted no later than two weeks prior to the COAPRT Council Fall Meeting. At the Fall Meeting, the COAPRT Program Review Committee (PRC) will present its recommendation to ACCEPT or REJECT the CAP.

- If the plan is accepted the program will submit an update of action for compliance review during the Annual Report timeline (March 1).
- If the plan is rejected, the PRC will communicate to the Program the reason/s for rejection, and a member of the Council will be assigned to the Program to assist it in creating an approved CAP.
  - The COAPRT PRC will review the updated CAP for approval.
  - Once the CAP is accepted the program will submit an update of action for compliance review during the Annual Report timeline (March 1).
  - CAP must be accepted by the Council at the December COAPRT meeting or the program will be placed on *Warning* and Council will communicate that accreditation will be *Withdrawn* if progress toward compliance is not made by the next Annual Review.



***Year 2: First Annual Review (March 1) following approval of the CAP.***

The program will go through the first Annual Review (March 1) following approval of the CAP.

- If the program continues to be non-compliant after the Annual Review but Council deems the program to be making progress towards compliance, the program will be given *Conditions* indicating that the program is expected reach compliance, or continue to make progress towards compliance, by the next Annual Review.
- If the program is non-compliant and Council judges that the program is not making any progress towards compliance, the program will be placed on *Warning* and Council will communicate that accreditation will be *Withdrawn* if progress toward compliance is not made by the next Annual Review.

***Year 3: Second Annual Review (March 1) following approval of the CAP.***

- If the program is in compliance with all standards, the program's *Conditional or Warning* status will be lifted.
- If the program is still non-compliant but Council judges that the program is making significant progress towards compliance, the program will be placed on *Warning* and Council will communicate that accreditation will be *Withdrawn* if compliance is not achieved by the next Annual Review.
- If the program is still non-compliant and Council judges that the program has not taken any steps or made progress towards compliance, the program's accreditation will be *Withdrawn* at this time.

***Year 4: Third Annual Review (March 1) following approval of the CAP.***

- If the program complies with all standards, its *Warning* status will be lifted.
- If the program is non-compliant, the program's accreditation will be *Withdrawn* at this time.

- vii. The PRC will review the CAP in conjunction with the annual report.
- viii. Annual reporting processes including data requested and format for submission will be overseen by the PRC and report to the Executive Committee on-going efforts necessary for timely submission.
- c. Annual report and review schedule:
  - March 1: Deadline for all Programs to submit their mandatory annual report.
  - April 1: Council members individually review data from institutions as assigned. To promote consistency, Council members track the same schools over the tenure of their appointment to the Council.

- May 1: PRC reviews for consistency and aggregates all data and reports results to the Council.
  - June 1: Council meets to review aggregated data, discuss PRC report, and determine appropriate action based upon PRC recommendation(s). COAPRT sends Action Letters to programs as appropriate.
  - July 1: All aggregate data reflecting the performance of accredited programs is posted to COAPRT website.
3. Paying an annual maintenance fee, as designated by the Council. This fee is paid for the current calendar year (January 1 – December 31). During the calendar year in which the Program undergoes an accreditation review hearing, the program pays a review fee instead of the annual maintenance fee. Thus, during the course of a standard review cycle, a Program will submit annual progress reports, pay the annual maintenance fee six times, and pay one review fee.
    - a. Annual progress reports and fees are due by March 1 of each submittal year. If a program fails to submit a report and/or the fee by March 1, the Council will charge the program a late fee. The Council also will send a warning that failure to submit the delinquent report and fee, including the late fee, will lead to withdrawal of accreditation. If administrative factors beyond the control of the Program preclude timely payment, an explanation and evidence must be submitted by the deadline.
    - b. In addition, if maintenance of accreditation requirements 1 and 2 are not met, the Program will receive a warning with a specified time limit for compliance. Failure to respond satisfactorily to the warning by the stated deadline will lead to withdrawal of accreditation.
    - c. Failure to respond to the conditions/warnings identified by Council in a post hearing report (initial or continuing accreditation) by the timeline identified by the Council will result in a late fee.
  4. Being reviewed and approved by the Council on a continuing basis every seven years or as often as required by the Council.
  5. A currently accredited Program may voluntarily withdraw from its accredited status by notifying the Council of its intent in writing on official letterhead. The letter must indicate that copies have been sent to the Department Chair/Head, Dean, Provost/Vice President for Academic Affairs, and the college or university's President/Chancellor.

## SECTION 3

### Accreditation Standards and Curriculum Requirements

Accreditation is a process that involves the use of standards, which are found in a document titled, *COAPRT: Learning Outcomes Standards and Assessment (2021)* (available on-line at <http://accreditationcouncil.org/Accreditation-Resources/COAPRT-Standards>). Standards are criteria for evaluating the quality of a Program. They define Program characteristics as well as student outcomes of the Program that are related directly and indirectly to student acquisition of knowledge, skills, and the ability to apply concepts fundamental to the profession, and that result from effective instruction. For example, one of the standards related to the administration of the Program reads this way:

*3.02 The program administrator of the academic unit shall hold a full-time appointment in his or her academic unit with the rank of associate or full professor with tenure, with appropriate academic credentials in the unit being considered for accreditation.*

This standard is fairly specific. Others are more general; for example:

*4.02 Faculty development activities shall impact Program quality, consistent with the missions of the institution and the academic unit*

Some standards, like the following example from the instructional resources section, use practices that are common on a campus as a basis for evaluation:

*6.01 Administrative support services shall be sufficient to enable the Program to accomplish its mission and operate in a manner consistent with its values.*

#### Organization and Content of Standards

The standards and evaluative criteria are concerned with the following topics, organized as shown below.

- 1.00 Eligibility Criteria (6 standards)
- 2.00 Mission, Vision, Values and Planning (5 standards)
- 3.00 Administration (7 standards)
- 4.00 Faculty (7 standards)
- 5.00 Students (5 standards)
- 6.00 Instructional Resources (8 standards)

## 7.00 Learning Outcomes (4 standards)

The learning outcomes presented in this series of standards are designed to elicit evidence of student learning in the Program's foundation areas including, a) historical, scientific, and philosophical foundations; b) design, implementation and evaluation of park, recreation and human service experiences; and, c) operational and strategic management of organizations in parks, recreation, tourism and related professions.

### Assessment of Standards

Assessment of Standards in the 1.0-6.0 Series. Standards in the series 1.0-6.0 may generally be categorized as facts about the program under review. It is the Program's responsibility to identify specific, compelling evidence to support features required by each standard, present and describe the evidence in their Self-Study Report, and share additional, clarifying evidence with the site visit team, as appropriate. As an example, Standard 4.05 reads as follows:

*4.05 Salaries, promotion and tenure privileges, university services, sabbatical leaves, leaves of absence, workload assignments, and financial support for faculty shall be sufficient to enable the program to accomplish its mission and operate in a manner consistent with its values.*

*Suggested Evidence of Compliance: A copy of pertinent policies or specific URL locations, evidence of policy adherence, and an evaluation of the adequacy of those resources in terms of the mission and values of the academic unit.*

Note that the evidence to be provided is explicitly stated following each standard. In this example, the suggested evidence includes “**a copy of pertinent policies or URL locations and evidence of policy adherence.**”

Tables are often effective in reducing large amounts of data and providing comparative evidence, as in the following illustration.

#### Travel Funds for Faculty for 2009-2010

Department	Travel Budget	Number of Faculty	Travel Budget per Faculty Member
Accounting	2,500.00	5	500.00
Emergency Management	8,249.00	6	1,375.00
Parks/Recreation/Tourism	2,095.00	7	299.00

Assessment of Standards in the 7.0 Series. The 7.0 series standards are distinctly different from the Standards in the 1.0-6.0 series. In contrast to the *facts about the program* embedded in the 1.0-6.0 standards, the 7.0 series standards address the Program's *learning outcomes*. Learning

outcomes are the goals of student learning for professional preparation in parks, recreation, tourism, and related professions.

Compliance with the 7.0 series standards requires Programs to demonstrate that students are learning the concepts, principles and procedures related to foundational knowledge in the discipline (Standard 7.01), procedures for designing recreation programs and other experience opportunities relevant to the discipline (7.02); management of organizations that provide experience opportunities for visitors, guests, clients, or participants (7.03); and experiential learning through an intensive internship experience (7.04).

In the case of these 7.0 Series learning outcomes standards, programs shall devise their own assessment programs, and they shall include their own choice of metrics that explicitly indicate student performance on target standards. COAPRT does not mandate that any particular metrics or approaches be used, but it does require evidence of *validity*. The metrics chosen by the program shall yield data from which inferences about student learning, in terms of the target learning outcomes, are justifiable.

The set of metrics used must reflect both *content relevance* and *content representativeness*. As such, each metric must be shown to be centrally relevant to the target content: foundational knowledge (Standard 7.01), designing programs and experiences (Standard 7.02), managing organizations that provide experiences (Standard 7.03), or experiential learning through an internship (Standard 7.04). They must also be representative of the range of content designated by the standards.

A great diversity of evidence types may be provided. For outcomes related to the planning dimension of management, for example, Programs might provide actual plans students have developed as part of their course work. Evidence of outcomes being achieved may be provided through a variety of means—student portfolios, exit examinations, sample products developed to meet course requirements, senior capstone experiences, and internship performance evaluations.

The standards specify that at least two measures of each learning outcomes must be used. One of these must be a direct measure of the learning outcome (e.g., test scores, scores on embedded assignments, standardized test pass rates, ratings of observed performance by appropriate raters). The second measure can be either a direct or an indirect measure of the learning outcome. Examples of direct and indirect measures are included in Table 1.

Learning outcomes assessment must be a continuous process. Self-studies must include descriptions of year-to-year (or semester-to-semester) results, interpretation, and action.

**Table 1**

Examples of Direct and Indirect Measures of Learning Outcomes

Direct Measures of Learning Outcomes	Indirect Measures of Learning Outcomes
Capstone assignment quality	Advisory Board Evaluation
Comprehensive Examination Performance	Alumni Survey
Internship evaluation	Benchmarking
Performance of relevant skills	Curriculum Review Results
Portfolio Evaluations	Employer Survey Results
Pre/Post Test Results	Exit Interview Results
Presentation Quality	Focus Group Results
Project Quality	Graduate School Acceptance Rates
Standardized Test Results	Honors/Awards Received by the Program
Thesis/Project Quality	Placement Data
Video/Audiotape Production	Satisfaction
Written Assignment Evaluations	School Performance
Writing Exam Results	Student Evaluations of their Learning
	Transfer Acceptance Rates

## **SECTION 4**

### **The Self-Study Report**

Development of the Self-Study Report is the first and arguably most important step in the accreditation process. It serves as an opportunity for a Program to engage in a process of rigorous self-assessment and improvement.

The self-study process is a major undertaking rather than a cursory review of the Program. The resulting self-study is used by the visitation team as the primary document in the Council's evaluation of the Program. The self-study is thus pivotal to the success and efficiency of the entire review process. The self-study must include clear and compelling evidence of compliance with each of the standards.

#### **Purposes**

Two basic purposes exist for conducting and preparing the self-study:

1. To evaluate curricula and infrastructure associated with the program. As a result of the self-study, the unit can clearly identify all aspects of its academic major and can recognize what may be inherent strengths and weaknesses, as well as areas in which changes may be needed. The self-study process provides the opportunity to involve all relevant parties (e.g., faculty, students, administrators, alumni, field agency personnel, and others) in the assessment of the Program.
2. To provide written documentation that a Program is meeting nationally recognized standards and learner outcomes. The Visitation Team assesses the documentation indicating the ways in which the standards and outcome criteria are being met. Using the Self-Study Report, Visitation Report, and Program Response, the Council makes its decisions on the question of accreditation.

#### **Time Considerations**

The academic unit (Program) will collect, compile, and summarize compelling evidence that standards and learner outcomes are being achieved. Thus, it is extremely important that the self-study be written carefully and accurately. Data will be gathered from several different offices on campus, faculty, department records, internship supervisors, advisory boards, and other sources. Faculty members, staff, students, and administrators will be involved in this process. Because of the complexity involved, it is not uncommon for the data collection and preparation of early draft reports to take 8 to 12 months to complete. This preparation phase is one of the most valuable parts of the entire process because it is here that the academic unit comes to know itself better. The process provides opportunities for clarity, improvement, and a unified approach to change.

#### **Length of the Self-Study**

The body of the Self-Study Report (not including appendices) should be concise, yet thorough. A greater number of pages may be required for programs that seek accreditation of Professional Specializations. Links to external documents will provide a great amount of supporting evidence that a Program is complying with standards.

## **Addressing On-Going Changes**

Curriculum and staffing changes may occur during the time period in which the self-study is being written. Generally, a Program will be accredited on the material that is current at the time of the visitation. While past or future aspects of the Program may not appear in the self-study itself, supplementary materials may be added after submission of the Self-Study Report to document changes. For instance, no Program is expected to re-write the entire report if faculty leave and vacancies are filled, or if courses are dropped or added just before, during or after the visit is made. Making a note of these changes and their anticipated impact on specific standards and learner outcomes is appropriate. Programs are encouraged to communicate with the Council Lead, Second, and Visitors, prior to the visit, any changes that will impact compliance with the standards. If after the visit, the Council should be made aware of any such changes, in writing, at least 30 days prior to a Program's scheduled hearing or when submitting a program's annual progress report.

## **Costs of Preparing the Self-Study Report**

Direct and indirect costs are incurred in preparing of the self-study document. Examples include faculty/staff time for the research and preparation and production of the document. These costs are the responsibility of the institution seeking accreditation.

## **Preparing the Self-Study Report**

While there are many ways to approach the preparation of a Self-Study Report, the following suggestions may be helpful, especially to those who have not completed a Self-Study Report previously. The preparation of a Self-Study Report is time-consuming and these suggestions are given in the interest of efficiency.

### 1. Assign responsibilities and set dates

This practice varies from assigning responsibility for the entire document to one individual such as the unit head (least preferred approach), to assigning each member of the unit a portion of it with one person serving as the self-study coordinator. Some units work by committees and others work by individual assignments. While staff and student involvement (particularly doctoral students) can be beneficial to the process, we recommend that faculty serve as the primary developers and coordinators for the self-study. Involving all Program faculty in the self-study facilitates commitment from the entire unit as well as an awareness of the accreditation process and requirements. In addition, with the active involvement of the entire academic unit (including the unit head) comes the opportunity to consider changes that will enhance the program. When utilizing several persons in the process, it will be important to ensure that each portion of the document is in the same format for the final presentation, and that each portion is equally complete.

### 2. Study the Standards Carefully

Develop an outline showing the types of evidence that will be used to demonstrate compliance with each standard. Note that standards presented in *COAPRT: Learning Outcomes Standards and Assessment (2021)*, available via the [COAPRT website](#), provide specific examples of evidence that might be used to demonstrate compliance. Programs may



find these examples applicable and/or can consider other evidence that is unique to their programs. Innovative and/or experimental approaches are valued and should be highlighted. All documentation should provide compelling evidence that standards are being met.

### 3. Gather evidence

Prior to or concurrent with the development of the document, gather the evidence that demonstrates compliance with standards.

### 4. Write the Report

NOTE: COAPRT provides a mandatory [\*Self-Study Format and Template\*](#) document to assist Programs with the completion of their Self-Study Report. This was created to help focus the Self-Study Report on content rather than appearance. To do this, the Sections A-E below are contained within the template and cells for each standard require discussion of compliance and related links.

The Self-Study Report utilizes the following format:

#### (a) Outside Cover and Title Page specifying:

1. Name of the Institution
2. Name and contact information for the CEO of the Institution
3. Name of the Parks, Recreation, Tourism and Related Professional Specializations Program
4. Title of the Report
5. Date of the Report

#### (b) Table of Contents

#### (c) Foreword

The Foreword includes a description of the process used in the development of the Self-Study Report (e.g., who was involved, how evidentiary artifacts were identified and collected); the scope of the program offerings and specializations for which accreditation is being sought; and if the Self-Study Report is for continuing accreditation, briefly mention significant events since the previous accreditation.

#### (d) Body of the Report

In the body, each major section of the standards must be clearly delineated (e.g., 1.00 Eligibility Criteria). Further, the document should list each standard by number and written description; then describe the evidence that demonstrates that the standard is being met. In many cases, hyperlinks may be used to point the reader to specific information that is published online. Self-study authors may also establish websites on which appendices and supporting documents are published. Regardless, two things are critical. One, the links are available to all reviewers, and without requiring registration to third-party websites, from the time of submission through the hearing. Two, links point directly to the specific supporting information and not just to the first page of a document thereby requiring the reviewer to search for the specific evidence.

Thoughtful naming of files and links within the self-study expedites reviews significantly. Campus information technology staff may be of assistance when working on this aspect of the self-study.

Tables. For efficiency and readability, whenever appropriate tables may be utilized to present data. Please provide any explanatory information to make the table clear.

(e) Appendices Website

Appendices may include such documents and resources as the following. As discussed above, links to information on websites may be used instead of copying the resources to the self-study itself:

- Degree requirements for all Programs being considered for accreditation
- Assessment Plan—written assessment plan and associated assessment reports and or internal Program review documents.
  - Assessment plans are dynamic documents that are updated frequently per Standard 2.05 and are compatible with the expectations of the regional accrediting association and the institution (Standard 2.05.01). An assessment plan identifies learning outcomes established by the program, how students are provided with opportunities to learn the requisite information and/or skills, the measures used to assess the learning and their rigor, the frequency with which and how the assessment measures are implemented, and the performance target indicating successful outcome achievement. An assessment report restates all of the information in the assessment plan then reports on the assessment results.
- Faculty Vitae
- Course Syllabi and Outlines—course outlines for all courses that aid in meeting one or more standards must be provided. Please note, however, that the Council does not recommend any particular format for course outlines. We do recommend that the format be consistent and the outlines be clear, comprehensive, and clearly reflect the evidence for achievement of student outcomes. A topical outline and tentative class schedule showing material covered throughout the semester should be included with each course syllabus. If a course has associated web-based pages (e.g., Blackboard, Canvas), providing complete URL information that is accessible, to reviewers without third-part site registration, to must be used.

### **Submitting the Self-Study Report**

The process for submitting the Self-Study Report is as follows:

Step 1: The Program Administrator (of the institution seeking accreditation) is responsible for sending a complete electronic copy of the Self-Study Report to the Council Staff Liaison. The Council Chair will then conduct a preliminary review of the self-study for approval to move forward with the submission process.

The Staff Liaison must receive the Self-Study Report by December 1. Failure to meet this deadline will result in the assessment of a late fee and may result in cancellation of the visit.

Step 2: After approval is received from the Council Chair, the Council Staff Liaison will send a complete electronic copy of the Self-Study Report and any appendices to a) the Council Lead Reviewer, b) the Council Second Reviewer, and c) each of the Visitation Team members.

### **7.0 Series for Multiple Programs**

In addition to submitting the Notice of Intent to Pursue Accreditation identifying each of the programs for which accreditation is being sought, the self-study must include separate learning outcomes for each program that are consistent with the 7.0 Series of Standards. Council will create separate action reports indicating compliance or non-compliance with the 7.0 Series of Standards for each program. One certificate will be issued to each accredited program, the website will identify all accredited programs, and notification letters sent to the university will acknowledge all accredited programs.

### **Confidentiality**

Self-Study Reports are for the official use of the Council and its representatives only. Individuals seeking access to such reports must make direct contact with the institution for permission and access.

## **SECTION 5**

### **The Site Visit**

A critical component of the accreditation process is a formal review of the program by a Visitation Team composed of individuals with expertise relevant to the program being reviewed. The visit is typically scheduled for a three-day period between October and April. The visit schedule, including any travel arrangements, should be made only after the Council Chair has conducted a preliminary review of the self-study and approved the visit to occur. The site visit is a fact-finding evaluation to ensure the Program is in compliance with the COAPRT accreditation standards. It is the responsibility of the Visitation Team to clarify and verify the Self-Study Report, to seek additional information that may be pertinent to the Council's evaluation, and to write a summary report of its findings.

#### **Purposes**

The specific purposes of the site visit are to:

1. Verify and clarify information and evidence in the Self-Study Report
2. Evaluate the Program's status in light of the Council accreditation standards
3. Report findings and recommendations to the Council
4. Suggest any appropriate revisions in the content or use of the accreditation documents to the Council

Visitation Team Members must not act as curricular consultants. They must refrain from providing advice to Programs on how standards might be met. Visitation Team Members may, however, discuss strengths and weaknesses of the Program, but such comments must be directly linked to specific accreditation standards.

For both initial and continuing accreditation visits the Visitation Team is typically composed of two members. Additional members may be added if the complexity of the setting and/or the diversity of the program to be reviewed warrant. A three-person Visitation Team includes two educators and one practitioner; a two-person team must include at least one educator.

#### **Expenses**

The Program under review covers expenses of all on-site visitors. Site visitors receive reimbursement for transportation and living expenses (e.g., meals and lodging) incurred during on-site visits.

### **Length and Timing of the Visit**

Site visitors usually have the equivalent of three full days to complete their responsibilities. It is important that the visit be scheduled while classes are in session; thus, visits will be scheduled during the academic year. A typical on-site visit would have the Site Visitors arriving on a Sunday afternoon, with a Visitation Team meeting and a faculty social/meal that evening. Monday and Tuesday would be full days, starting with an initial meeting with the chief administrative officers. The exit interview would be held Wednesday morning, followed by the final Visitation Team meeting. The schedule might be set up differently to accommodate schedules of individuals who are involved in the process, because of major institution events, or to take advantage of more favorable airfares on different days of the week. [See a sample agenda here.](#)

## **SECTION 6**

### **Site Visitors**

#### **Visitor Selection**

The Council maintains a list of approved Site Visitors who have met education and experience criteria and completed a training workshop conducted by the Council in cooperation with its affiliate(s). Only individuals who have been approved are eligible to serve on Visitation Teams. While all educator and professional members of the Council are qualified as site visitors, only in exigent circumstances will a sitting Council member serve as a Visitation Team member.

To minimize conflicts of interest and the appearance of potential conflicts of interest, the following policies exist:

1. Visitors to an institution must come from outside the state in which the institution being reviewed is located
2. Individuals may not serve as a Visitor to an institution previously attended as a student
3. Individuals may not serve as a Visitor to an institution of previous employment
4. At least two visitation cycles must have passed before a Visitor may return to that institution as a Visitor
5. Visitors must sign and submit a confidentiality and conflict of interest statement prior to each visit they undertake

When a Program files its formal application for accreditation, the dates for the completion of the institution's Self-Study Report and range of visitation dates are specified. The Council Staff Liaison identifies individuals from the approved list of visitors affirmed by the Council who are available to serve on the respective visit and submits these names to the Council Executive Committee for approval. The Executive Committee reviews the proposed visitor list to ensure each visitor has the appropriate qualifications for the respective program under review. Revisions to the list are made by the Executive Committee as deemed appropriate. The Staff Liaison then sends the list of individuals comprising the proposed Visitation Team to the program for confirmation. The program may indicate objections to any name on the list, giving reasons for doing so; however, the Council reserves the right to determine the Visitation Team. Following receipt of the institution's comments regarding the list and with Council affirmation, the Staff Liaison invites the selected individuals to serve and requests that the Visitation Team Chair makes specific arrangements for the visit directly with the program and the Visit Team Members.

## **Qualifications To Be a Visitor**

All COAPRT Visitors must meet the following Core Requirements; additional requirements are specified for Visitation Team Chairs and practitioners.

### **Core Requirements**

1. Current full-time employment in parks, recreation, tourism, and related professions or if retired, no more than five (5) years outside full-time employment in parks, recreation, tourism, and a related profession.
2. At least one academic degree (bachelor's, master's, or doctorate) in parks, recreation, tourism, or a related professional specialization.
3. Seven (7) years or more of full-time professional experience in parks, recreation, tourism, or a related professional specialization.
4. Participation in an approved Accreditation training within the past five years on the current version of the standards.
5. Maintenance of updated credentials and renewal forms.
6. Positive peer and institutional evaluations from involvement with previous visits, if applicable.
7. Membership in a park, recreation, tourism or related profession professional association (e.g., American Therapeutic Recreation Association, National Recreation and Park Association, National Association of Interpreters, Resort and Commercial Recreation Association).

### **Additional Requirement for Visitation Team Chairs**

1. A doctoral degree is required to be eligible to serve as Visitation Team Chair or as a Single Visitor.

### **Additional Requirements for Practitioners**

1. A working relationship with higher education in the last three (3) years as evidenced by involvement such as:
  - a) Supervision of fieldwork and/or internship students enrolled in parks, recreation, tourism, or related professional specialization curricula
  - b) Service on a planning committee or an advisory group to a university program in parks, recreation, tourism, or related professional specialization
  - c) Teaching experiences in a program on a full- or part-time basis.

## **Petitioning to Become a Visitor**

Any individual who does not meet the stated visitor requirements may petition for visitor status based upon professional credentials and expertise. The petition is made to the Executive Committee of the Council via the Staff Liaison. Any educator appointed as a visitor through the petition process may not serve as the Visitation Team Chair or as a Single Visitor.

### **Visitor Commitments**

COAPRT relies on prospective visitors making a commitment for the full range of dates submitted to the liaison. Acceptance of a visitation invitation requires participation for all scheduled days. Extenuating circumstances may alter a Site Visitor's availability; however, it is critical that the liaison be advised of changes well in advance of a scheduled visit in order to arrange for an alternate visitor.

### **Site Visitor Evaluations**

At the conclusion of each visit, all members of the Visitation Team will be evaluated via online evaluation forms sent directly to the Council Staff Liaison. The institution will be asked to evaluate the professionalism and competence of all members of the Visitation Team. Upon completion of the site visit, the program will receive an evaluation form from Council Staff Liaison. Submission of the site visitor evaluation is required. The evaluation will be held in confidence by Council Staff Liaison until post hearing. The Visitation Team Chair will evaluate the other team members who will, in turn, evaluate the Visitation Team Chair on these same dimensions. Successful evaluations are necessary to maintain one's status as an Accreditation Visitor. If concerns are identified for any Visitor, that individual may be asked to complete additional Visitor training sessions prior to continuation as a COAPRT Visitor.

### **Visitor Response to Council Chair, Lead/Second Reviewer Questions**

Self-study documents are reviewed by the Council Chair, and the Council Lead and Second. Each level of initial review results in specific questions that must be addressed by the visitation team. Such questions typically appear in the comment section of the visitation template. Visitors may find the related standard as being met and so indicate in the report; however, answers to any questions generated by Council reviewers must be provided. Responses to these questions are an essential component of Council deliberations.

### **Visitor Travel Arrangements**

Visitor travel arrangements may be finalized ONLY after receiving approval from the Council Chair that the visit may proceed. The Visitation Team Chair and program contact must also approve all travel arrangements prior to finalization. Costs related to travel changes resulting from a visitor's failure to observe this policy will be the responsibility of the visitor.



## SECTION 7

### Preparing for the Site Visit

When the invited individuals accept the assignment to serve as site visitors, the Council Staff Liaison sends Visitation Team members the following information:

1. Visitation Team member vitae
2. A link to the COAPRT Accreditation Handbook and Standards documents (available on the Council [website](#))
3. A conflict of interest and confidentiality statement to be signed by the visitor and returned to the Council Staff Liaison
4. An electronic copy of the Program's Self-Study Report. At least 8 weeks prior to the scheduled visitation, the program sends the Self-Study Report (electronic copy) to the Staff Liaison who will forward it to the Council Chair. The Chair is responsible for reviewing all self-studies prior to reviews by the designated Council Reviewers and Visitation Team. As soon as the Council Chair approves a self-study, the Staff Liaison will notify the program to send electronic copies of the Self-Study Report to the Visitation Team Members and the designated Council Reviewers.

#### Shared Logistics

The Visitation Team Chair and Program Administrator work together to set firm dates for the visit. The Program hosts the Visitation Team on campus at least 14 weeks prior to the Council meeting at which the Program will be reviewed. For on-site visits, the institution arranges for housing, meals, work space, materials, clerical assistance, and interview schedules. The Visitation Team Chair and Program Administrator jointly develop the visit agenda.

For on-site visits, the host institution should typically make transportation arrangements for Visitors. In some cases, it is necessary or desirable for the Visitor(s) to make their own travel arrangements. In either case, all arrangements should be made in close consultation between Visitors and the host institution. If Visitors make their own travel arrangements, the institution must be prepared to reimburse them either in advance of the visit or during the visit. In no situation should a Visitor incur credit card interest expenses waiting for reimbursement. As early as possible, the Visitation Team Chair and Program Administrator should be apprised of the details of all Visitation Team Member arrival and departure schedules.

#### Responsibilities of Program Personnel

For on-site visits, the institution must make arrangements to prepare both for the Visitation Team's arrival and for the time the team is on campus. Some of these are related to needs such as housing and meals; others are related to schedules and meetings with various persons and groups.

### Arranging for On-site Visit Transportation

Depending upon proximity to the institution, Visitors may travel to the institution by personal vehicle or plane. Most commonly, Visitors will travel by air to the airport nearest the campus. Typically, the Program assumes responsibility to meet the Visitors at the airport and provide transportation to the hotel. The Program Administrator should communicate with individual Visitors to coordinate arrival times and locations. Frequently, it will be possible to pick all the Visitors up at the same time. The administrator also will need to make arrangements for returning Visitors to the airport at the conclusion of the visit. There may be times when it is more efficient and cost effective to provide the Visitation Team with a rental car for transport to and from the airport.

Another transportation consideration is the matter of the Visitation Team traveling to and from the lodging site and the campus, and from one campus location to another. If distances are not far and conditions permit, people may prefer to walk; however, transportation must be arranged in many cases. This can be handled in various ways. Faculty members or students authorized to drive university vehicles might pick up the visitors and deliver them, according to a pre-determined schedule. These arrangements have the advantages of providing additional opportunities for Visitors and faculty or students to interact and to help keep Visitors on schedule.

### Arranging for On-site Visit Housing

Typically, the Program Administrator makes arrangements for housing. The administrator will know what is available and is in a much better position to select the site and make reservations than individual Visitors. It can be especially convenient for Visitors if appropriate housing is available on campus (for example, in the Student Union or an equivalent facility). An individual room should be reserved for each Visitor. In addition to privacy, this provides the opportunity for individuals to spend time working on individual assignments before and after a day full of meetings. In selecting lodging, it also will be important to consider proximity to eating establishments.

### Arranging for On-site Visit Meals

On some occasions during the visit, the Visitation Team will have dinner or lunch with faculty members, students, fieldwork supervisors, or others with whom they wish to speak as part of the visit. Other times, they will want to eat on their own, as a group. Visitors need time together to coordinate their activities and share their perceptions as the visit progresses. Too many planned meals or social events become a burden for both the Visitation Team and the institution. It is important for the Program Administrator and Visitation Team Chair to work together to determine meal preferences.

### Handling On-site Visit Expenses

The Program Administrator should determine how Visitor expenses will be handled. Typically, this will depend on institutional policies and procedures and oftentimes, reimbursement will be required. The Program Administrator should obtain whatever information is required by the institution from each Team Member (e.g., identification numbers, receipts, statements of related

expenses) prior to the conclusion of the visit. In some cases, the institution will set up a pre-arranged institutional charge for meals. In other cases, Team Members pay for their own meals and the institution reimburses individuals for these. Lodging can be handled either by the Program arranging with the hotel to pay directly; or individuals can pay for their own expenses and be reimbursed. Again, the Program Administrator should inform Team Members as to what documentation or receipts are needed to ensure timely reimbursement.

Reimbursements (or all arrangements for reimbursement) should be made before the Team leaves the campus, if possible. If institutional policies or procedures do not permit this arrangement, reimbursements should be mailed within two weeks after the visit if at all possible but must be received by the visitors within thirty days of incurring the expenses.

#### Other On-site Visit Physical and Support Arrangements

Team Members will require access to and use of some Program facilities. The Team will need a workspace (that can be secured) to meet together, review materials, and work on their Report. Supplemental materials that may be helpful to the Team should be available here (e.g., the institution's General Catalog, degree plans, assessment plans, evidence of student performance, instruments used in data collection, relevant policy statements not included in the Self-Study Report, textbooks). Access to a telephone, a computer with Internet access, and a printer in the secured workspace also is helpful.

In some cases, Teams may require occasional clerical assistance. This might include help with answering routine questions, providing directions to campus locations, and accessing student folders and other relevant materials filed in the unit office. Identifying an individual to assist the Team with these types of needs is helpful.

## **SECTION 8**

### **Conducting The Site Visit**

#### **Initial On-site Team Meeting**

Visitation Team Members typically arrive at the campus the day before the formal visit begins and arrange to meet as a team. This time is utilized to talk through the process and anticipated timetable, finalize each member's responsibilities, and confirm procedures.

#### **Social Meeting**

Typically, the Program will arrange an informal social gathering with institutional faculty and the Visitation Team, usually on the first evening. This provides an opportunity to get acquainted and sets the tone for the upcoming Program review.

#### **Initial Interviews with Administrators**

On the first day of the visit, Team Members meet with the Chief Administrative Officer (or an appointed delegate), and other designated administrators as deemed appropriate by the institution. The Provost or Academic Vice-President, and sometimes the Dean of the College in which the Program is housed, are involved. The Program Administrator might attend this meeting as well, but it is more common to meet individually with this person later on the first day. If the Dean does not attend the first meeting, the Team should meet with this individual at some point on the first day.

In addition to being a professional courtesy, the visit with central administrators provides the important functions of allowing the Visitation Team to answer questions about the COAPRT accreditation process as well as obtaining information from administrators on the following items to be reported in the visitation report:

- An assessment of administrative support of the accreditation process
- The administration's perceptions of the program(s) in parks, recreation, tourism and related professional specializations
- The philosophy, structure, and programs of the institution

Initial meetings are neither the time nor place for visitors to discuss any findings based on their initial review of the Self-Study and related documents. The visitation may well produce evidence contradictory to visitors' initial interpretations and understandings. Accordingly, visitors are advised to avoid discussions of substantive matters related to their findings during initial meetings with administrators. In the event that an administrator initiates discussions specific to the Self-Study or preliminary findings, visitors may engage in such conversations, clearly establishing an understanding that changes may occur over the course of the visitation.

#### **Evidence Review and Data Collection**

Remembering that the primary purpose of an on-site visit is to verify and confirm what is found in the written Self-Study Report, Visitation Team Members will be actively engaged in evidence

review and data collection during their visit. During this process the Visitation Team will be engaged in document review, interviews, classroom visits, and meetings.

The data collecting activities identified in the following sections describe the tasks of a three-person Visitation Team. In the case of a mid-cycle review, the team will be selective (i.e., may not visit all identified support centers) due to time constraints. A mid-cycle review may be required by Council when a program falls out of compliance as indicated by the annual report. Specific review activities will be determined by the situation as well as a review of the Program's prior accreditation status, progress toward measurement of student outcomes, and annual progress reports.

### Review Documents

A review of supporting documents and evidence aids the Visitation Team in verifying information provided in the Self-Study Report. Common types of documents provided may include examples of student research and portfolios, assessment instruments and results, trend data, annual Program review reports, national certification reports, course outline addenda, complete faculty vitae, administrative manuals for the Program, university affirmative action procedures, promotion procedures, evidence of faculty professional endeavors, a course catalog, textbooks, and so on. Where much of this information may be available online, the Program may wish to provide a computer through which the Team can access a centralized webpage and find relevant information via bookmarked URLs, or a computer with URLs bookmarked in a web browser.

### Interview Faculty

It is important for Visitors to meet with all instructional staff (e.g., full-time, part-time, adjunct, and clinical faculty members; graduate teaching assistants) who serve the Program under review. In larger programs, the Team might meet with small groups of faculty members representing their respective professional specialties.

### Interview Students

Students are a direct source of evidence; thus, it is desirable for Visitation Team Members to visit with students. This is commonly accomplished by visiting pre-identified classes. In these instances, faculty are typically asked to leave the room so Visitors may freely interact with and interview students. Further, if specialization accreditation is being sought, Visitors will wish to visit students in courses specific to the specialization under review.

In addition to visiting classes to meet with students, the Visitation Team may also interview other students who represent the Program under review. While these are often student leaders, it is important to ensure that the breadth of student majors have an opportunity to meet with the Visitation Team. Often, this is done during a luncheon or late afternoon meeting with snacks.

### Visit Support Centers/Resources

Several standards address support resources such as facilities, the library, computer labs, and other physical and programmatic services for students and faculty. Thus, Team Members may wish to visit a wide range of campus support centers such as the advising center, library, computer centers, instructional technology, services for students with disabilities, and the career center. Campus individuals associated with the institution's assessment process and data management also might have access to valuable Program evidence. These visits are pre-arranged and some time is allotted to speak with affiliated staff for information and clarification.

### Explore Student Files

To ensure confidentiality of record-keeping, consistency in work with students, and Program integrity, the Visitation Team will want to review student records. Typically, once on site, one or more Team Members will request access to student advising files. They will randomly pull and examine several student files, examine the information found, and return the file. If such records are maintained electronically, this will require online access. This access is in compliance with FERPA regulations.

### Interview Fieldwork Supervisors and Alumni

Fieldwork Supervisors and alumni can offer unique perspectives on the Program under review. Thus, visitors will want to make contact with such individuals. This may be arranged during a mealtime, afternoon meeting, or any other time convenient for those traveling to campus. If, due to long distances, face-to-face contact is not possible, teleconferences or video-conferences may be arranged. In any case, these interviews typically occur without Program faculty in attendance.

### An Exit Interview with Program Faculty

At the conclusion of the visit, the Visitation Team typically meets with the Program faculty to share information regarding Program strengths and weaknesses, outline concerns, correct misinformation, provide new information related to the learning outcomes and assessment standards, and remind the faculty of the remaining steps in the process and associated timeline. This information is shared only as a courtesy. No statements should be made about the determination of accreditation status for the program.

### The Formal Exit Interview

At the conclusion of the visit and prior to departure, Team Members will meet again with the institution's chief administrative officer and/or appointed representative(s). Typically, and at the request of the chief administrative officer, the Dean and Department Head will attend this meeting. The purpose of this exit interview is to discuss Program strengths and weaknesses, outline concerns, correct misinformation, provide new information related to the learning outcomes and assessment standards, and remind the faculty of the remaining steps in the process and associated timeline. No statements should be made about the determination of accreditation status for the program.

Following the visit, the Visitation Team submits an official report to Council. Once approved, the report is sent to the Program and university administration to which the university must provide a written response indicating receipt. A hearing is scheduled and held during which Council makes a determination regarding the Program's accreditation status.

### Unsolicited Information

The purpose of an accreditation visit is fact-finding—to verify information provided in the Self-Study Report. Thus, information is gathered from a wide range of sources during the visit. Occasionally, unsolicited information is shared with visitors; some of this is directly related to learning outcomes standards, some information may relate to internal matters that are unrelated to learning outcomes or assessment standards.

Visitors are cautioned to accept and utilize this information wisely. If the information is submitted anonymously and/or unrelated to accreditation standards, it should be ignored and not shared with any of those involved in the process. If the source of the information is identifiable and the information is related to accreditation standards, the individual may be invited to meet with the Visitation Team during the visit to provide complete information. If such information is received after an on-site visit is made, it shall be ignored unless the Council Executive Committee finds it so compelling that they initiate further action.

### **Responsibilities of Visitation Team Members**

The Visitation Team must undertake several tasks before they arrive to the campus of the Program under review. The Visitation Team Chair takes the lead as the contact person for the Program and the Council Liaison.

### Guidelines for the Visitation Team Chair

The effectiveness of a Visitation Team rests heavily upon the ability of the Visitation Team Chair to plan the Team's work and organize the members into a working unit. The following are some suggestions for doing this.

1. After receiving Team Member names, addresses, emails and telephone numbers, contact them to:
  - a. Become acquainted.
  - b. Make sure they have received a copy of the Self-Study Report and Council materials.
  - c. Determine individual preferences for conducting interviews, visiting campus support services, and assign members areas of primary responsibility.
  - d. Remind each Team Member to evaluate the Self-Study Report against the learner outcomes, standard by standard.
  - e. As much as possible, coordinate the arrival and departure plans of Team Members. Members may choose to deal directly with the Program Administrator for specific arrangements (e.g., purchasing the ticket), but the Visitation Team Chair should ensure that Team Members work together to determine the most efficient travel schedules.

2. Develop an acceptable timetable and on-site agenda with the Program Administrator. Once the agenda is established, the Team should follow it as closely as possible unless unusual circumstances arise.
3. Ask the Program Administrator to arrange on-site logistics (e.g., lodging, meals, work area, computer, printer, anticipated secretarial assistance).

### **Guidelines for All Visitation Team Members**

Visitation Team Members will receive a copy of the Program's Self-Study Report at least six (6) weeks before the visit date. The intent is to provide enough time for Team Members to study the document, make initial assessments about the extent to which each standard is met, and note areas for which clarification is desired. All standards for the Program must be evaluated. The Team also reviews any non-accredited emphases or career tracks offered by the Program as a part of looking at the learning outcomes of the overall curriculum.

The Council Chair and designated Council Reviewers (i.e., Council Lead and Second) also review the Self-Study Report. Any of these individuals might suggest areas of specific inquiry to the Visitation Team Chair prior to the visit. The Visitation Team is expected to respond to these specific inquiries in the body of the visitation report. In general, the Council Chair, Council Lead Reviewer, and the Visitation Team Chair work together to note any areas requiring additional information.

### **Responsibilities of the Council Chair, Council Lead/Second Reviewers, and Staff Liaison**

1. The Program submits its Self-Study to the Council Chair and Staff Liaison at least 8 weeks prior to their scheduled visit.
2. The Council Chair reviews and authorizes the release of the Self-Study to the Council Lead and Second Reviewers. The Council Chair provides the Staff Liaison with the authorization as well as the Council Chair's review of the Self-Study.
3. The Staff Liaison sends an email to the Program contact, Visitation Team, and Council Reviewers notifying all that the visit can proceed and requesting the Program send their Self-Study to the Council Reviewers and Visitation Team.
4. The Staff Liaison sends a separate email to the Council Reviewers only that includes the Council Chair's review of the Self-Study. This report is not to be shared with the Visitation Team or the Program.
5. The Council Reviewers will then begin their review of the Self-Study. Once they complete their review, they will communicate with one another and reach out to the Visitation Team with any comments they wish to share with them about the report - such as items to confirm during the visit. Even if there are no comments, the Council Reviewers must be in communication with the visitation team.
6. After the visit takes place, the Visit Team prepares the visitation report and submits it to the Council Reviewers and to the Staff Liaison within two weeks of the conclusion of the visit.



7. The Council Reviewers review the visitation report taking no longer than two weeks. If they approve the report, they will notify the Staff Liaison. If they have concerns, questions, or comments about the report that need to be addressed, they will contact the Visitation Team with instructions and copy the Staff Liaison on email communications.
8. Once the report is approved by both Council Reviewers, the Staff Liaison prepares the report and letter to send to the university/college president, with a copy to the program administrator.
9. The program has 30 days from the receipt of the report to submit their acknowledgement of receipt of the report. Programs have until August 1<sup>st</sup> to submit a detailed response, including additional evidence they desire the Council to consider. Please note, a visitation report does not convey accreditation status. Only the fully assembled Council is authorized to make accreditation findings.
10. The program response and supplemental evidence will be sent to the Staff Liaison who will forward the response to the Council Reviewers to begin their review.
11. The Self-Study, visitation report, and Program's response will be discussed at the hearing in October, at which time Council will release its findings.

### **Visitor Response to Council Chair & Council Lead/Second Reviewer Questions**

Self-Study documents are reviewed by the Council Chair and the Council Lead and Second Reviewers. Each level of initial review results in specific questions that must be addressed by the Visitation Team. Such questions typically appear in the comment section of the visitation template. Visitors may find the related standard as being met and so indicate in the report; however, answers to any questions generated by Council reviewers must be provided. Responses to these questions are an essential component of Council deliberations.

### **Visitor Presence**

As representatives of the Council, all Visitors should maintain a helpful and humble attitude. A positive and professional attitude with administrators, support staff, students, alumni, and local professionals enhances the tenor of the visit and creates an overall positive impression of the profession. Council expectations with respect to professionalism include attire and demeanor. Meetings will be scheduled with administrators who will be dressed for business and likely expect the same from visitors. Furthermore, interactions with university or community administrators are to reflect all due respect for the positions they hold.

In some institutions, the accreditation process may be viewed as disruptive; by maintaining the highest ethical and professional standards, Visitors can minimize this perception.

Visitors are encouraged to emphasize their role as the 'eyes and ears' of the Council whose job it is to focus solely on fact-finding as related to the evidence presented for the learning outcomes standards. This helps to minimize the likelihood of getting caught up in internal politics or

making inappropriate judgments, recommendations, or suggestions for improvement that are outside the scope of the standards or the charge of the Visitation Team. It is particularly important to avoid making comparisons with either one's home institution or other institutions with which a Visitor is familiar.

In appreciation for the work of the Visitation Team an institution may wish to offer a small token of thanks (e.g., university t-shirt, coffee mug) to Team Members. While this may be a kind gesture, it can put Team Members in an awkward position. Thus, the position of the Council is that Council members and Visitors may not accept gifts of any kind from institutions under review.

### Division of Tasks by the Visitation Team

While the Visitation Team Chair might take the lead in any particular meeting, the entire Visitation Team is involved in all aspects of the visit, including initial meetings with central administrators, discussions with program faculty, key stakeholder meetings, and the exit interview. The Team may choose to divide its tasks among its members as needed to maximize their review efforts. Team Members will work with the Visitation Team Chair to make decisions regarding division of tasks such as visiting campus support centers, visiting classes, and meeting with specific faculty.

### The Final Visitation Team Meeting

A major purpose of the final Visitation Team meeting is to review and agree upon a preliminary draft of the written report. The Team should complete this draft before finalizing the visit. This is often done the night before the exit interview and ensures the Visitation Team is in agreement with regard to its findings. In addition to preparing the draft report, Team Members will need to finalize individual responsibilities related to completing the visit report. For example, each Member may be assigned to revise a section of the written report to be returned to the Visitation Team Chair at a designated date.

### **Visitation Report Spelling/Grammar/Formatting**

Visitors are responsible for submitting visitation reports reflecting the professionalism valued by Council. The document must be checked thoroughly for spelling, grammar, and formatting before submission to the Council liaison. The Visitation Chair is responsible for this aspect of the visitation report as well as the overall tone of the report.

### **Confidentiality, Courtesy, and Collegiality**

Visitation Team Members participate as agents of the Council. Ordinarily all official contacts with the institution should be made through the Council Staff Liaison or the Visitation Team Chair. The Self-Study and Visitation Reports to the Council must be held in confidence. The results of the Council deliberations should be reported to members of the institution only through the Council Chair or Staff Liaison. Breach of confidentiality on the part of any Visitation Team or Council Review member may endanger the entire accreditation program. Acceptance of

membership on a Visitation Team constitutes a contractual agreement to safeguard the confidentiality of information acquired in this capacity.

Team members sign a statement of confidentiality and conflict of interest when they agree to participate on a Visitation Team. On campus, Visitation Team members are obligated to avoid any situation where any perception of conflict of interest might arise. Such perceptions might arise if a Visitation Team member were to offer consulting (post-visit) services, accept gifts, or otherwise appear to curry the favor of institutional members.

## SECTION 9

### The Visitation Report and Program Response

#### The Written Report

The Visitation Report is a report to the Council. It should be submitted electronically using the required [template](#). Its purpose is to communicate to the Council the Team's perceptions of the degree to which the program meets the learning outcomes standards. Typically, the Visitation Report includes the following sections:

#### Cover Sheet

The cover sheet identifies the institution and identifies the Chief Executive Officer's name, title and address. It lists the title of the recreation, park resources and/or leisure services program; the name, title and address of the Program Administrator; the dates of the visit; and the names of the Visitation Team.

#### Introduction

A brief introduction includes the overall context in which the Visitation Team members approached their task. This might include the types of data gathering processes undertaken, the types of individuals interviewed, and materials reviewed. In addition, the introduction includes a notation about the specific Program and Specialization under review.

#### Evaluation of Compliance with Standards

The Visitation Report must address each standard (i.e., Series 1.00 through 7.00, plus Specialization criteria if applicable). The standards are the basis for all evaluations. Each standard should be addressed in such a manner that the Council needs no further reference other than the Program's Self-Study Report. Any reference to members of the institution should be by academic title, rather than by name. The Visitation Report will indicate the program's compliance with each standard in the 1.00-6.00 series on the basis of the following ratings:

- a) Met (no explanation necessary)
- b) Not met (briefly explain why)

#### Format for 1.00-6.00 Standards

The Visitation Report will present the information by major sections (e.g., 4.00 Faculty), in the same order as shown in the Standards document. At the end of each section, the Team will write a short paragraph presenting their overall evaluation of the degree to which the Program meets the criteria for the entire section and note any special circumstances.

### A Format Example

The following is an example of the format to be used. Please note that the illustration shows only two of the seven (7) standards in the 4.00 series; in the actual Report the Team would address each of the seven (7) standards.

<b>4.00 Faculty</b>		
Standard	Evaluation	Explanation
4.04 The policy used to determine academic unit faculty workloads shall be consistent with that applied to other academic units.	Met	
4.05 Salaries, promotion and tenure privileges, university services, sabbatical leaves, leaves of absence, workload assignments, and financial support for faculty shall be sufficient to enable the Program to accomplish its mission and operate in a manner consistent with its values.	Not Met	Salaries for faculty in the program are somewhat lower than comparable faculty in the institution (by \$1,000 to \$2,000 annually)
Overall evaluation of Section 4.00. In general, the standards in this section have been met. Overall, the faculty are well qualified and dedicated. Of special note is the University's financial support for professional development and sabbatical leaves. One area of concern is the apparent salary inequity.		

### **Treatment of 7.00**

The visitor report assesses each learning outcome in the 7.00 series through review of curricular and co-curricular artifacts and interviews. For the learning outcomes, the visitors develop a written response to each of the criteria:

- .01 Are students provided with sufficient opportunities to achieve the learning outcomes designated by this standard?
- .02 What evidence is provided to demonstrate the existence of quality assessment measures to assess the outcomes designated by this standard?
- .03 What do the results of the assessment measures indicate with respect to students' achievements of learning outcomes designated by this standard?
- .04 How does the Program use the assessment results associated with this standard for continuous program improvement?

In addition, the visitor report includes a rating of the learning outcome assessment measures employed by the Program. A rubric format is used for this purpose. A copy of the rubric used for the 7.0 Series is available at <http://accreditationcouncil.org/Accreditation-Resources/COAPRT-Policies-Procedures-and-Forms>.

### **Summary Section**

The Summary Section provides a succinct synopsis of the Visitation Report. It includes the following elements, typically offered in bullet-format.

- a) Strengths of the Program. Areas that substantially exceed standards and which point to the quality of the Program and associated support services related to the learning outcomes standards.
- b) Concerns. Weaknesses that are directly related to any of the standards.

### **Team Signatures**

Each Visitation Team member will sign and date the report below the following statement:

*The following individuals, members of the accreditation Visitation Team for (name of the institution and title of the program), approve of this written report.*

### **The Final Section**

This section comes at the end of the written report, on a separate page or pages. The section is treated confidentially and is for the Council only. It contains the following elements:

- a) Recommendations for Program improvement. The Team should state specific recommendations for the improvement of the Program, using standards as the basis. The Council will evaluate these and submit appropriate recommendations to the institution.
- b) Recommendations related to the accreditation process. The Council asks Team Members to comment on internal procedures and standards. Based on their experiences, the Team comments and makes recommendations related to the accreditation process, the visitation process, internal communication, and other internal issues of interest to the Council.
- c) Team Signatures. Each Team Member will sign and date this last section of the report and the Visit Chair will ensure the Team Signature page is submitted to the Staff Liaison immediately following the submission of the report.

### **Submitting the Visitation Report**

It is important to note that the Visitation Report is a report to the Council; when approved, the Council sends the Report, along with a cover letter, to the institution representatives. Thus, within two weeks of the completion of the visit and after all Visitation Team members have signed the Visitation Report, the Visitation Team Chair sends an electronic copy of the Visitation Report to the Staff Liaison and the Council Lead/Second Reviewers (the individuals who have primary responsibilities for reviewing the Program's application).

Because Visitors are representatives of the Council, all official communication is between the Council and the institution. Thus, it is important to resolve any questions related to the Visitation Report before the Report is forwarded to the institution. Any Council Member who has questions about the content or tone of the Report should immediately contact the Council Chair or Lead. The Council Chair or Lead will then contact the Visitation Team Chair to discuss the matter and make appropriate changes to the Report prior to submission to the institution.

Once approved, the Council (via the Staff Liaison) will send a cover letter and the Visitation Report to the Program Administrator and institution CEO. The institution must acknowledge receipt of the Visitation Report within 30 days of receiving it and may elect to initiate changes based on the Visitation Report.

### **Institutional Acknowledgement**

As noted previously, the institution has 30 days from receipt of the Visitation Report to acknowledge receipt of the Visitation Report and to respond to any errors of substance and/or fact identified therein. This includes correcting factual errors (e.g., spelling, addresses). The acknowledgement should be sent to the Staff Liaison, the Council Lead and Second, and to the Council Chair and Vice-Chair. The Acknowledgement should be provided as an electronic copy.

In addition to the acknowledgement, the program must provide a written response no later than August 1st specifically addressing standards noted as being *not met* or for inadequate assessment information. The response should also address concerns (if any) as noted in the Visitation Report. The response should include the following types of information:

- An executive summary of the information provided in the response.
- A narrative that addresses each standard identified as being unmet in the Visitation Report, inadequate assessment information, and any concerns noted in the Visitation Report.
- Additional documentation that may help the Council understand the response.
- Appendices, as necessary.

## **SECTION 10**

### **The Council Hearing**

#### **Council Review, Decision, and Notification Process**

With the exception of initial accreditation, the Program Administrator and Visitation Team Chair are not expected to be physically present in a hearing before the Council. Instead, the Program Administrator and Visitation Team Chair will participate via videoconference as provided by the Council. For initial accreditation the Program Administrator or designee must attend the hearing in-person. Additional Program representatives may attend. The Council prior to the hearing will review all Program materials as well as the visitor report, Program response and any other correspondence. If necessary to best consider a Program's accreditation status, the Council may formally request that a Program representative and/or Visitor participate in-person, rather than via videoconference, in a hearing. Similarly, Programs may formally request of the Council that a Program representative participate in-person in the hearing. This request must include a rationale for the in-person participation. In either case, requests for in-person participation must be received by the Council or Program no later than 60 days prior to the date of the hearing. Any additional costs to the Council resulting from a program's in-person hearing participation will be borne by the Program.

#### **Hearing Format**

At the Council's discretion, hearings of particular cases may be conducted before the entire Council or before Council subcommittees. When the hearing is conducted by Council subcommittee members of the Executive committee will preside. In the event that an Executive committee member is unable to preside, the Chair will appoint a Council member to preside. Regardless of whether the hearing is before the entire Council or a Council subcommittee the following agenda is followed:

1. Welcome and summary of the hearing agenda (Council Chair, Past-Chair, or Vice-Chair)
2. Introductions of Program representatives, site visitor(s), and Council members

Note: After appropriate introductory remarks by the Council Chair, Past Chair, or Vice-Chair and Lead, the Visitation Team Chair and Program Administrator will be invited to share any relevant updates that have occurred since the Visit, however, no new or additional documentation may be provided at this time. If the Program has new information or has made changes since the visit, the Program Administrator may refer to the information in response to questions.

3. Questions from Council Lead and Second who will lead the discussion.
4. The Council subcommittee shall enter into executive session to deliberate and prepare a motion for the full Council's consideration.



5. Full Council will convene in executive session for deliberations at the conclusion of the hearings. The Council may (a) accredit the Program, (b) accredit the Program with recommendations, (c) accredit the Program with conditions to be met within a specific time period, (d) place the Program on warning, (e) defer action, or (f) deny accreditation.

Council action will be announced orally to Programs at the conclusion of all deliberations and Programs will be informed at the conclusion of their hearing regarding when that will occur. Written notification will be sent to Programs, and their chief executive officer, no later than 30 days from the date of the hearing.

If an academic unit is seeking initial accreditation for more than one program, the Council will create separate action reports indicating compliance or non-compliance with the 7.0 Series of Standards for each program. Separate certificates will be issued to each accredited program. The Council website will identify all accredited programs and separate notification letter will be sent to the institution acknowledging each accredited program.

# **SECTION 11**

## **Council Actions: Considerations for Accreditation**

### **Votes Required for Council Action**

Any action taken by the Council on initial accreditation or continuing accreditation must be approved by a majority of eligible Council members. To maintain the highest ethical standards, several policies exist with regard to voting rights on accreditation matters. A Council member may **NOT** vote in the following circumstances:

1. If the Council member resides in the same state as the institution being reviewed
2. If the Council member attends or attended the institution as a student
3. If the Council member is or was employed by the institution
4. If the Council member served as an Accreditation Visitor at the institution within the past seven (7) years

### **Program Status**

Council action on the issue of accreditation of Programs will result in one of three outcomes for the applicant:

1. Accredited professional program (accreditation may include commendations, recommendations, a request for information and/or revisions, conditions, or warning),
2. Accredited professional program and professional specialization (s) (accreditation may include commendations, recommendations, a request for information and/or revisions, conditions, or warning),
3. Not accredited. Specialization(s) may not be accredited unless the 1.00-7.00 criteria are met.

### **Initial Accreditation**

Initial accreditation is granted after a Program/Specialization meet(s) prescribed standards and procedures for the first time. Initial applicants have two years from the date of this application to submit their Self-Study Report. The initial applicant can request a one-year extension if they have a bona fide reason for being unable to meet the two-year deadline. Requests must be submitted to the Council Staff Liaison at [COAPRT@accreditationcouncil.org](mailto:COAPRT@accreditationcouncil.org). If the extension request is approved, the initial applicant must submit their Self-Study Report by the new deadline. If the Self-Study Report is not submitted by the new deadline, the initial applicant must resubmit the Initial Application Form and Application Fee for review and approval by the Council.

### **Accreditation Not Granted**

When a Program that has applied for initial accreditation does not present compelling evidence of compliance with standards, and the lack of compliance cannot be eliminated in a prescribed period of time, accreditation is not granted. In special circumstances the Council may at its discretion (and the Program's expense), require an additional on-campus visit or a meeting of a Program representative with a Council member.

### **Continuing Accreditation**

A Program is granted continuing accreditation on standard cycles, starting from the date of the initial accreditation. Extensions to the standard review cycle are not available; however, Programs have the option of requesting an exception to policy. All such requests must be accompanied by the appropriate, non-refundable fees to be determined by Council. Exceptions to policy delaying visitations and continuing accreditation hearings will result in no changes to the review cycle in future years. The program will be held to the continuing accreditation dates based on the year of initial accreditation or the dates mandated by the Council based on findings requiring a shorter review cycle.

All messages communicating Council approval of extension requests will include a statement that the request is approved, contingent upon the program assuring the Council that it will remain in compliance with accreditation standards throughout the extension period.

### **Accreditation Withdrawn**

When an accredited Program fail(s) to satisfy conditions imposed by the Council or to make improvements related to a warning, the Council may withdraw accreditation. An accredited Program also may withdraw voluntarily from accredited status. If a Program chooses to withdraw voluntarily, the institution must submit this action in writing on official letterhead, with all appropriate signatures.

### **Motions**

During the formal accreditation hearing, the Visitation Team Chair and the Program representative respond to Council or Subcommittee questions and comments. After this time, the subcommittee enters executive session to make a motion for full Council consideration relative to the action at hand (initial or continuing accreditation). Employing Robert's Rules of Order, the following motions constitute the choices of action that may be taken with regard to each Program, and Specialization:

#### **Motion 1: Approval**

Accreditation or Continuing Accreditation is granted:

- With commendations: Council may recognize exemplary performance with reference to specific standards and learning outcomes through commendations.
- With or without recommendations: Based on the Visitation Report and directly relating to the standards, the Council may suggest non-binding recommendations, which Programs/Specializations may choose to implement. Recommendations are not grounds for deferral or denial of accreditation.
- With or without requirement of additional information and/or revisions. Accreditation or continuing accreditation will be contingent upon Program's response to specific concerns about one or more standards by a date specified in the motion. Failure to provide the requested information and/or revisions within the time period will result in placement of the Program on Conditional status.

### Motion 2: Extension

Extend current accreditation and defer action on continuing accreditation with

- **Conditions:** (This motion may not be used for initial accreditation). Conditions are based on noncompliance with specific standards or failure to provide sufficient evidence to document compliance with the standards. Continuing accreditation will be contingent upon Program's response by a date specified in the motion. Conditions are more serious than Recommendations and Requests for additional information and/or revisions and may arise from concerns noted by Site Visitors. In the case that a Program/Specialization fails to address conditions by the designated deadline, fails to address the conditions to the satisfaction of the Council, or submits no response to conditions by the established deadline, a warning is issued that withdrawal of accreditation is imminent. Upon receipt of a written petition from the institution and at its discretion, Council may extend conditions for an additional specified period of time.
- **Warning:** (This motion may not be used for initial accreditation). The Program is placed on warning. Warnings are formal statements issued by the Council that signal serious concerns about lack of evidence supporting compliance with standards and the imminent withdrawal of accreditation if issues are not addressed. Warnings are given when an accredited Program/Specialization is shown to have fallen significantly and/or consistently below standards or has submitted materials that inadequately document compliance with conditions. It should be noted that the Council may issue a warning to a Program/Specialization that has not previously received one or more conditions. The Program/Specialization is warned that accreditation will be withdrawn if specific improvements are not made within a prescribed time.

### Motion 3: Deferral

Deferral refers to the act of delaying the decision on accreditation. Deferrals may occur only on initial accreditation reviews. A deferral may be issued when compelling evidence indicates that Program/Specialization weaknesses can be minimized or eliminated in a short period of time.

### Motion 4: Denial

Accreditation not granted/withdrawn.

### **Responses to Requests for Additional Information and/or Revisions, Conditions, and Warnings, and Deferrals**

Programs/Specializations receiving requests for additional information and/or revisions, conditions, warnings, or deferrals, will be given full opportunity to make the required improvements. Evidence that a Program/Specialization has responded satisfactorily to requests for additional information and/or revisions, circumstances leading to conditions, deferral or warning will be based on one or more of the following:

- a. A written report indicating improvements made accompanied by relevant documentation, as appropriate.

- b. A supplementary visit (at institution expense). The number of visitors and number of days scheduled will be determined by the Council.
- c. A meeting of Program/Specialization representatives with Council-designated representatives. The institution is responsible for expenses incurred by Council members.
- d. Combinations of the above or other specified evidence.

The Program Administrator will send written documentation of compliance with conditions or specific actions taken in response to deferrals or warnings to the Council Chair and Staff Liaison. Depending upon the nature of the documentation, the Council may require verification from the institution's chief executive officer (or her or his delegate). In the case of compliance with conditions, documentation also will be forwarded to the Council Lead and Second designated for the Program in question.

- e. A letter detailing updates to the program's accreditation status will be sent to the institution's chief executive officer. The COAPRT website directory of accredited programs will be updated to reflect the program's status.

### **Progress Reports**

With reference to a motion issued, the Council may request a progress report. A progress report forms the basis for a Council decision on a subsequent review (including a revisit or a meeting, if needed). When a progress report is requested, the Council will ask the Program/Specialization to respond to specific questions. The date for submission of the report is related to the reason or reasons for the request. The Self-Study and Visitation Reports are used in conjunction with the progress report to form a basis for further Council action, including possible modification of the previously scheduled date.

In cases of deferrals, if the program does not satisfactorily meet the Council's request for additional evidence by the specified time, the Program's application shall be considered void and the Program must reapply for accreditation.

### **Institutional Notification**

The Staff Liaison will send a written report of Council's actions regarding accreditation of the Program and Specialization(s) under consideration to the institution's chief executive officer and Program Administrator within 30 days following the Council meeting at which action is taken. The Council Chair assists the Staff Liaison in preparing the Action Letters that will be sent to the Chief Executive Officer of programs under consideration to assure consistency among the programs. The institution may make a written request for further clarification within 30 days after receipt of the Council decision. Only the Council Chair or Staff Liaison is authorized to disseminate information prior to official notification of action by the Council to the institution.

If more than one program has become accredited, one certificate will be issued to the academic unit; however, the website will identify all accredited programs and notification letters sent to the university will acknowledge all accredited programs.

### **Program Response**

A Program/Specialization whose accreditation has been deferred or denied may appeal the decision and request a conference with the Council Chair and/or a representative designated by the Council. The institution must make the request in writing to the Staff Liaison within 30 days following notification of action by the Council. The purpose of such a conference, which is held by telephone, video, or at an agreed upon location, is to interpret the evaluation process and the Council's decision. Cost for the conference will be borne by the institution. The same procedure will be followed if a Program wishes to question conditions set by the Council.

### **Effective Dates**

Initial accreditation or continuing accreditation of a Program becomes effective on the date of approval by the Council. If more than one date is involved in Council action (i.e., later approval of Program actions to comply with conditions or additional program(s) accredited at different times), the renewal date is based on the first Council action.

## SECTION 12

### Appeals, Complaints, and Feedback to the Council

An institution may appeal an accreditation decision made by the Council. Such an appeal must be in writing and submitted within 30 days of Council notification of final action. Supporting documentation must be received by the Council within 60 days of this notification. Following are acceptable bases for appeal: (1) arbitrary, capricious, or unfair action by the Council, (2) inaccurate or inappropriate evidence having been considered in rendering a decision, and, (3) procedural error by the Council or its representatives, in terms of compliance with Council policies. The *Appeal Request Form* is available at <http://accreditationcouncil.org/Accreditation-Resources/COAPRT-Policies-Procedures-and-Forms>.

#### The Appeals Process

1. The Chief Executive Officer of the Institution files the Appeal Form and pays the appeals fee; the institution is responsible for all costs associated with the proceeding. If the Council is found to be in error and the request embedded in the appeal is granted, all expenses will be refunded to the Institution.
2. The Executive Committee of the Council considers the appeal, takes action, and communicates that action to the Institution and to the Council.
3. If the Institution does not accept the Executive Committee's action, it may request further review by an Appeals Panel. The Appeals Panel will be composed of three persons, none of whom shall be members of the Council. Panel members will include a previous Council member (who will serve as chair of the Appeals Panel), a currently approved visitor, and a university representative from an accredited program selected by the Council and approved by the Institution. Appeals Panel members are subject to the Council conflict of interest policy.
4. The Appeals Panel may either affirm the Council's decision or recommend to the Council that it reconsider the decision, giving reasons in either case. The Council takes final action.
5. The status of the Program shall remain unchanged during the appeal. There shall be no public notices related to the matter until the review is completed and the Council has made its final decision. The final action of the Council shall be forwarded to the Institution's chief executive officer, with a copy to the program administrator.

#### Complaints

The Council, in fulfillment of its public responsibility assuring the quality and integrity of academic preparation in parks, recreation, tourism, and related professional specializations has established a process for reviewing complaints against the COUNCIL, accredited programs, and/or visitors. Any individual, (e.g., student, faculty member, practitioner, and/or responsible public citizen) may submit a written complaint concerning the COUNCIL, an accredited program or specialization, and/or a visitation team member. The COUNCIL will act only upon a signed allegation that a Program/Specialization, visitor representing the COUNCIL, or the COUNCIL and/or its members appears to be out of compliance or adherence with the accreditation standards or policies. The COUNCIL will not intervene on behalf of individuals, nor will it act as a court of appeal for individuals in matters of admissions, appointment,

promotion, or dismissal of faculty or students. This policy addresses three distinct procedures: 1) complaints against an accredited program/professional specialization; 2) complaints against the COUNCIL/COUNCIL members, and; 3) complaints against an approved visitor representing the COUNCIL. The *Complaint Policy* is available on the web at <http://accreditationcouncil.org/Accreditation-Resources/COAPRT-Policies-Procedures-and-Forms>.

### **Feedback to the Council**

Within 30 days following final action by the Council, the Program Administrator is requested to submit a written report to the Council Chair, with a copy to the Staff Liaison, providing feedback related to the accreditation process. Elements of that evaluation include the following information.

1. Evaluation of the work of the visitor(s).
2. Recommendations for specific changes and improvements related to the accreditation process, including both standards and procedures.
3. Comments regarding the role of the Council in the process, as perceived by Program/Specialization faculty, staff and administrators; reactions to assistance given by the Council, and so on.
4. Other comments.

### **General Feedback to the Council**

Any person(s) wishing to provide feedback to the Council on any council related matter(s), including program accreditation decisions, may do so at any time by emailing their comment(s) to the Council Staff Liaison at [COAPRT@accreditationcouncil.org](mailto:COAPRT@accreditationcouncil.org). The liaison will share the feedback with the Council Chair and/or other Council members as appropriate.



## **SECTION 13**

### **Confidentiality of Accreditation Information**

The minutes of Council meetings (excluding minutes of Executive Sessions), including accreditation review decisions, are available to the public upon request. All other data, observations, conversations, reports, and working documents related to the Council's dealings with Programs and Specializations are confidential. Acceptance of membership on the Council or on a Visitation Team constitutes a contractual agreement to safeguard the confidentiality of information acquired in these capacities.

As a matter of policy, accreditation decisions on individual Programs are made in executive sessions. Attendance at these sessions is limited to members of the Council and those persons specifically invited to attend by the Council.

No member of the Council whose institution is being evaluated may participate in any discussions or decisions with respect to that institution. Further, current Council members shall not provide private consultation services to any Program unless acting on behalf of the Council. The Council shall not recommend consultants, but upon request will provide a list of past Council members with dates of service on the Council. If an institution requests and receives assistance from an individual on this list, the consultation does not constitute an action by or on behalf of the Council.

Final action on all applications and appeals, affirmative and negative, shall be public information subsequent to official written notification to Programs. The Council retains the right to release a full report, or parts thereof, when necessary to correct or clarify inaccurate information released by the institution or other sources.

## **SECTION 14**

### **Amendments to Handbook and Standards**

This Handbook may be amended by a two-thirds vote of the Council. Proposed substantive changes under consideration by the Council shall be submitted for comment to Program Administrators and the chief executive officers of both currently accredited institutions and institutions applying for accreditation. In addition, the Council shall publicize proposed major revisions through appropriate channels. The Council shall invite comments related to these revisions, so as to permit sufficient time for interested individuals and organizations to respond prior to final recommendations to Council and action by the Council. The Council shall follow similar procedures for proposed major revisions to the standards under consideration.

## **SECTION 15**

### **COAPRT Logo Usage Guidelines**

#### **Purpose**

The logo for COAPRT is copyrighted through the Council on Accreditation of Parks, Recreation, Tourism and Related Professions (COAPRT) as COAPRT's graphic identity. The COAPRT identity is characterized by dedicated educators and industry professionals who administer a national accreditation program setting the benchmark for program achievement. All board members, staff, associated professionals and participating program are united graphically by the COAPRT logo. The COAPRT logo deserves the same care and protection that is provided any asset. These guidelines are to ensure that the COAPRT logo is accurately and consistently expressed wherever it appears. The logo shall only be used on official COAPRT projects, for official COAPRT business, or by accredited programs unless otherwise approved by the Council.

Use of the COAPRT logo must comply with the herein specific usage guidelines. Failure to strictly adhere to the guidelines within this document shall result in immediate revocation of authorization to use the logo.

#### **COAPRT BRAND Signature**

The COAPRT logo with full name application will be used as the primary signature. The logo mark can be used for promotion items and as a design element. Examples of uses may include but are not limited to; decals, embroidery on clothing, signage, signature tags, stationary and on websites.

#### **Usage Eligibility**

1. Authorization for use of the logo is automatic upon a Program's initial accreditation, and continuing accreditation., once it has been conferred by vote of the Council. Accredited programs are encouraged to use the logo to promote and market the achievement.
2. The Council must give written authorization to other eligible parties prior to any use of the logo.
3. Council members or visitors may use the logo in any official capacity but may not use it to represent any individual interests.
4. The logo shall not be used for the following:
  - in political campaign messages or other materials of a partisan nature;
  - in a manner that is misleading, defamatory, libelous, obscene, or sexually suggestive;
  - in a manner that would disparage or damage the image of COAPRT;
  - in a manner that suggests that editorial content has been authored by, or represents the views or opinions of COAPRT;
  - on food items, health-related items, or alcoholic beverages;

- in connection with any material that infringes the trademark, copyright, or any other rights of any third party;
  - in advertisements, marketing, or endorsements of any product, service, or business that is not related to COAPRT; or
  - in a manner that infringes, derogates, dilutes, or impairs the rights of COAPRT in such logo.
5. Alteration of the logo in any way is strictly prohibited. Examples of alteration include changing any of the constituent colors or fonts, adding additional text or other graphic elements, removing, relocating, or modifying any element of the design, disproportionately scaling any element of the design, tilting at an angle, or adding borders around the logo or elements of the design, or applying other effects and filters.
  6. The COAPRT logo shall remain the exclusive property of COAPRT.
  7. Any uses associated with the logo shall be in compliance with any applicable local, state, or federal law.
  8. Users agree that all uses of the COAPRT logo will support to the benefit of the Council.
  9. Users shall not register any logo that is identical to or confusingly similar to the COAPRT logo in any jurisdiction, domestic, or foreign.
  10. COAPRT may modify these guidelines from time and time and users will be bound to comply with the material contained in the updated guidelines immediately upon receipt of, or posting of, the new guidelines.

### **Logo Usage**

The COAPRT logo is a valuable asset; as such, it is important to closely monitor the way in which the brand identity is displayed. The logo is the basis of the identity and a critical component of the overall branding and strategic message. Computer alterations to the logo, such as drop shadows and outlines, are unacceptable.