Accreditation Handbook &
Self-Evaluation Guide

Assuring the
Quality of Gerontology
Education Globally
Accreditation for Gerontology Education Council

Assuring the Quality of Gerontology Education Globally

http://www.geroaccred.org

Accreditation for Gerontology Education Council (AGEC) Handbook and Self-Evaluation Guide

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Permission is granted to colleges and universities within the jurisdiction of the Accreditation for Gerontology Education Council to photocopy these standards for the purpose of institutional gerontology program self-study and peer review. The text of these standards also may be downloaded from the AGEC website.

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AGHE  ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION

&

THE GERONTOLOGICAL SOCIETY OF AMERICA®
Preface

This Accreditation for Gerontology Education Council (AGEC) Handbook is designed to provide the reader with information about accreditation in gerontology education. To accomplish this, the Handbook includes the following information:

- History of the involvement of the Association for Gerontology in Higher Education (AGHE) in the formation of the Accreditation for Gerontology Education Council (AGEC);
- Information about AGEC and accreditation for gerontology programs including: AGEC’s mission and vision; and AGEC’s definition of quality in gerontology education; and
- Evaluative criteria and accreditation standards.
- Tools to help academic institutions prepare for accreditation review.

This AGEC Handbook is intended for a variety of readers: representatives of institutions and programs who are considering establishing an educational program in gerontology; faculty and officials of programs seeking accreditation; members of accreditation review teams; and the general public interested in or affected by the quality of gerontology education.

It is imperative that any user of this AGEC Handbook who may be preparing documentation and materials for submission to the Accreditation for Gerontology Education Council obtain copies of the most recently revised and published forms at the following website: http://www.geroaccred.org and consult AGEC staff when questions relating to the accreditation process arise.

The AGEC Board of Governors is committed to fulfilling the vision and mission of the AGEC with integrity and professionalism. Through institutional membership in AGHE, gerontology programs join the AGEC in the work of promoting high quality educational experiences to assure those entering the field of gerontology are prepared to work with diverse older adults and their care partners within communities and global societies.

Questions or comments on this document can be directed to the AGEC Board of Governors, or the AGEC staff: staff@geroaccred.org
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Section I: Association for Gerontology in Higher Education (AGHE)

History of AGHE

The Association for Gerontology in Higher Education (AGHE) was established in 1974 by members of the Gerontological Society of America (GSA) who were interested in issues specific to gerontology education and career training in higher education. AGHE was initially run by its volunteer leadership as part of GSA and later went on to hire staff in 1976 and move into its own offices in 1981.

Both organizations grew and thrived over the next decade, and by the early 1990s, AGHE and GSA were looking at ways to enhance their visibility, provide improved member services, increase grant-seeking capacities, and economize on office operations. After six years of planning, and testing of intermediate approaches, AGHE merged with GSA in 1998 as a new and distinct operating unit of GSA focused on education.

AGHE's mission is two-fold: (1) To advance gerontology and geriatrics education; and (2) To provide leadership and support of gerontology and geriatrics education faculty and students in educational institutions. AGHE's vision statement is: Global Leader in Advancing Education on Aging.

AGHE Membership

AGHE is the only institutional member organization dedicated to gerontology and geriatrics education globally. Educational institutions may become members of AGHE regardless of the accreditation status of their gerontology programs. Organizational Affiliates (those entities that are not a college or university) may also become members of AGHE. Members join AGHE to advance gerontology and geriatrics education, to support gerontology and geriatrics education faculty and students in the field of aging, and participate in the gerontology educational community. For additional AGHE membership information see: http://www.aghe.org/membership

Programs seeking AGEC accreditation are encouraged to have institutional membership in AGHE.
Section II: Accreditation for Gerontology Education Council (AGEC)

Introduction
Throughout its history, accreditation has served as the nongovernmental process of educational quality assessment and enhancement, through educational institutions and programs, governed by the principle of voluntary commitment to self-evaluation and peer review, in a manner that engenders confidence and trust among the public it serves. It fulfills that purpose by:

- Requiring clear statements of objectives and thorough and candid self-evaluation reports of institutions and programs;
- Providing due process in program reviews and appeals, wide dissemination of information concerning the purposes, practices and decisions of accreditation, competent personnel on accrediting bodies and site visit teams, and public representatives on accrediting bodies;
- Making the accreditation process as open as possible consistent with accomplishing the purposes of accreditation; and
- Establishing conditions of functional independence in which accrediting (bodies) may perform their duties.

(adapted from the APA Accreditation Handbook, 2015)

History of the Accreditation for Gerontology Education Council

The Accreditation for Gerontology Education Council (AGEC) was created in 2016 and is the only accrediting body for gerontology degree programs. The Accreditation Standards for Gerontology Education put forth by AGEC are informed by the Association for Gerontology in Higher Education (AGHE) Standards and Guidelines for Gerontology and Geriatrics Programs, 6th edition, (2015) that includes the AGHE Gerontology Competencies for Undergraduate and Graduate Education© (2014).

AGEC Mission and Vision

The Accreditation for Gerontology Education Council mission and vision statements provide the foundation for developing the AGEC and all of its component parts.

Mission
To serve societies, national and global, by establishing and applying standards that assure quality and continuous improvement in the
preparation of gerontologists reflecting the evolving nature of higher education, research and practice.

**Vision**
Recognized and valued by all stakeholders as the leader in accreditation of gerontology education.

**Eligibility for Accreditation**

Higher education degree granting programs in gerontology, specifically associate degree, baccalaureate degree, and master’s degree programs, are eligible to apply for accreditation.

Higher education institutions are encouraged to be members of AGHE in order to apply for accreditation review. AGHE member institutions will be charged lower fees related to accreditation. For those institutions that have more than one eligible gerontology degree granting program, the applicant has the option of applying for accreditation review for each of its programs. Each program must apply separately for accreditation review.

**AGEC’s Independence from GSA and AGHE**

The Association for Gerontology in Higher Education (AGHE) is the unit of the Gerontological Society of America (GSA) that specializes in gerontology and geriatrics education. These entities share staff that ultimately reports to the Executive Director of the GSA. While members and leaders of GSA and AGHE contributed to the creation of AGEC, it is an independent entity.

AGEC is a 501c3 organization independent from GSA and AGHE. AGEC is governed by an independent board with a separate budget and organizational structure. AGEC Board of Governors has approved distinct by-laws for the organization, as well as policies and procedures for accreditation.

**AGEC Board of Governors**

The legal basis for the foundation and structure of the AGEC is outlined in the AGEC Bylaws and the Articles of Incorporation. The AGEC was incorporated as a 501(c)(3) organization under the laws of the provisions of Chapter 4 of Title 29 of the District of Columbia Code.

The AGEC Board of Governors will consists of nine (9) members representative of higher education gerontology programs and entities associated with the field of
aging. The Board of Governors makes final program accreditation decisions, taking into account the recommendations received from review teams and site visitors. Additional information on the bylaws and board of governors is found in the AGEC Operational Manual.

AGEC Accreditation Roles

In addition to the Board of Governors, the AGEC is comprised of others that support the process for accreditation and/or reaccreditation. The following positions are part of AGEC organizational structure:

Review Teams: For each accreditation application a Review Team comprised of three reviewers will be appointed. At least one reviewer per team must represent a program at the same degree level as the program being reviewed. For each review team, one individual will be appointed by the AGEC Board President as the Review Team Chair. The Review Team provides the first line of review for accreditation. They independently examine the applicant’s self-evaluation report then determine, as a team, whether or not the program has provided evidence of meeting the Accreditation Standards. Upon completion of the review, the Review Team chair writes a confidential report and preliminary recommendation pending a site visit that is edited by the Review Team and sent to the AGEC director within the agreed upon time line.

Site Visitors: Two site visitors from the Review Team are selected by the Board Governors that represent the degree program. Site visitors travel to the program site and gather data corroborating the program self-evaluation report. During the site visit, they address with the program applicant/representative any concerns brought forward by the Review Team. The site visitors (of which one may be the Review Team Chair) provide a confidential report and recommendation to the Review Team Chair who in turn presents the completed program review to the AGEC director and Board Governors that represent the degree program. The report is then presented to the Board at least 2 weeks prior to the Board of Governors meeting.

NOTE: The Board of Governors is not bound by the recommendation of the Review Team, but must consider the application, each report, and any further related information.

AGEC Executive Director: The AGEC executive director is the officer in charge of the administrative function of the AGEC and the liaison with the AGEC Board of Governors, The Association for Gerontology in Higher Education and The Gerontological Society of America. The AGEC executive director has oversight over the AGEC Staff.
AGEC Staff: The staff is responsible for administrative, clerical, and budgetary aspects of the AGEC. They report to the AGEC director and have specific assigned duties to assist the AGEC in efficient and effective operations.

Section III: Accreditation and Reaccreditation

A. General Procedures: Accreditation and Reaccreditation

1. Program applicants request the AGEC application from the AGEC director.
2. Program applicants must submit a completed Application for Accreditation/Reaccreditation with the fees stated on the form (for institutions with multiple programs, each program must have its own application).
3. Timeline and review cycle will be determined for program review by the AGEC director with the program applicant and stated in a “Notice to Proceed.”
4. Policies for writing and submitting a program self-evaluation report will be sent to the applicant by the AGEC Director.
5. Program self-evaluation must reflect 2 years of operation and at least one graduating class (see Section V: Standard 1.2.4).
6. Program self-evaluation reports must be in compliance with the AGEC Standards.
7. AGEC Review Team conducts the program self-evaluation report and two members of the team conduct the site visit.
8. Review Team report and recommendation is forwarded to the AGEC Board of Governors for action on the recommendation.
9. Programs under accreditation/reaccreditation review may receive provisional accreditation status if not all AGEC’s standards are met. Provisional status will require one or more progress reports.
10. Programs are initially accredited for 5 years with reaccreditation occurring every 7 years thereafter.

B. Reaccreditation Procedures

1. Programs apply for reaccreditation by completing an Application for Accreditation/Reaccreditation and submitting it with the appropriate fee.
2. Reaccreditation self-evaluation reports are required to include a copy of the most recent accreditation approval letter.
3. A site visit is conducted as part of the reaccreditation review process.
4. Programs continuing to meet AGEC’s procedures, policies, and standards will be awarded reaccreditation.
C. Accreditation and Reaccreditation Policies:

1. Accreditation Policies
   a. Programs seeking accreditation must have “Aging” or “Gerontology” or similar appellation in the name of the program (see Section V: Standard 1.2.1).
   b. Completed applications are to be submitted with the non-refundable application fee.
   c. The “Notice to Proceed” will indicate the self-evaluation report due date and timeline cycle for the accreditation/reaccreditation review.
   d. Accreditation/reaccreditation will lapse as a result of failure to pursue reaccreditation by the expiration date of the current accredited period.
   e. Programs that receive provisional accreditation status will have up to two years to correct deficiencies.
   f. Programs that do not provide required progress reports indicating that the deficiencies have been corrected within two years may subsequently reapply.
   g. Programs that correct the deficiencies within the stated time will be awarded full accreditation for the remainder of the accreditation period (e.g. for programs that take the full 2 years to correct deficiencies, 3 years remain in the initial accreditation cycle and 5 years remain in subsequent reaccreditation cycles).

2. Reaccreditation Policies:
   a. Reaccreditation occurs 5 years after the initial accreditation period and 7 years for every subsequent reaccreditation.
   b. AGEC staff will notify the program 18 months in advance of the upcoming reaccreditation date.
   c. Application for reaccreditation must be submitted no later than 365 days (12 months) prior to the termination of the program’s accreditation award.
   d. Programs that cannot meet the timelines due to extenuating circumstances may request an extension of up to one year by submitting a letter of request to the AGEC Director at least 365 days (12 months) in advance of the accreditation renewal date. If the extension is granted, this will not extend the program’s accreditation cycle.
   e. Programs that have an extension granted will have their accreditation status continuous from the documented renewal date of accreditation. For example, if a program’s initial accreditation is up for renewal on November 2017 but an extension is granted until November 2018, reaccreditation approval (if granted) will be from November 2017 through November 2022 (5 years).
   f. If an accredited program has not committed to the reaccreditation process at
least 360 days prior to the ending of its accreditation, it must begin the
process as if accreditation had never been granted. AGEC records will show
the lapse in program accreditation.
g. Programs that receive provisional reaccreditation status will have up to two
years to correct the deficiencies. Provisional reaccreditation will require one
or more progress reports.
h. Programs that fail to document that deficiencies have been corrected within
two years lose their accreditation status but may subsequently reapply.

D. Application Steps for Accreditation and Reaccreditation Process

Step 1: Submit the AGEC Application and Fee.

1.1: Application for Accreditation/Reaccreditation is to be completed by
the program applicant and submitted with the appropriate fee as
instructed on the form.
1.2: AGEC director will review of the application within 30 days or
receipt and a timeline will be established with the program
applicant for accreditation Review
1.3: Applicant will be officially notified with a “Notice to Proceed” at which
point the preparation and submission of the self-evaluation report will
adhere to the agreed timeline (Cycle 1, 2, or 3). As the AGEC Board of
Governors meets three times a year (March, July, and November)
three (3) timeline options (cycles) for accreditation review have been
established for Review Team recommendations to be acted upon at a
Board of Governors meeting. See timeline details in Section IV:
Accreditation and Reaccreditation Steps and Timelines

Step 2: Self-Evaluation Report Completion and Submission

2.1: Allow at least 6 months to complete the self-evaluation report. This
can vary greatly depending on your institutional requirements,
whether or not curriculum changes are required, and the amount of
time faculty and staff can commit to the process (See Section V for
Accreditation Standards).
2.2: Timelines are specified in Section IV: Accreditation and Reaccreditation
Timelines.

**Suggestion:**
As program self-evaluation sections are completed, ask colleagues to
review and edit each portion. Specific instructions for conducting the
self-evaluation and writing the report are included in Section VI:
Guidelines for Writing the Program Self-Evaluation.
Step 3: Self-Evaluation Report Process Post Submission

3.1: The AGEC director conducts a review of the self-evaluation report to ensure it is complete.
3.2: A confirmation of receipt of the program’s self-evaluation report is sent (via email and US Mail) to the program applicant/representative.
3.3: The program self-evaluation report is forwarded to the Board of Governors President and appropriate Board Degree Level Representatives.
3.4: The Board Degree Level Representative recommends members for the Review Team to the AGEC director and selects a Review Team Chair.
3.5: The volunteer Review Team conducts the review of the self-evaluation report.
3.6: The AGEC director oversees that the accreditation process proceeds accordingly to the timelines.

Step 4: Site Visit Schedule

4.1: Site visits are required for accreditation and reaccreditation reviews (See Section VII - Site Visit).
4.2: The program self-evaluation report evaluation must be completed by the Review Team prior to scheduling a site visit.
4.3: The program works directly with the AGEC site visitors to set the site visit itinerary (See Appendix E: Sample Site Visit Itinerary).

Step 5: Site Visitors Travel and Accommodations

5.1: The program works with each of the site visitors to make travel and accommodation arrangements. No costs related to the site visit are to be incurred by site visitors.
5.2: Programs are responsible for the payment of ALL expenses incurred by the site visitors related to the site visit review, including travel to and from airports of departure and arrival, meals, lodging, and associated site visit incidentals.

Step 6: AGEC Board of Governors Action

6.1: The AGEC Board of Governors will take action on the Accreditation or Reaccreditation at the appropriate Board Meeting (see Section IV: Accreditation and Reaccreditation Timeline) based on:
   1) Review Team written evaluation of the program’s self-evaluation report.
   2) Site visitors’ written report.
3) Review Team’s written recommendation based on program self-evaluation and site visit.
4) AGEC procedural integrity.

6.2: There are four actions that can be taken by the Board of Governors:
1) Approval of accreditation or reaccreditation with no provisions.
2) Provisional approval of accreditation or reaccreditation articulating those standards or requirements that were not fully met.
3) Tabling consideration for accreditation or reaccreditation because of a request for extension that is granted; or
4) Non-approval of accreditation or reaccreditation.

Step 7: AGEC Council Notification

7.1: The AGEC director notifies the program applicant/representative of the action taken by the Board of Governors and of any conditions related to the decision.

7.2: If accreditation has been approved, the AGEC Board President will compose a congratulatory letter. The AGEC director will send an award packet to the program applicant that includes the congratulatory letter, Certificate of Accreditation, information on program accreditation postings (website, news, etc), and AGEC Logo. A copy of the letter will be maintained at the AGEC organization office (See Appendix G: Use of AGEC Logo in Promotional Material).

7.3: If the accreditation is provisional or denied, the Board Degree Level Representative reviews the decision with the program applicant/representative and discusses options for meeting the provisions or AGEC Standards.
Section IV
Accreditation and Reaccreditation Steps and Timelines

A. Accreditation and Reaccreditation Steps

Application for Accreditation/Reaccreditation may be requested from the AGEC director. Submission of a completed AGEC application may occur at any time (Step 1). Upon completing and submitting the application the AGEC director has 30 days to review the application and confer with the program applicant to discuss the accreditation cycle to which they will adhere (Step 2). A “Notice to Proceed” will be sent to the applicant as official notification to proceed with preparation and submission of the self-evaluation report in accordance with agreed timeline (Cycle 1, 2, or 3). See Table 1: Accreditation and Reaccreditation Application Steps.

B. Accreditation and Reaccreditation Timelines

For Accreditation and Reaccreditation, a completed program self-evaluation report must be submitted no later than the due date of the agreed upon accreditation cycle. The AGEC Board of Governors convenes three (3) times a year in March (Cycle 1), July (Cycle 2), and November (Cycle 3). The corresponding timeline includes three (3) Cycles for review. Cycle 1 conforms to self-evaluation reports due on Sept 1; Cycle 2 conforms to self-evaluation reports due on May 1; and Cycle 3 conforms to self-evaluation reports due on September 1.

The complete accreditation/reaccreditation process, including the self-evaluation report review, site visit review, and Board of Governors decision is scheduled to take 8 months starting on the self-evaluation report due date. See Table 1: Accreditation and Reaccreditation Timeline.

Reaccreditation is established by the cycle date the initial accreditation was awarded.
### Table 1: Accreditation and Reaccreditation Application Steps

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>AGEC Application Requested by Program</td>
<td>Open submission date</td>
</tr>
<tr>
<td>Step 2</td>
<td>Application Submitted to AGEC Director by Program Applicant</td>
<td>AGEC director has 30 days to review the application and determine with the applicant which time line cycle (1, 2 or 3) will be adhered to</td>
</tr>
<tr>
<td>Step 3</td>
<td>“Notice to Proceed”</td>
<td>Applicant officially notified to proceed with preparation and submission of the self-evaluation report in accordance with agreed timeline.</td>
</tr>
</tbody>
</table>

### Table 2: Accreditation and Reaccreditation Time Line

<table>
<thead>
<tr>
<th>Action</th>
<th>Timeline</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Self-Evaluation Report Due</td>
<td>Cycle 1</td>
<td>Cycle 2</td>
</tr>
<tr>
<td>Review Team Completes Review</td>
<td>Nov 1</td>
<td>March 1</td>
</tr>
<tr>
<td>Complete site visit by:</td>
<td>Jan 15</td>
<td>May 15</td>
</tr>
<tr>
<td>Submit Site Visit Report to Review Team by:</td>
<td>Jan 30</td>
<td>May 31</td>
</tr>
<tr>
<td>Submit final report of Review Team to BOG</td>
<td>Feb 15</td>
<td>June 15</td>
</tr>
<tr>
<td>AGEC BOG Meetings</td>
<td>March</td>
<td>July</td>
</tr>
<tr>
<td>Informal BOG Notification</td>
<td>Within 10 Days of March Mtg</td>
<td>Within 10 Days of July Mtg</td>
</tr>
<tr>
<td>Formal BOG Notification</td>
<td>Within 30 Days of March Mtg</td>
<td>Within 30 Days of July Mtg</td>
</tr>
</tbody>
</table>

**NOTE:** If due dates fall on a weekend or holiday, the next business day will be honored.
C. Notification of Substantive Program Change

AGEC accredited programs are expected to be in continuous compliance with the AGEC standards and guidelines. Programs are expected to report to AGEC any substantive changes directly related to compliance with standards and guidelines to AGEC. Substantive changes include program leadership, policies, resources and significant curriculum changes directly related to the accredited program.

SECTION V
Accreditation Standards for Gerontology Education

In this section, the Accreditation for Gerontology Education Commission (AGEC) presents standards for gerontology degree programs at the Associate, Baccalaureate, and Master’s levels. Throughout this section, the term gerontology will encompass educational, applied, clinical, and professional gerontology.

AGEC recognizes that training and education in gerontology occur in many different types of institutions and may be referred to by many different names. Therefore, in this document, a program is any coherent sequence of courses and/or learning experiences (classroom, hybrid, online) that has as its core the examination and application of gerontology knowledge, methods, and skills. This may include programs such as applied gerontology, aging studies, clinical gerontology, etc. The program may be based in a gerontology department or within other organizational structures such as centers, interdisciplinary or multidisciplinary departments, etc. at an accredited institution of higher learning.

This Accreditation for Gerontology Education Commission (AGEC) Handbook is to be used by the applicant to: (1) develop and manage gerontology education using processes developed and approved by national and international gerontology educators; (2) prepare the Self-Evaluation Report; and (3) prepare for the site visit.

In the Standards that follow, introductory comments summarize the content of the Standard. *Italicized text following a standard* summarizes examples that may apply to AGEC review. AGEC recognizes organizations may meet the standards in a variety of methods that might not be included in the examples. Selected terms are defined in the *Glossary* (see Appendix A).

1.0 ELIGIBILITY FOR REVIEW

Programs in or emphasizing gerontology that are applying for accreditation review at the associate, baccalaureate, and/or master’s
degree levels are required to meet eligibility requirements at the institutional and programmatic levels.

1.1 The Institution

The institution in which the gerontology program is housed shall meet the following criteria:

1.1.1 It shall be accredited by a regional, national and/or international accrediting body.

*It is understood that in the United States and globally there are a variety of higher education accrediting bodies – these bodies include but may not be limited to those listed by the following organizations:*

  - [Council for Higher Education Accreditation](http://www.chea.org/Directories/regional.asp)
  - [European Association for Quality Assurance in Higher Education](http://www.enqa.eu/index.php/enqa-agencies/members/full-members/)
  - [International Network for Quality Assurance Agencies in Higher Education](http://www.inqaahe.org/members/list-full.php)

1.1.2 It shall grant at least one of the following degrees: associate, baccalaureate, and/or master’s.

1.1.3 It shall have no policies or procedures that violate or contradict the ethical standards of the profession.

1.1.4 It shall have policies and procedures for accommodation of both student and faculty grievances, and the gerontology program shall use procedures available in the larger institution. This information shall be distributed to the faculty and students of the program.

1.1.5 It shall have nondiscriminatory policies, procedures, and activities regarding hiring, promotion, and tenure of faculty, and student admissions.

1.1.6 It shall have appropriate policies and procedures for maintaining the confidentiality of faculty, staff, and student
records and be appropriately applied by the program. These policies shall be consistent with applicable laws.

1.2 The Gerontology Program

While the program may be housed in a variety of administrative structures or units (e.g., various schools or colleges, other disciplinary departments, or interdisciplinary departments, or centers) it is important that the program emphasize gerontology in accordance with the Association for Gerontology in Higher Education (AGHE) Gerontology Competencies for Undergraduate and Graduate Education© (see Appendix B). As a precondition for review, the program shall have authority, responsibility, and resources to determine and meet its goals and objectives and to maintain the program.

1.2.1 The formal title of the gerontology program shall contain one or more of the terms that will clearly identify it as related to and teaching of gerontology, applied gerontology, aging studies, human development, life span development adult development and aging, clinical gerontology, or similar.

In such instances where the program name does not include one of the terms gerontology, applied gerontology, aging studies, or clinical gerontology, etc. (for example, in the case of an interdisciplinary or multidisciplinary unit), the program shall demonstrate its explicit emphasis on gerontology through documentation acceptable to AGEC.

1.2.2 The program shall have an established governance and administrative structure ensuring its authority and responsibility for decision-making with respect to goal setting, program planning, assessing and documenting program outcomes, and achieving specified goals.

1.2.3 The program shall have resources sufficient to ensure its continued operation.

Resources shall be sufficient to ensure the retention of a well-qualified faculty and professional staff, the maintenance of library resources, ongoing expenses of the practice component, including field experiences, and the effective operation of facilities. These factors shall be examined within the context of the resources of the institution.

1.2.4 The program shall have been in operation long enough for at least one cohort of students to graduate; and the Programmatic Structure standards shall have been in compliance during that time.
The program’s self-evaluation report shall reflect the years of operation for the initial accreditation and 7 years for reaccreditation. The department or unit in which the program is housed shall have sufficient full-time faculty members, one of whom shall be the director/coordinator of the program with the resources necessary to direct/coordinate the program. Resources may include release time, summer compensation, identifiable budget, and a travel budget commensurate with travel required to sustain and grow the program. The faculty shall have at least a master’s degree in gerontology or related discipline or meet the standards of the college/university or country where the program is being offered.

2.0 PROGRAMMATIC STRUCTURE

The program in or emphasizing gerontology, applied gerontology, aging studies, clinical gerontology, or similar, may be a free standing program, or may be contained within another administrative unit. Regardless of structure, students must be eligible to attain an associate, baccalaureate or master’s degree at the culmination of the program.

The program shall have a mission statement that clearly articulates its purpose as a program in or emphasizing gerontology with the programmatic structures to support and reflect that mission.

The program’s mission shall be reflected in:

a) its program goals and objectives;
b) its administrative and organizational structures;
c) the services it provides to its students;
d) its faculty characteristics and professional development; and,
e) the nature of its public and professional services.

2.1 Mission and Goals

The program shall clearly articulate its philosophy and vision as a program in or emphasizing gerontology, applied gerontology, aging studies, clinical gerontology, or similar. It shall have a mission statement that is translated into a set of program goals and program objectives and an associated curriculum of study.
2.1.1 The program shall have a mission statement that clearly articulates its purpose as a program in or emphasizing gerontology that is translated into a set of program goals and associated curriculum of study.

2.1.2 The program shall have a set of program goals that clearly reflect the program’s mission. Program goals shall provide a framework for determining the more specific educational objectives of the program, and shall be consistent with the mission of the program and the mission of the institution.

2.1.3 The program shall have a set of program objectives and associated learning outcomes complete with competency expectations that specify what students will be able to do upon completion of the program.

a) Student competencies and learning outcomes attached to the program’s goals and objectives shall be quantitatively and/or qualitatively measurable.

b) Student competencies and learning outcomes attached to the program’s learning goals shall encompass those listed in Standard 3.0.

2.2 Administrative and Organizational Structure

The program shall accurately reflect its characteristics and the nature of its offerings in public documents. It shall maintain ongoing relationships with gerontology professionals.

2.2.1 The program shall establish and maintain close, reciprocal, and ongoing relationships with gerontology professionals and gerontology related professional associations.

Programs are encouraged to establish ongoing relationships with other programs, and demonstrate departmental or program membership in practice-oriented and/or education/research professional organizations addressing gerontology issues and concerns. This includes membership in the Association for Gerontology in Higher Education.

2.2.2 The current institutional catalogue or bulletin shall accurately describe the academic unit and the program(s) offered, including admission criteria, minimum program requirements, matriculation requirements, opportunities for supervised practice experiences, and financial aid information.
2.2.3 The program shall have access to resources to support teaching, gerontology literacy and/or research, and practice experiences for students (e.g., field placements, internships, service learning, practica or similar).

This means that the program has direct access to, or control over, sufficient resources that support and sustain the program including, but not limited to:

a) professional, technical, and financial support for faculty, and curriculum development and assessment;
b) administrative support to assist the program as needed in program management including practice experience for students.

2.2.4 The program shall have access to library facilities and resources that are appropriate for scholarly inquiry, gerontology literacy and/or research, and practice by program faculty and students. The program shall provide access to historical and current scholarly materials relevant to gerontology such as the *Journal of Gerontology & Geriatrics Education*, *The Gerontologist*, and *Journals of Gerontology Series*.

2.2.5 The program shall maintain on file, for up to seven years, syllabi for all courses taught that include, at a minimum: a course description; student learning goals; learning objectives; learning outcomes including competencies, course content, course assignments, course resources or associated citations as well as connections between and among course content; assignments, and mechanisms to evaluate the progress of students in the course (see Appendix C, Curriculum Matrix Exemplar).

2.2.6 Accurate and comprehensive information about the program shall be provided to prospective and enrolled students.

This program information shall include, but is not limited to:

a) career information, including information about job attainment data for alumni of the program;
b) program requirements, prerequisites, and offerings, including appropriate courses offered through other departments;
c) student learning outcomes consistent with core competencies, and assessment processes as described in Standards 3.0 and 4.0;
d) admission processes and procedures including student support services;
e) additional cost of the program to the student, if applicable;
f) course registration, including information about frequency of course offerings;
g) student financial aid;
h) withdrawal and dismissal policies and procedures; and

2.3 The Students

The program shall maintain accurate and timely information about students' progress through the program. Support services available to the student (e.g., through the institution) shall include program and career advisement.

2.3.1 The program shall clearly articulate criteria and implement processes for student admission and program completion.

2.3.2 An advisor shall be assigned to each student at the time of matriculation into the program and shall assist the student to develop a plan of study.

*Generally, the planned program of study identifies how student learning outcomes will be attained and assessed. It shall include the following:*

a) student learning outcomes that are consistence with core competencies and the program's mission;
b) curricular experiences required to meet student learning outcomes (this shall include core requirements along with specialized and elective curricular requirements, as appropriate);
c) supervised field experience or practica requirements; and,
d) methods of assessing achievement of student competency and learning outcomes.

2.3.3 An up-to-date confidential file on each student shall be kept.

*This file shall include, but is not limited to, documentation of student progress, including such items as: a) a plan of study; b) academic record/transcript; c) documents related to the practice experience; d) disciplinary actions and e) if applicable, documents related to thesis progress (e.g., proposal, administrative forms).*

2.3.4 Students shall receive advice and assistance in making career decisions that aid in their seeking employment.

2.4 The Faculty and Staff
The program's goals and objectives shall be supported and advanced by:

a) the quality, composition, and if appropriate, the interdisciplinary focus of the faculty and staff; and,

b) the nature of the program's curricular, scholarly, outreach, and community service endeavors.

2.4.1 The program shall address that there are sufficient faculty, one of whom shall be the director/coordinator of the program.

2.4.2 The director/coordinator of the program shall be a full-time member of the faculty even though the percent effort in this leadership role may be less than full time equivalent. This director/coordinator is responsible for the coordination of the program, and is the one to whom inquiries regarding the overall program are addressed. The director/coordinator shall have:

a) at least a master's degree in gerontology or related discipline or meet the standards of the college/university or country where the program is being offered.

In situations where the director's/coordinator's graduate degree is NOT directly related to gerontology, an exception may be made to this requirement. In such cases, the program shall document how the work of the director/coordinator is essentially gerontological.

b) documented experience in gerontology education, practice, and if applicable, in applied gerontology. Documented experience shall include engaged gerontology or related work in the field of aging.

c) membership in gerontology oriented organizations which may include the Association for Gerontology in Higher Education, the Gerontological Society of America, the American Society on Aging or any other relevant bodies.

In cases where the program is housed in a department or unit which has a director/coordinator for all programs, the program must document the availability of faculty with appropriate experience in gerontology education/scholarship.

d) sufficient release time to adequately fulfill the administrative duties associated with the program.
Because programs will vary in size and institutional context, the time needed for administrative duties will vary. A program shall document the administrative tasks, the time required for their completion, and the adequacy of the personnel and time to complete these tasks.

2.4.3 Program faculty shall have:

   a) a doctoral or master’s degree in gerontology or other closely related field;
   b) documented experience in gerontology education, practice, or applied gerontology, or related field; and,
   c) clear connections with other professionals and professional organizations related to gerontology.

2.4.4 Program faculty shall be assigned to provide classroom, online, or hybrid instruction only in areas for which they have experience and/or training.

2.4.5 There shall be an effort to recruit and retain program faculty:

   a) from practice as well as academic settings; and,
   b) who represent a diversity among people in society (e.g., women, ethnic minorities, persons with disabilities).

   This is interpreted to mean that the program follows the institutional guidelines related to equal employment opportunities.

2.4.6 Individuals from practice settings shall be involved with the program in appropriate ways to help guide the program, such as adjunct faculty (if qualified academically), guest speakers, members of an advisory group, and/or in other roles as deemed suitable by the program.

2.4.7 In addition to teaching, faculty members in the program shall provide evidence of continued involvement in some aspect of scholarship, practice, and/or professional development and renewal to demonstrate being up-to-date and well-informed.

   A wide variety of scholarly activities are appropriate to a gerontology program. They include contributions to basic scholarship, application, and instructional development.
Dissemination of scholarly activities shall be through appropriate media for the activity. The manner of dissemination may include publications in academic or practice refereed journals, public or trade magazines, in-house journals or papers, and through workshops and trade presentations, as well as through other formats that are appropriate to the area of application. Dissemination also may occur through presentations at appropriate professional meetings. Institutions and programs are encouraged to take these varied means of dissemination into account in their appointment, promotion, and tenure practices.

Programs are encouraged to support external review of scholarly activities.

2.4.8 Resources shall be provided for faculty participation in scholarly and professional organizations that are relevant to the program’s mission.

2.4.9 Faculty shall be involved in public and professional outreach and service (local, state, national, and/or international levels) that is consistent with the program’s goals, institutional setting, and external context.

Faculty shall be encouraged to support the advancement of the profession in a variety of ways.

2.5 Areas of Specialization/Concentration

Programs may provide opportunities for students to specialize or concentrate in a substantive area. This specialization or concentration may be most appropriate for master’s degree programs, however any degree granting gerontology program may include sub-areas or allow for focused study opportunities to be developed for individual students in consultation with their faculty advisor or program director/coordinator.

2.5.1 For each program area or specialization/concentration, a program shall:

a) Refer to the Association for Gerontology in Higher Education *Gerontology Competencies for Undergraduate and Graduate Education* (AGHE, 2014) heretofore referred to as the Gerontology Education Competencies in Standard 3.0; with specific reference to Category III – Contextual Competencies Across Fields of Gerontology.

b) Identify student learning goals and outcomes for each area of specialization or concentration; these learning goals and student competencies and outcomes shall pertain to the
distinct aspects of the specialization or concentration and shall be in addition to those listed in Standard 3.0.

c) Provide evidence that there are faculty members with the special qualifications in the area of specialization or concentration; and
d) Provide a practice experience that is directly relevant to both the area of specialization or concentration and to gerontology education or applied gerontology.
e) Provide appropriate advising for students in their area of specialization or concentration.

In regard to identifying student learning goals, competencies, and outcomes for each area of specialization or concentration a program may decide to include students in the process. Such a decision would develop student skills in writing goals and outcomes and share this responsibility among faculty and students.

3.0. STUDENT LEARNING GOALS, COMPETENCIES, AND LEARNING OUTCOMES

These educational standards are framed as learning goals and learning outcomes, with attention to student competency acquisition, in keeping with current trends toward outcomes-based assessment and the creation of powerful learning environments. Focusing on student learning goals, competencies, and outcomes of gerontology education recognizes the need for and value of various routes to achieving these outcomes. Within some programs, students may take a variety of routes to acquiring a degree in gerontology, but programs shall identify outcomes that reflect the distinctive character of their mission and program. All program graduates must demonstrate the identified knowledge, skills, and attitudes as specified in this document relevant to degree level.

Teaching and learning are the main purposes of an academic program, whether undergraduate or graduate. Although the focus and intensity of undergraduate and graduate programs may differ, the following characteristics apply to them equally. Providing high quality programs and educational experiences may be characterized as part of a dynamic four-step process:

1. Develop well-articulated written statements of expected student learning outcomes that are consistent with core competencies and the program’s mission;
2. Design courses/learning activities with articulated competencies and programs of study with learning experiences that provide students with explicit opportunities to achieve the learning outcomes;
3. Implement explicit measures of student achievement of learning outcomes;
4. Use the results of these assessments to improve teaching and learning.
   (adapted from Characteristics of Excellence in Higher Education by Middle States Commission on Higher Education, 2008).

A program in gerontology shall enable students to integrate knowledge, skills, and attitudes. Students will develop professionalism, demonstrate a capacity for leadership, and adhere to a set of ethical standards in the field of gerontology. The program shall instill a comprehensive knowledge of the field and its competencies throughout all levels.

The AGEC student-learning Standard 3.1 – Gerontology Education Competencies (below) – draws directly from the Association for Gerontology in Higher Education Gerontology Competencies for Undergraduate and Graduate Education (AGHE, 2014), heretofore referred to as the AGHE Gerontology Education Competencies (2014). Note that student learning goals, competencies, and learning outcomes are to be clearly articulated in the self-evaluation report.

3.1. Gerontology Education Competencies

The AGHE Gerontology Education Competencies (2014) address the continuum of foci for students enrolled in gerontology programs, from micro to macro, as described by Ferraro et al (Wilmoth & Ferraro, 2007). Central to the field is the focus on older persons and their involvement in all aspects of decision making. This focus recognizes older adults’ potential and ability to contribute to their own well-being and needs as well as those of their families and communities. As such, many skills identified in the competencies may be applied at the individual, social network, institutional, and/or societal levels. Using this orientation, where ‘older person’ is indicated in a competency, it may be assumed, even when not explicitly stated, that this may also include their families, caregivers, and community when appropriate.

The competencies are to be applied to gerontology degree programs at the associate, baccalaureate and master’s levels. Competency-based education and assessment requires the specification of anticipated knowledge and skill development for the varying program levels. “Measurement of competency acquisition will relate to learning objectives, course assignments, and evaluation tools [also specified by the program]” (AGHE, 2014, p. 9).

3.1.1 Organization of Gerontology Competencies
There are three categories of competencies (I, II and III) specified in *Gerontology Competencies for Undergraduate and Graduate Education* (AGHE, 2014).

**Category I – Foundational Competencies to all Fields of Gerontology** represents the essential orientation to the field of gerontology and these competencies are expected to be broadly represented in associate, baccalaureate, and master’s degree programs.

**Category II – Interactional Competencies Across the Field of Gerontology** are “interactional” competencies that capture the processes of knowing and doing across the fields of gerontology and are also expected to be broadly represented in the aforementioned types of educational programs.

**Category III – Contextual Competencies Across Fields of Gerontology** list competencies meant to capture the most relevant skills for contexts of employment in the variety of sectors and areas in which gerontologists work, including education. Category III competencies are to be selected based on the mission, goals, and orientation(s) of the educational program. Competencies in Category III provide gerontology education program leadership with the ability to select and tailor the competency expectations for their particular program’s needs and orientations. It is suggested that programs select two or more content areas or domains and use the related competencies within that domain for their curricula. Within Category III, programs may identify additional competency content or develop new competencies on their own as appropriate for their program orientations and emphases” (AGHE, 2014, p. 10). New competencies must be accompanied by a rationale demonstrating their coherence with the program’s mission.

**NOTE:** For a table displaying the three categories of Gerontology competencies, their associated domains (column one), core competency statements (column two) and full list of recommended competency content for the core competency (column three), refer to Appendix B: *Gerontology Competencies for Undergraduate and Graduate Education* (AGHE, 2014).

It is intended that the list of competency content appearing in column three of the table will provide more detailed examples of content that can be included in programs and will be used to form learning objectives relating to the core competency. It is expected that programs will select at least two or three of these content items or develop additional content or competencies for each core competency consistent with program goals and emphases.

3.1.1.1 **Category I – Foundational Competencies to All Fields of Gerontology**
a. **Frameworks for Understanding Human Aging**: The student will use gerontology frameworks to examine human development and aging. For example, the student will: employ the lifespan/life course perspective to understand age over time; be able to synthesize bio-psycho-social understanding of aging to build a foundation of gerontology knowledge.

b. **Biological Aspects of Aging**: The student will be able to relate biological theory and science to understanding senescence, longevity and variation in aging. For example, the student will be able to: distinguish normal biological aging changes from pathology; recognize common late-life syndromes and diseases and their related risk and protective factors.

c. **Psychological Aspects of Aging**: The student will be able to relate psychological theories and science to understanding adaptation, stability and change in aging. For example, the student will be able to: describe human growth and development across the lifespan/course including late life outcomes such as life satisfaction, coping and adaptation; demonstrate knowledge of signs, symptoms, and impact of common cognitive and mental health problems in late life.

d. **Social Aspects of Aging**: The student will be able to relate social theories and science of aging to understanding heterogeneity, inequality and context of aging. For example, students will be able to: appreciate the diversity of the older population; assess the impact of inequality on individual and group life opportunities throughout the lifespan; and contrast aging demographics globally among developed and developing countries.

e. **The Humanities and Aging**: The student will be able to develop comprehensive and meaningful concepts, definitions and measures for well-being of older adults and their families, grounded in Humanities and Arts. For example, students will be able to: integrate humanities and arts-based understanding of aging into models of gerontology and policy; and acknowledge and promote unique contributions older adults can make to the social environment.

f. **Research and Critical Thinking**: The student will be able to distinguish factors related to aging outcomes, both intrinsic and extrinsic, through critical thinking and empirical research. For example, students will be able to: identify and explain methodologies, interpretations, and applications used by different disciplines in studying aging; use critical
thinking to evaluate information and its sources (e.g., popular media and research publications).

3.1.1.2 Category II – Interactional Competencies Across Fields of Gerontology

a. **Attitudes and Perspectives**: Students will be able to develop a gerontology perspective through knowledge and self-reflection. For example, students will be able to: critique and analyze assumptions, stereotypes, prejudices, and discrimination related to age (ageism); assess and reflect on one’s work in order to learn continuously and improve outcomes for older persons.

b. **Ethics and Professional Standards**: Students will be able to adhere to ethical principles to guide work with and on behalf of older persons. For example, students will be able to: respect the older person’s autonomy and right to real and meaningful self-determination; respect cultural values and diversity; protect older persons from elder abuse of all types.

c. **Communication with and on Behalf of Older Persons**: Students will be able to engage, through effective communication with older persons, their families and the community, in personal and public issues in aging. For example, students will be able to: establish rapport and sustain working relationships with older persons, their families and caregivers; advocate for and develop effective programs to promote the well-being of older persons; develop and disseminate educational materials to increase accurate information regarding older persons and services for them.

d. **Interdisciplinary and Community Collaboration**: Students will be able to engage collaboratively with others to promote integrated approaches to aging. For example, students will be able to: perform and promote the roles of the gerontologist in collaborative work on behalf of older persons; develop interdisciplinary and community collaborations on behalf of the older population in research, policy, and provisions of supports and services; involve the older person, their family, and caregivers as members of the inter-professional care team in planning and service decisions.

3.1.1.3 Category III – Contextual Competencies Across Fields of Gerontology

a. **Well-Being, Health and Mental Health**: Students will be able to promote older persons’ strengths and adaptations to maximize well-being, health and mental health. For example, students will be able to
screen and provide referrals to evidence-based programs and interventions: counsel older persons about healthcare and social program benefits: provide care coordination services for persons with complex health and mental health problems and geriatric syndromes.

b. **Social Health:** Students will be able to promote quality of life and positive social environments for older persons. For example, students will be able to recognize and educate others about the multifaceted role of social isolation in morbidity and mortality risk; provide opportunities for intergenerational exchange and contribution; provide strategies for strengthening informal supports.

c. **Program/Service Development:** Students will be able to employ and design programmatic and community development projects with and on behalf of the aging population. For example, students will be able to work collaboratively with older persons, local governments and community organizations to advocate building age-friendly communities; design and evaluate leisure and recreational activities which enhance meaning and quality in late life; develop and implement programs and services for older persons in collaboration with communities.

d. **Education:** Students will be able to encourage older persons to engage in life-long learning opportunities. For example, students will be able to promote life-long learning opportunities across the life span to enhance personal development, social inclusion, and quality of life.

e. **Arts and Humanities:** Students will be able to promote engagement of older people in the arts and humanities. For example, students will be able to create opportunities for people across the lifespan in the arts and humanities, and develop and implement programs promoting creative expression by older persons.

f. **Business and Finance:** Students will be able to address the roles of older persons as workers and consumers in business and finance. For example, students will be able to provide information for employers, policymakers, employees, and the general public regarding the Age Discrimination and Employment Act, demographics regarding employment of older persons and retirement, and age and job performance; provide research on the “Mature (50+) Market.”

g. **Policy:** Students will be able to employ and generate policy to equitably address the needs of older persons. For example, students will be able to promote the involvement of older persons in the political process so
they may advocate on their own behalf; analyze policy to address key issues and methods to improve the quality of life of older persons and their caregivers/families; identify key historical and current policies that influence service provision and support the well-being of older persons.

h. **Research, Application and Evaluation**: Students will be able to engage in research to advance knowledge and improve interventions for older persons. For example, students will be able to conduct research on aging by recognizing implications, relationships, and applications across disciplines; use research methods to evaluate and inform services, programs and policies to improve the quality of life of older persons; investigate problems through collecting and evaluating data; continuously improve outcomes and develop creative and practical solutions to problems relating to older persons through research.

### 3.2 Gerontology Education Curricula Standards

Coherent, focused programs of study in Gerontology are composed of sets of courses and/or learning experiences that are designed to cover the breadth and depth of the field at various academic levels and provide students with the opportunity to become competent consumers, practitioners, professionals, community members, and citizens in aging societies. There is substantial agreement among gerontology professionals and educators that knowledge of the biological, psychological and social aspects of aging forms a necessary foundation for gerontology skills and competencies. Likewise, professionals and educators acknowledge the essential interdisciplinary nature of gerontology that requires representation in programs of study. Fieldwork, practica, internships, and special projects that provide students with the opportunity to apply what they have learned in various learning environments, including the classroom, and acquire practical knowledge and skills are also foundational components of gerontology programs.

While there is consensus about the centrality of certain curricular components in gerontology, curricula in the field of aging are also broad and varied. Curricula can be professionally oriented, research-oriented, liberal arts-oriented, or health and wellness-oriented among others. Curriculum development shall be driven by planning and ongoing assessment, and by the intention to facilitate students’ acquisition of competencies (knowledge, skills, and attitudes) to help them become effective professionals in their career fields. Organizing the content of a curriculum in ways that meet the institution’s specific needs and also support the acquisition of knowledge, skills, and appropriate attitudes requires careful thought and, perhaps,
professional consultation. The sequencing of courses, and the purpose of the practicum/internship experience will vary with the mission of the program” (AGHE, 2015, p. 10).

The AGHE Standards and Guidelines for Gerontology and Geriatrics in Higher Education, Sixth Edition (2015), provides guidance for curriculum development for various degree levels and types. However, the AGEC review will rely on student learning goals, competencies, and outcomes as presented in these standards.

3.2.1. Associate Degree Programs

Gerontology programs at the associate-degree level shall have a mission statement from which instructional goals and objectives are derived. The distinction between occupational and transfer education (if applicable) shall be clearly stated so that students are aware which program best meets their needs. If the program is designed for students planning to transfer to four-year institutions, articulation agreements shall be in place. If the program is occupationally oriented, its objectives shall be coordinated with the local community’s resources and shall be responsive to community needs. Emphasis shall be on student learning outcomes and competencies in the knowledge, skills, and attitudes that will result in satisfactory job performance. A comprehensive needs-assessment process that includes an advisory committee and employer input shall be used to ensure that the programs offered meet both student and community needs . . . (AGHE, 2015, p. 18).

3.2.2. Baccalaureate Degree Programs

“The [baccalaureate] degree is both interdisciplinary and multidisciplinary in nature, with a liberal arts foundation. The degree is designed to provide interdisciplinary education and professional training in gerontology, and it involves the generation, transmission, and application of gerontology knowledge. The liberal arts model for the baccalaureate degree emphasizes the development of critical, analytical, and integrative thinking skills. Thus, the primary goal of a baccalaureate degree in gerontology is to teach students to think, solve problems, integrate a variety of perspectives, use resources, and make informed decisions about aging and in the field of aging.

A secondary goal of the baccalaureate degree in gerontology is to supplement the student’s liberal arts knowledge with professional practice skills as evidenced in the selections available in AGHE Gerontology Education Competencies (2014) Category III. The professional training component of a gerontology baccalaureate degree is designed to provide an arena for the
application of gerontology knowledge and for the development of general human service skills. The training is intended to enhance a student’s employability in a variety of aging-related settings. The curriculum may also allow for the development of program concentrations or specialty tracks that can relate to students’ occupational objectives” (AGHE, 2015, p. 23).

3.2.3. Master’s Degree Programs in Gerontology

“The master’s degree in gerontology is a multidisciplinary degree intended to have more depth and breadth than the graduate certificate or credentials at undergraduate levels. In contrast to undergraduate and certificate programs, master’s programs may place more emphasis on theory and research. Similarly, master’s programs with an applied focus are likely to be oriented more toward careers in higher levels of administration, service delivery, teaching, or research than are graduate-level certificate programs” (AGHE, 2015, p.40).

Most institutions of higher education require a culminating, integrative experience that may be a thesis or non-thesis option such as a special project, publishable paper, or comprehensive exit exam.

3.2.4 Gerontology Practicum/Field Placement

A required component of the curriculum is a practicum, internship, field placement or equivalent referred to as the practicum within these standards. The practicum shall be consistent with the program’s mission and goals, competencies, and student learning outcomes.

The practicum length will vary depending on the degree level. A rationale justifying the duration of and associated procedures for the practicum are required as part of the self-evaluation report. Some practicum experiences, such as a long-term care practicum, based on state licensure requirements, may be of longer duration. Likewise, more intense block placements or service learning projects may be of shorter duration.

4.0 MONITORING AND QUALITY CONTROL

It is expected that the program will document a commitment to evidence-based education, including continuous quality improvement in curriculum development, student learning outcomes, and the program’s administrative and operational procedures. As such, the program is expected to specify and employ appropriate measurement and assessment tools for monitoring program quality and shall document program improvements made in response to the results of
program evaluation and assessment.

4.1 Collecting and Maintaining Records

The program shall annually collect and maintain records to document its administrative and academic activities. Generally, this includes items such as:

a) curriculum materials (e.g., course of study, syllabi for courses, special projects or assignments, practice experience requirements, etc.);

b) faculty credentials and professional development activities;

c) student evaluation of program advising, course content, quality of instruction, and practice experiences;

d) program data (e.g., number of students at each level, number graduating, number in various tracks, graduates' names and addresses and placement information, etc.)

4.2 Meeting Goals

The program shall identify its goals and annually collect data on how well these goals are being met. Then, based upon these data, implement changes to better meet the program goals.

4.3 Assessing Student Competency and Learning Outcomes

Assessment of student learning can be visualized as the third element of a four-step teaching/learning outcome cycle discussed at the beginning of Standard 3.0 – Student Learning Goals, Competencies, and Learning Outcomes.

Assessing student learning is essential to ascertain if a program is effectively meeting its mission and vision. “Is the program effectively achieving its mission and realizing its goals?” This is precisely the question that is being evaluated and is essential to the accreditation process. Assessment helps to ensure the following products:

a) program goals are clear to the public, students, faculty, and other involved individuals;

b) institutional resources are deployed to achieve program-level goals;

c) the program is providing academic opportunities of quality;

d) the program is achieving its mission and goals; and

e) assessment results help the program to improve student learning and otherwise advance the field of gerontology.

(adapted from Middle States Commission on Higher Education, 2008).
4.3.1. **Identifying Assessment Strategies**

Because the program faculty oversee decisions about curriculum and pedagogy, the effective assessment of student learning shall be guided by the program faculty and supported by the administration. Although this accrediting body expects programs to assess student learning outcomes, it does not prescribe a specific approach or methodology. The program is responsible for determining the strategies used for measuring achievement at the course and program levels, consistent with the program’s mission statement. Strategies and measurement tools may vary according to the organization and type of program and the resources it has at hand. Whatever the measure, effective assessment of outcomes must be verifiable and systematically planned.

Completed tests, assignments, projects, portfolios, formative and summative student evaluations, third-party evaluations, and field experience evaluations can demonstrate student learning of academic competencies. Graded courses are an indirect measure of student learning and subject to bias and grade inflation. Nevertheless, grades can be used, along with other measuring tools, if guided by clear evaluation standards and a demonstrable reflection of key skills and competencies in gerontology. Please see the Glossary for more examples of direct and indirect measures of student learning.

4.3.2. **Mapping Student Learning**

To provide a “map” of the relationship between the curriculum and student learning outcomes in which various competencies are applied and assessed, the program shall provide a matrix outlining the timeline and assessment for student learning outcomes during each year of the assessment cycle (see Appendix C: Curriculum Matrix Exemplar).

For example, the matrix would include the program mission statement to ensure all assessments relate. Then the matrix top row would list the headers that coincide with the specific assessment areas. Such headers may include but are not limited to:

- **Column 1**: Learning Goals – Competency Categories I, II & III
- **Column 2**: Core Competency Statement
- **Column 3**: Competency Content/ Learning Outcome Measures
- **Column 4**: Measurement of Learning Outcomes (list specific questions in an exam, reflection papers, an experience, etc): 
- **Column 5**: Courses/Learning Activities Containing Learning Goals and Competencies
Column 6: Program Assessment Timeline (identify the time frame that the competencies will be measured)

Column 7: Results/Findings to be Reviewed and Discussed

Column 8: Implications and Conclusions (which integrates all the prior items and outlines the discussions affecting the implications of results for program review, program modifications, and program enhancements.)

In this matrix, Columns 1 and 2 would relate to AGHE Gerontology Competencies for Undergraduate and Graduate Education, (2014).

The gerontology program must address, at a minimum, the AGHE Category I and II Competencies and a selection from Category III, but has the latitude to present that information in a format of the Program’s choosing provided student learning is “mapped” clearly.

4.3.3. Scheduling Assessment

The program shall develop an assessment cycle that shall be no more than five years in duration and provides a timeline illustrating which student learning outcomes will be assessed during each year of the assessment cycle. Competencies shall be assessed at least once during a cycle not to exceed five years; some competencies will be assessed in more than one course; multiple measures may be used to assess each competency, including both direct and indirect measures of student learning.

4.3.4. Improving Teaching and Learning through Continuous Quality Improvement

The fourth element in the four-step teaching/learning outcome cycle presented in Standard 3.0 – Student Learning Goals, Competencies, and Learning Outcomes, is intended to improve teaching and learning through continuous quality improvement. Assessment findings shall be disseminated to, discussed by, and acted upon by program faculty at least once each year. Consistent with continuous quality improvement, program faculty shall identify at least one student learning outcome for improvement each year, based on discussion of assessment findings. An improvement may consist of changes in the curriculum, pedagogy, practice experience, assessment measures, or any other result identified in the assessment findings. Assessment findings shall be used to evaluate the process of assessment itself as well, leading to improving the assessment process and its effectiveness.

4.4. Documenting Changes for Quality Improvement
The program shall document program changes made in response to recommendations from self-studies, accreditation reviews, and/or external reviews (institutional and/or departmental).
Section VI
Guidelines for Writing the Self-Evaluation

Introduction

There are two basic purposes for writing a self-evaluation report.
1. The self-evaluation is the foundation of the program accreditation process, providing information that asserts and confirms your program’s compliance with all of the AGEC Standards. The site visit validates evidence provided in the self-evaluation.
2. The self-evaluation process also provides the opportunity for institutional benchmarking. It facilitates an in-depth analysis of the effectiveness of the gerontology program and identifies its strengths, uniqueness, and areas needing improvement.

Although the AGEC Review Team assigned to conduct each programmatic review are very skilled, the self-evaluation report is critical in providing information about your institution, program, and how it meets/exceeds the standards. The self-evaluation report shall provide the Review Team with a well-defined and documented journey through the details of the program. The guidelines are presented in four parts:
   Part I: Preparatory Work;
   Part II: Writing the Program Self-Evaluation;
   Part III: Map of Curriculum Standards (Matrix); and
   Part IV: Common Errors in Writing a Program Self-Evaluation.

These are provided to assist applicants in completing the process.

Part I: Preparatory Work

A. Confirm AGHE member status in good standing (to qualify for lower fees).

B. Apply for program Accreditation or Reaccreditation.
   1. Complete the application per instructions and submit it with a check as noted on the application form.
   2. Consider completing the Curriculum/Competency Matrix (explained below) before applying. Accreditation is based on, among other factors, the curriculum and/or competencies required for program completion at the time the self-evaluation is submitted, not on changes intended or that are in process. Curriculum changes that require lengthy institutional processes can delay accreditation.

C. Create a Self-Evaluation Committee
1. Working with a committee can lessen the individual workload, provide multiple perspectives, and ensure the integrity of the self-evaluation process and report. Additionally, engagement of committee members assures a high level of investment in the continued meeting of program and curricular standards.

2. When writing the self study report, consider including members from some or all of the following groups (for example):
   a. Full and part-time faculty who teach in the program,
   b. Field practice supervisors or community organizations with whom you work,
   c. Members of your Advisory Committee (if one exists),
   d. Program alumni, and
   e. Current program students.

3. Gather input from committee members to:
   a. Assess your program’s current compliance with each of the standards; and
   b. Develop a plan and timeline both for bringing your program into compliance with all of the standards, and for writing the self-evaluation itself.

D. Map Student Learning (Standard 4.3.2)
Outlining or mapping student learning outcomes may best be presented in the form of a Matrix or Curriculum/Competency Map. A sample matrix may be viewed in Appendix C: Curriculum Matrix Exemplar.

1. The matrix drives completion of the self-evaluation report in relationship to competencies and learning outcomes and shall be done early in the self-evaluation process.

2. Key points to remember about the Matrix:
   a. The Matrix must include all learning activities provided for students in the program, which contribute to compliance with the AGEC Curriculum Standards

**NOTE:** A program may have one or more specialty options or concentrations that may be different from the core courses or learning activities required of other students. Regardless, the program applicant must provide a listing of learning activities/courses and associated competencies and learning outcomes in the Matrix with corresponding details that assures AGEC Standards presented in
Section V of this handbook are adequately addressed.

b. The content provided in the Matrix must be congruent with the content identified and described in the narrative of the self-evaluation report as well as the syllabi included in the appendices. The narrative must describe how the details of the syllabi address the relevant Accreditation Standards for Gerontology Education (Section V).

3. Using feedback from teaching faculty and your self-evaluation committee, revise the curriculum and/or curriculum documentation (course or learning activity descriptions, syllabi, competency expectations, learning outcomes, brochures, institutional catalog, etc.) to meet all Standards and Specifications. Accreditation is based on the learning goals, competencies, and learning outcomes that are supported by the curriculum or learning activities offered and documented at the time the self-evaluation report is submitted.

E. Gather documents that support, verify, and provide evidence of compliance with each standard.

1. Prepare a record keeping system for each Standard to assist with organization of the work.

2. Collect appropriate supportive documentation for each Standard as part of the record keeping system.

3. Identify what is missing or needs to be added for each Standard. Have a mechanism for checking off each missing item as it is recorded.

4. Include documents necessary to support claims in the narrative as required by the AGEC Standards (Section V), i.e., syllabi for all required courses, curriculum vita for each faculty, student handbook, practicum/field placement manual, college catalog, and others.

5. Include notes, thoughts, comments, advice, etc, that pertain to Program accreditation that are provided by the faculty/staff, administration, and members of the Self-Evaluation Committee, concerning what to include in the narrative and appendices of the self-evaluation report.

Part II: Guidelines for Writing the Program Self-Evaluation Report

A. General Introduction to the Program
The introductory section of the self-evaluation report must provide essential background information, context, and perspective for the readers. The program is invited to place other information in this section that will assist readers in understanding the development, current circumstances, or future directions of the program. For example, a program might want to describe the current or eminent restructuring of the larger unit in which the program is housed, changes in institutional emphasis, legislative changes, new faculty, research grants, special programs or projects, or other details that enhance contextual understanding of the readers. Follow the outline below.

B. Specify the Degree Level Program
   If multiple levels of gerontology education degrees are awarded by an institution, a decision regarding which program will apply for accreditation needs to be considered. An application, accreditation fee payment, and self-evaluation report would be required for each program considering accreditation within an institution.

C. Describe the Institution.
   1. Describe the organizational structure, such as whether state or private, age of the institution, brief history, other pertinent information

   2. Describe the institutional context of the Program. For example, include organization charts and structure, mission, vision, and goals. What are the levels and types of degrees are offered by the institution? For large programs with multiple sites, organizational charts are extremely helpful to the readers.

D. Describe the Program
   1. Briefly describe the strengths of the program and any attributes that make the program unique.

   2. Describe institutional course/competency requirements for all students and explain how they prepare students within the gerontology program. For example, describe general education or liberal arts requirements of the institution, if appropriate.

   3. Include any other background information that may be pertinent such as action plans for identified problem areas, changing enrollment patterns, marketing strategies, or institutional or curricular restructuring.

   4. Include a glossary if using terms, acronyms, or phrases unique to your self-evaluation or institution

E. Describe the Ways the Program Complies with Each Standard
1. Address each Standard in Section V. Congruence between the narrative, matrix, and syllabi are essential. Include the student learning map/matrix to align learning goals, competencies, and learning outcomes for each course/learning activity.

2. The narrative describes **how** the Standard is met. This is done by highlighting lectures, assignments, projects, or other activities appearing in syllabi that address particular Standards and specifications.

3. The explanation of how the program complies must always include reference(s) to a specific appendix or source where the reader can find evidence to verify stated claim(s). If the highlighted assignment, project, or activity is not included in the course syllabus, attach it to the syllabus.

4. The narrative is a report of what is **currently** true. Intent to comply does not suffice to demonstrate compliance. It is important to disclose anything required by the Standards that is missing. If the omission is intentional, provide a rationale for the AGEC Board’s consideration.

F. Reaccreditations Only
1. Include a copy of the letter from the AGEC Board of Governors sent at the time of the prior accreditation notifying the Program of the disposition of the application for accreditation.

2. Address any conditions/recommendations stated in the letter that may have a bearing on reaccreditation.

3. Describe any major program changes since the prior accreditation.

4. Describe any major curriculum changes since the prior accreditation.

G. Programs Delivered at Multiple Sites
1. For each site or online/distance education program:
   a) Describe the physical location and any unique characteristics.
   b) Identify the faculty, directors, and staff.
   c) Describe the student population.

2. Furnish evidence of formal policies and procedures that assure continuity and quality control of the program and curriculum across all sites.

B. Provide Letters of Support
1. Letters are important to include and can be provided by institutional leadership, program leadership, faculty, community partners, and others as appropriate to the program.
2. Effective letters address specific components of the program, are realistic, contain information that relate to the author of the letter.

I. Submission
  1. The self-evaluation report and all appendices must be submitted as a PDF Document included in an email sent to the AGEC staff at: staff@geroaccred.org

  2. A table of contents along with corresponding page numbers shall be included.

  3. Active links to each section of the report would be preferred.

I. Complete the Self-Evaluation Report Completion Checklist
  1. The Self-Evaluation Report Completion Checklist is included in Appendix D.

  2. This will aid in assuring all sections of the Program Self-Evaluation Report are completed in accordance with the guidelines.
Section VII
Guidelines for the Site Visit

A. Site Visit Process

The purpose of the site visit is to gather information that corroborates the self-evaluation report and to verify, clarify and amplify the program’s compliance with the AGEC Standards. A site visit is required for initial accreditation and for every reaccreditation thereafter. The self-evaluation report must be approved as sufficient and complete before a site visit is scheduled. See the Section IV: Accreditation and Reaccreditation Timelines. The AGEC director will contact the program applicant/representative to schedule the site visitors’ meeting following review of the program self-evaluation.

The Review Team Chair selects two site visitors. Site visitors are volunteers who donate their time as a service to gerontology. Site visits usually involve a two day commitment of time. The site visitors will contact the program applicant/representative to arrange for the site visit. The tips below assist in planning and providing a comfortable and rewarding site visit. (See Appendix F: Checklist for Site Visit Arrangements)

B. Tips for a Successful Site Visit

1. A sample site visit itinerary is included in Appendix E.
2. Find out in advance what process will be required for site visitors to be reimbursed for expenses, mileage to/from airports, parking, shuttle or taxi, and other incidental expenses, and provide site visitors with the information for travel and reimbursement.
3. Make travel and lodging arrangements for site visitors directly rather than reimbursing them for arrangements they have made. This allows the program more control over expenses.
4. A Certificate of Accreditation will be issued once site visitors have been reimbursed.
5. Make a hard copy of the self-evaluation report available to site visitors during the site visit.
6. Provide site visitors with a detailed itinerary upon arrival, including the names and titles of all those expected to attend each meeting.
7. Provide a sign-in sheet for each meeting that site visitors can include in their report. Include names and titles of all expected participants.
8. Provide guidance for program participants who will be attending site visit meetings. Site visitors are there to confirm and affirm the self-evaluation report and availability of resources.
9. Provide the site visitors with a glossary of terms or any other information used by your program that may be particular to your institution.
References


APPENDICES

A. Glossary
B. AGHE Gerontology Competencies for Undergraduate and Graduate Education©
C. Curriculum Matrix Exemplar
D. Self Evaluation Checklist
E. Sample Site Visit Itinerary
F. Checklist for Site Visit Arrangements
G. Use of AGEC Logo in Promotional Material
H. Acknowledgements
APPENDIX A
Glossary

**Academic supervisor:** faculty charged with overseeing a student's placement and progress in supervised field work and internships; also called site supervisor or preceptor in some programs.

**Accreditation:** the status earned by a Program after the process of self-study and review by the Accreditation Review Committee. See also **full accreditation:** **provisional accreditation:** and **probationary accreditation.**

**Application:** An AGEC document completed and submitted by a program representative that conveys intent to apply for gerontology accreditation status.

**Applied gerontology:** the utilization of gerontology theory, methods, and skills to collect and analyze data and to communicate the findings to understand and resolve pragmatic problems and enhance opportunities of older adults and their care partners within communities.

**Assessment cycle:** length of time over which the full set of student learning outcomes for a program will be assessed. This is generally a five (5) year cycle.

**Assessment of student learning:** the process of gathering evidence to determine the extent to which student learning outcomes are being met and using this evidence to improve student learning.

**Assessment plan:** a document that identifies the student learning goals and outcomes for a program and that states how and when the outcomes will be assessed. At a minimum, an assessment plan shall include a mission statement, student learning outcomes, a program matrix, and a timeline.

**Basic scholarship:** includes discovery of new knowledge and integration of knowledge across disciplinary boundaries.

**Full accreditation:** when the available evidence indicates that an applicant program is in substantial compliance with all of the Standards of the Commission. Full accreditation is awarded for 5 years for the initial accreditation and 7 years thereafter.

**Clinical gerontology:** the application of a gerontology perspective to the analysis and design of intervention for positive social change at any level of social organization.
**Competence:** The state or quality of being adequately or well qualified...a specific range of skills, knowledge or abilities.

**Competence in gerontology:** To attain effectively prepared practitioners with the knowledge, values, and skills to provide services, care, and support to, and on behalf of, older adults and their families.

**Direct measure of student learning:** measures based upon review of student work and performance. Examples include essay exams, student papers, evaluations of student work by internship supervisors, and portfolios of student work or artifacts of learning.

**Director:** the person who is responsible to provide the ongoing direction and daily leadership for the operation and development of the program.

**Elements matrix:** a grid that maps the essential program elements necessary in courses or out-of-course experiences, e.g., internships

**Evaluation of program goals:** the process by which a program gathers evidence to determine how well its goals (other than learning goals) are being met and uses this evidence for improvement. *Evaluation* incorporates *assessment*, which is the process of gathering and using evidence pertaining to the program goals for student learning.

**Full-time faculty:** Individuals compensated for full-time professional effort to the employing institution of higher education. Faculty may have duties in instruction, research, outreach, or in a combination of these areas. Full-time faculty may be appointed under the rules of tenure or have fixed-term, multi-year appointments.

**Gerontology:** The study of the aging processes and individuals as they grow from middle age through later life. It includes: the study of physical, mental, and social changes in older people as they age; the investigation of the changes in society resulting from our aging population; and the application of this knowledge to policies and programs.

**Gerontologist:** A person with a gerontology education academic background and/or gerontology educational and practice-based training. Gerontologists improve the quality of life and promote the well-being of persons as they age within their families, communities and societies through research, education, and application of interdisciplinary knowledge of the aging process and aging populations.

**Hybrid learning:** a combination of traditional face-to-face classroom and online learning experiences.
**Indirect measure of student learning:** measure that does not focus directly on student work and performance. Examples include surveys of students or alumni, exit interviews, and focus groups. Insofar as the goal of assessment is to gather evidence about how well students meet the program’s learning outcomes, indirect measures are inferior to direct measures. However, indirect measures (such as those that measure perceptions of learning) may be quite useful for interpreting and acting upon findings from direct measures.

**Instructional development:** includes research in support of the instructional efforts of the institution or discipline.

**Interdisciplinary:** work that crosses traditional boundaries between academic disciplines. Interdisciplinary research relies on shared knowledge and is created when disciplines such as sociology and psychology interact. An interdisciplinary team approach, when addressing a situation, involves a single consultation.

**Learning goals:** statements about general aims or purposes of education that are broad, long-range intended outcomes and concepts; e.g., “clear communication”, “problem-solving skills”, etc.

**Learning objectives:** brief, clear statements that describe the desired learning outcomes of instruction; i.e., the specific skills, knowledge, and attitudes students shall exhibit that reflect the broader learning goals; often appearing in course syllabi

**Macro level:** the unit of practice which is designated as the social institutional or larger social system level.

**Meso level:** the unit of practice which is designated as the middle, or the organizational level.

**Micro level:** the unit of practice which is designated as the individual or small group level.

**Mission statement:** description of the fundamental purpose of the program to be reviewed.

**Multidisciplinary:** work that crosses traditional boundaries between academic disciplines. A multidisciplinary approach utilizes the skill and experience of different disciplines, with each discipline approaching the situation from its own perspective. A multidisciplinary team approach, when addressing a situation, provides consultation from independent disciplines.
On-site supervisor: professional based in a formal agency, organization and similar workplace environment who is commissioned to work directly with interns at their work-site.

Portfolio: a means of measuring student learning outcomes in which the student presents a collection of his/her work along with a commentary on it: this work is to reflect what the student knows and is able to do, as well as the progression of knowledge and ability over the course of an educational experience: may be electronic.

Practice experience: A supervised learning experience that provides the student with the opportunity to apply knowledge gained in an academic setting and to develop his/her professional skills. The term used by a program to label its practice experience may vary (e.g., internship, practicum, field experience).

Practicum Coordinator: Under the general supervision of the program leadership, the practicum coordinator is responsible for planning, implementing and monitoring the practice experience and related aspects of the program.

Probationary accreditation: when an already accredited program experiences changes which cause the program to fall below the acceptable level of compliance with the Standards of the Commission. Programs on probationary status will be given a maximum of 2 years to correct the problems that have caused them to fall below Commission Standards. If the program successfully remedies the deficiencies, the program will be restored to full accreditation status. If the program is unable to correct the deficiencies within the 2-year period, the program will no longer be accredited.

Professional competence: The achievement and demonstration of core knowledge, values and skills in practice

Professional development: a process of learning and remaining current in one's area of expertise.

Professional ethics: the principles and standards that underlie one's responsibilities and conduct in a particular field of expertise (profession).

Professional orientation: the attitudinal and behavioral characteristics of individuals that guide them as they fulfill their work related roles.

Program: any coherent sequence of courses and/or learning experiences within a department, or other administrative unit recognized by its institution, that has as its core the application of gerontology knowledge, methods, and skills in a practice setting.
Program goals: general statement about the intended effects of program activities. Because program learning goals are of special importance, they are dealt with separately. The term program goal generally refers to all other types of goals (such as effects on the community, relationships with practitioners, or the institution, and so forth). Goals are used primarily in policy making and general program planning.

Program matrix: a grid that maps the essential program elements and the identified student learning outcomes in courses or outside-of-course activities (alumni surveys, standardized tests, and so forth).

Provisional accreditation: when an applicant program is in substantial compliance with most of the Standards of the AGEC, and any deficiencies are such that they can be corrected within a short period of time.

Quality control: the procedures put into place to continuously assess the performance of a program; and if it is meeting the goals and objectives, as specified.

Reaccreditation: after the initial period of accreditation, a program may apply for reaccreditation, which requires the same review process as accreditation. Reaccreditation is awarded for a period of seven (7) years.

Research methods: the various ways in which data can be gathered, organized, and analyzed, whether it be quantitative or qualitative data, and data analysis.

Safety responsibility agreement: an agreement or memorandum of understanding between an agency and student placed in the agency for a practice experience. This agreement specifies the extent of liability of each party as related to the safety of the student.

Student learning outcomes: what a student knows and/or is able to do as a result of an educational experience.

Teaching: the art and practice of instruction and training in classroom/workshop, hybrid and/or online settings: includes the supervision of interns/trainees and the development and delivery of courses, training modules and programs.

Timeline: specification of when (which year) within the assessment cycle each student learning outcome will be assessed.
APPENDIX B

AGHE Gerontology Competencies for Undergraduate and Graduate Education
Adopted: November 20, 2014

RECOMMENDED CORE COMPETENCIES (10 TOTAL)

CATEGORY I - Foundational Competencies to All Fields of Gerontology

FRAMEWORKS FOR UNDERSTANDING HUMAN AGING
I.1 Utilize gerontological frameworks to examine human development and aging.

BIOLOGICAL ASPECTS OF AGING
I.2 Relate biological theory and science to understanding senescence, longevity and variation in aging.

PSYCHOLOGICAL ASPECTS OF AGING
I.3 Relate psychological theories and science to understanding adaptation, stability and change in aging.

SOCIAL ASPECTS OF AGING
I.4 Relate social theories and science of aging to understanding heterogeneity, inequality and context of aging.

THE HUMANITIES AND AGING
I.5 Develop comprehensive and meaningful concepts, definitions and measures for well-being of older adults and their families, grounded in Humanities and Arts.

RESEARCH AND CRITICAL THINKING
I.6 Distinguish factors related to aging outcomes, both intrinsic and contextual, through critical thinking and empirical research.

CATEGORY II - Interactional Competencies Across Fields of Gerontology

ATTITUDES AND PERSPECTIVES
II.1. Develop a gerontological perspective through knowledge and self-reflection.

ETHICS AND PROFESSIONAL STANDARDS
II.2. Adhere to ethical principles to guide work with and on behalf of older persons.

COMMUNICATION WITH AND ON BEHALF OF OLDER PERSONS

II.3. Engage, through effective communication older persons, their families and the community, in personal and public issues of aging.

INTERDISCIPLINARY AND COMMUNITY COLLABORATION

II.4. Engage collaboratively with others to promote integrated approaches to aging.

SELECTIVE COMPETENCIES (8 to Select From)

Programs are recommended to select a minimum of 2 core competencies from this category that best reflect the orientation of their program(s).

CATEGORY III · Contextual Competencies Across Fields of Gerontology

WELL-BEING, HEALTH AND MENTAL HEALTH

III.1. Promote older persons’ strengths and adaptations to maximize well-being, health and mental health.

SOCIAL HEALTH

III.2. Promote quality of life and positive social environment for older persons.

PROGRAM/SERVICE DEVELOPMENT

III.3. Employ and design programmatic and community development with and on behalf of the aging population.

EDUCATION  III.4. Encourage older persons to engage in life-long learning opportunities.

ARTS AND HUMANITIES

III.5. Promote engagement of older people in the arts and humanities.

BUSINESS & FINANCE
III.6 Address the roles of older persons as workers and consumers in business and finance.

POLICY

III.7 Employ and generate policy to equitably address the needs of older persons.

RESEARCH, APPLICATION AND EVALUATION

III.8. Engage in research to advance knowledge and improve interventions for older persons.
Appendix B (Continued)

Organization and Framework for Gerontology Competencies
Adopted: November 20, 2014

1. Orientation to the Competencies:
   A. Background
In 2012, the AGHE Accreditation Task Force designated two working groups, the Organizational Workgroup and the Competencies Development Workgroup. The 2014 Gerontology Competencies are the result of an AGHE Association-wide multi-year effort that has used feedback processes to build consensus. The effort built upon the work of Wendt, Peterson and Douglas (1993) as well as current literature in foundations of gerontology and competency-based education. The new competencies have integrated the Wendt, Peterson and Douglas (1993) liberal arts, professional and scientific orientations to achieve a more unified approach to the discipline of gerontology. Faculty and students from over 30 universities and colleges involved in gerontology education provided feedback into the consensus building process.

This product of the Competency Workgroup, after integrating the extensive feedback received, is meant as a resource for competency-based gerontology education at the undergraduate and graduate level. The competencies have been presented at the AGHE Presidential Symposia during the Gerontological Society of America (GSA) on November 5, 2014 and adopted by the AGHE Executive Committee in November 2014. It will be the AGHE leadership, with input from the Accreditation Task Force’s Organizational Workgroup and other AGHE Committees, as to how the competencies will be further disseminated.

The Workgroup’s framework for the competencies encourages gerontology education programs to maintain their specific orientation (e.g., liberal arts), and utilize the competencies with flexibility and creativity. The competency resource document does not preclude programs from also identifying additional competencies that may be important for their program. Future steps for colleges and universities were noted by the Competency Workgroup as well as responding faculty. These include: leveling the competence expectations for varying degree levels, building competency-based curricula materials and constructing competency-based student outcomes measurements.

These competencies rely on a robust definition of a gerontologist: Gerontologists improve the quality of life and promote the well-being of persons as they age within their families, communities and societies through research, education and application of interdisciplinary knowledge of the aging process and aging populations. This definition contributes to the potential contributions of graduates from the field of gerontology education.
**B. Focus and Levels of Analysis**
The 2014 Gerontology Education Competencies address the continuum of foci for gerontologists, from micro to macro, as described by Wilmoth and Ferraro (2007). Central to the field is the focus on older persons and their involvement in all aspects of decision making. This focus recognizes older persons’ potential, ability to contribute, as well as their needs. As such, many skills identified in the competencies may be applied at the individual, social network, institutional or societal level. Using this orientation, where ‘older person’ (defined as a person 65 years or older) is utilized in a competency, it may be subsumed even when not stated that this may also include their family, caregiver, and community when appropriate.

**C. Application of Competencies to Gerontology Education**
The competencies may be applied to gerontology programs with majors, minors and certificate programs at the associate, undergraduate and/or master’s level. Competency-based education and assessment will require the future specification of anticipated knowledge and skill development for the varying program levels. Measurement of competency acquisition will relate to learning objectives, course assignments and evaluation tools. Both the AGHE Program of Merit and the Academic Program Development Committee will participate in these future endeavors.

The competencies are NOT meant to be applied to a gerontology or geriatric focus or specialization within other disciplinary programs (e.g. geropsychology or geriatric nursing). Other disciplines and departments of study often already have their own set of competencies related to aging or geriatrics. These competencies are specific to gerontology education programs and focus on the knowledge, abilities, and skills (KAS) of gerontologists.

2. **Organization of AGHE Gerontology Competencies**

**A. Categories**
There are three categories of competencies (I, II and III). **Category I** competencies represent the essential orientation to the field of gerontology, are foundational and expected to be broadly represented in Associate, Baccalaureate, Master’s degree and gerontology certificate programs. **Category II** competencies are “interactional” competencies that capture the processes of knowing and doing across the field of gerontology and are also expected to be broadly represented in the above types of educational programs. **Category III** competencies are meant to capture the most relevant skills for contexts of employment in the variety of sectors and areas that gerontologists may work, including education. Category III competencies are to be selected based on the mission, goals and orientation(s) of the educational program. Competencies in Category III provide gerontology education program leadership
with the ability to select and tailor the competency expectations for their particular programs’ needs and orientations. It is suggested that programs select 2 or more Domains in Category III, and use the related competencies within that domain for their curricula. Within Category III, programs may identify additional competency content as appropriate for their program orientations and emphases.

B. Category Components
Within each Category, there are 3 columns presented: The first column lists the Domain for the competency. Domains are broad spheres of knowledge encompassing both core and specific competency statements. The second column presents the Core Competency statement, which begins with an action verb and is numbered. The third column provides the Recommended Competency Content for the Competency. The lists provided in the third column for each competency are also numbered in association with the Competency, and begin with action verbs as well. This list can be utilized to form learning objectives and provide more detailed examples of curricular content that support the competencies.
### CATEGORY I: Foundational Competencies To All Fields Of Gerontology

#### Recommended

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<th>Domain</th>
<th>Core Competency Statement</th>
<th>Recommended Competency Content</th>
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| FRAMEWORKS FOR UNDERSTANDING HUMAN AGING     | **I. 1 Utilize gerontological frameworks to examine human development and aging.**         | **I.1.1** Employ the Lifespan/Lifecourse perspectives to appreciate age over time in relation:  
- To the human life cycle and stages of growth and development within the social context  
- To life transitions and adaptive resources  
- To the historical context of cohorts  
- To age, gender, race and SES within social environments  
**I.1.2** Distinguish concepts and theories of aging from a bio-psycho-social framework.  
**I.1.3** Synthesize bio-psycho-social understanding of aging to build a gerontological knowledge foundation.  
**I.1.4** Interpret the gerontological frameworks in relationship to aspects and problems of aging persons, their families, their environment and communities. |
| BIOLOGICAL ASPECTS OF AGING                   | **I.2 Relate biological theory and science to understanding senescence, longevity and variation in aging.** | **I.2.1** Distinguish normal biological aging changes from pathology including genetic factors.  
**I.2.2** Identify major cell-and organ-level systems changes with age.  
**I.2.3** Recognize opportunities of reversibility and mutability in later life (e.g. frailty syndromes) and the plasticity of the human brain and body.  
**I.2.4** Recognize common late-life |
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| PSYCHOLOGICAL ASPECTS OF AGING | I.3 Relate psychological theories and science to understanding adaptation, stability and change in aging. | I.3.1 Describe human growth and development across the lifespan/course including late life outcomes such as life satisfaction, coping and adaptation.  
I.3.2 Recognize normal age changes in intelligence and cognitive abilities including those that may impact late-life functioning.  
I.3.3 Demonstrate knowledge of signs, symptoms and impact of common cognitive and mental health problems in late life (e.g., dementia, depression, grief, anxiety).  
I.3.4 Recognize older persons’ potential for wisdom, creativity, life satisfaction, resilience, generativity, vital involvement and meaningful engagement.  
I.3.5 Synthesize psychological with other gerontological ways of understanding human aging:  
  - Biological  
  - Sociological  
  - Humanities |
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<th>Recommended Competency Content</th>
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| SOCIAL ASPECTS OF AGING        | I.4 Relate social theories and science of aging to understanding heterogeneity, inequality and context of aging. | I.4.1 Appreciate the diversity of the older population based on:  
  • Age  
  • Functioning  
  • Gender  
  • Culture  
  • Language  
  • Religion  
  • Immigration status  
  • Sexual orientation  
  • Other variables  
I.4.2 Assess the impact of inequality on individual and group life opportunities throughout the lifespan/course impacting late-life outcomes.  
I.4.3 Appraise the changing dynamics of contemporary multigenerational families and their impact on social solidarity and interdependence.  
I.4.4 Describe the changing population profile of: your state/province, nation.  
I.4.5 Contrast aging demographics globally among developed and developing countries.  
I.4.6 Distinguish impact of the demographic elements of: fertility, mortality, and immigration.  
I.4.7 Identify how an older population mutually influences and is impacted by policies locally and globally.  
I.4.8 Synthesize sociological and other gerontological ways of understanding human aging:  
  • Biological  
  • Psychological  
  • Humanities |
| THE HUMANITIES                 | I.5 Develop                                                                              | 1.5.1 Identify conceptual domains                                                                                                                           |
### CATEGORY I: Foundational Competencies To All Fields Of Gerontology

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<th>Domain</th>
<th>Core Competency Statement</th>
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| AND AGING      | comprehensive and meaningful concepts, definitions and measures for well-being of older adults and their families, grounded in Humanities and Arts. | explored in Humanities and Arts, as essential to understanding the experience of old age:  
  - Time  
  - Perspective  
  - Vitality  
  - Meaning  
  - Relationship  
  - Attention  

  **1.5.2** Integrate humanities and arts-based understanding of aging into models of gerontology and policy.  

  **1.5.3** Acknowledge and promote unique contributions older adults can make to the social environment.  

  **1.5.4** Integrate humanistic and artistic understanding with other ways of understanding human aging:  
  - Biological  
  - Sociological  
  - Psychological |
<table>
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<tr>
<th>Domain</th>
<th>Core Competency Statement</th>
<th>Recommended Competency Content</th>
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</thead>
</table>
| RESEARCH AND CRITICAL THINKING  | I.6 Distinguish factors related to aging outcomes, both intrinsic and contextual, through critical thinking and empirical research. | I.6.1 Identify and explain research methodologies, interpretations and applications used by different disciplines to study aging.  
I.6.2 Identify gaps in research regarding both aging-related problems and successes in order to promote continued knowledge building.  
I.6.3 Generate research questions to solve problems and advance positive strategies related to older adults, their social networks, intergenerational relations and aging societies.  
I.6.4 Design research studies using methods and procedures that produce reliable and valid gerontological knowledge.  
I.6.5 Use critical thinking to evaluate information and its source (popular media and research publications).  
I.6.6 Recognize the strengths and limitations of reliance on either qualitative or quantitative questions, tools, methods and conclusions.  
I.6.7 Promote and apply the use of appropriate forms of evidence-based interventions and technologies for older adults, their families and caregivers. |
### CATEGORY II: Interactional Competencies Across Fields of Gerontology

#### Recommended Domain Core Competency Statement

<table>
<thead>
<tr>
<th>Domain</th>
<th>Core Competency Statement</th>
<th>Recommended Competency Content</th>
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</thead>
</table>
| ATTITUDES AND PERSPECTIVES    | **II.1. Develop a gerontological perspective through knowledge and self-reflection.**                             | **II.1.1** Critique and analyze assumptions, stereotyping, prejudice, and discrimination related to age (ageism) at both:  
- Personal and  
- Public levels  

**II.1.2** Relate the historical context of the field of gerontology and the evolving roles in:  
- Research  
- Education  
- Commerce  
- Programs & services  
- Policy  

**II.1.3** Assess and reflect on one's work in order to continuously learn and improve outcomes for older persons. |
| ETHICS AND PROFESSIONAL STANDARDS | **II.2. Adhere to ethical principles to guide work with and on behalf of older persons.**                         | **II.2.1** Respect the person’s autonomy and right to real and meaningful self-determination.  

**II.2.2** Respect interdependence of individuals of all ages and abilities.  

**II.2.3** Respect cultural values and diversity.  

**II.2.4** Protect older persons from elder abuse of all types:  
- Utilize programs and policies that address elder mistreatment and abuse:  
- Mandatory legal reporting  

**II.2.5** Recognize ethical standards and professional practices in all phases of work and research with and on behalf of older persons including but not limited to the following: |
### CATEGORY II: Interactional Competencies Across Fields of Gerontology

<table>
<thead>
<tr>
<th>Domain</th>
<th>Core Competency Statement</th>
<th>Recommended Competency Content</th>
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</thead>
<tbody>
<tr>
<td>COMMUNICATION WITH AND ON BEHALF OF OLDER PERSONS</td>
<td>II.3. Engage, through effective communication older persons, their families and the community, in personal and public issues of aging.</td>
<td></td>
</tr>
</tbody>
</table>
**II.3.1** Establish rapport and sustain working relationships with older persons, their families and caregivers.  
**II.3.2** Listen and actively engage in problem solving to develop research, programs and policies with key stakeholders including:  
- Older persons  
- Their families  
- Caregivers  
- Communities  
- Researchers  
- Policymakers  
**II.3.3** Advocate for and develop effective programs to promote the well-being of older persons.  
**II.3.4** Demonstrate effective means to overcome challenges to communicating effectively with persons as they age including:  
- Sensory deficits  
- Disabilities  
- Medical conditions  
**II.3.5** Apply and teach caregivers communication techniques to research and practice for elders with dementia.  
**II.3.6** Use tools and technology to improve and enhance communication with and on behalf of older persons, their families, caregivers and communities.  
**II.3.7** Consider heterogeneity in addressing communication styles and promoting the preferences of older persons including:  

- Informed consent  
- Confidentiality  
- Beneficence  
- Non-malfeasance  
- Honesty and Integrity |
## CATEGORY II: Interactional Competencies Across Fields of Gerontology

### Recommended

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<thead>
<tr>
<th>Domain</th>
<th>Core Competency Statement</th>
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<tr>
<td></td>
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<td>• Cultural</td>
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<td>• SES</td>
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<td>• Health literacy</td>
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<td>• Sexual preference</td>
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<td>• Immigration status</td>
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<td></td>
<td></td>
<td>• Geographical location</td>
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<td></td>
<td><strong>II.3.8</strong> Analyze how older individuals are portrayed in public media and advocate for more accurate depictions of the diverse older population using research based publications and multi-media dissemination methods.</td>
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<td></td>
<td><strong>II.3.9</strong> Develop and disseminate educational materials to increase accurate information regarding older persons and older person services.</td>
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<td><strong>II.3.10</strong> Inform the public of the spectrum of aging services that provide older persons with:</td>
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<td></td>
<td>• Preventive</td>
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<td></td>
<td>• Treatment</td>
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<td></td>
<td>• Supportive programs</td>
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</tbody>
</table>

**INTERDISCIPLINARY AND COMMUNITY COLLABORATION**

| II.4. Engage collaboratively with others to promote integrated approaches to aging. | II.4.1 Perform and promote the roles of the gerontologist in collaborative work on behalf of older persons. |
|                                                                                | II.4.2 Respect and integrate knowledge from disciplines needed to provide comprehensive care to older persons and their families. |
|                                                                                | II.4.3 Develop interdisciplinary and community collaborations on behalf of the older population in: |
|                                                                                |   • Research                     |
|                                                                                |   • Policy                       |
|                                                                                |   • Provision of supports, services and opportunities |
### CATEGORY II: Interactional Competencies Across Fields of Gerontology

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<tr>
<th>Domain</th>
<th>Core Competency Statement</th>
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<tr>
<td></td>
<td></td>
<td><strong>II.4.4</strong> Involve the older person, their family and caregivers as members of the interprofessional care team in planning and service decisions.</td>
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<td><strong>II.4.5</strong> Provide the following groups information and education in order to build a collaborative aging network:</td>
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<tr>
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<td>- Key persons in the community (police officers, firefighters, mail carriers, local service providers and others)</td>
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<td>- Aging workforce professionals and personnel (paid and unpaid: full- and part-time) in the field of aging.</td>
</tr>
</tbody>
</table>

### Category III: Contextual Competencies Across Fields of Gerontology

<table>
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<tr>
<th>Domain</th>
<th>Core Competency Statement</th>
<th>Recommended Competency Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELL-BEING, HEALTH AND MENTAL HEALTH</td>
<td><strong>III.1</strong> Promote older persons' strengths and adaptations to maximize well-being, health and mental health.</td>
<td><strong>III.1.1</strong> Build relationships that are respectful, confidential and engage positive change.</td>
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<td><strong>III.1.2</strong> Screen and provide referrals to evidence-based programs and interventions.</td>
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<td>- Health promotion, disease prevention, assessment and treatment programs</td>
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<td><strong>III.1.3</strong> Counsel older persons about healthcare and social program benefits.</td>
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<tr>
<td></td>
<td></td>
<td>- For the U.S., this would include Medicare, Medicaid, Veterans Services, Social Health.</td>
</tr>
</tbody>
</table>
### Category III: Contextual Competencies Across Fields of Gerontology

*Selective*  

*Based on individual gerontology program orientations and goals, select two or more Domains and use their related competencies*

<table>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Security, Older Americans Act, Adult Protective Services</td>
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</tbody>
</table>
|        |                           | **III.1.4** Provide care coordination services for persons with:  
|        |                           | • Complex health and mental health problems  
|        |                           | • Geriatric syndromes  
|        |                           | **III.1.5** Facilitate optimal person-environment interactions.  
|        |                           | • Assist in change in lived environment  
|        |                           | **III.1.6** Assist caregivers to identify, access and utilize resources that support responsibilities and reduce caregiver burden:  
|        |                           | • Assistive devices  
|        |                           | • Technology  
|        |                           | • Professional services  
|        |                           | • Support groups and programs  
|        |                           | **III.1.7** Facilitate end of life planning, including:  
|        |                           | • Advance care planning  
|        |                           | • Palliative Care  
|        |                           | • Hospice |
### Category III: Contextual Competencies Across Fields of Gerontology

**Selective***

*Based on individual gerontology program orientations and goals, select two or more Domains and use their related competencies

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<thead>
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</thead>
</table>
| SOCIAL HEALTH                 | **III.2. Promote quality of life and positive social environment for older persons.**       | **III.2.1** Support adaptation during life transitions including:  
  - Work and retirement  
  - Family structure changes  
  - Loss and bereavement  
  - Relocation  
  - Challenges due to disasters/trauma  
**III.2.2** Promote strong social networks for well-being.  
**III.2.3** Recognize and educate about the multifaceted role of social isolation in morbidity and mortality risk.  
**III.2.4** Provide opportunities for intergenerational exchange and contribution.  
**III.2.5** Provide strategies for strengthening informal supports.  
**III.2.6** Support the healthy sex life and need for intimacy of older persons of all sexual orientations including:  
  - Privacy in group living  
  - Sexual health information  
  - Accommodation |
| PROGRAM/SERVICE DEVELOPMENT   | **III.3. Employ and design programmatic and community development with and on behalf of the aging population.** | **III.3.1** Work collaboratively with older persons, local government and community organizations to advocate building age-friendly communities, including:  
  - Housing  
  - Design techniques in public space and home |
**Category III: Contextual Competencies Across Fields of Gerontology**  
*Selective*

*Based on individual gerontology program orientations and goals, select two or more Domains and use their related competencies*

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<tr>
<th>Domain</th>
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<td></td>
<td></td>
<td>environments</td>
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<td>• Neighborhood safety</td>
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<td>• Transportation</td>
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<td>• Physical and social</td>
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<td></td>
<td></td>
<td>environments that benefit</td>
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<tr>
<td></td>
<td></td>
<td>older persons</td>
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<tr>
<td>III.3.2</td>
<td>Construct and evaluate</td>
<td>programs for older persons</td>
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<td></td>
<td></td>
<td>that promote intergenerational</td>
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<tr>
<td></td>
<td></td>
<td>relationships.</td>
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<tr>
<td>III.3.3</td>
<td>Design and evaluate leisure</td>
<td>and recreational activities</td>
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<td>which enhance meaning and</td>
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<tr>
<td></td>
<td></td>
<td>quality of late life.</td>
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<tr>
<td>III.3.4</td>
<td>Encourage older persons to</td>
<td>actively participate in the</td>
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<tr>
<td></td>
<td></td>
<td>responsibilities of citizenship</td>
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<td>including:</td>
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<td></td>
<td>• Volunteerism</td>
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<td>• Intergenerational</td>
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<td>contributions</td>
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<td>• Identification of public</td>
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<td>issues and contributions to</td>
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<td></td>
<td>their solutions.</td>
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<td>III.3.5</td>
<td>Counsel individuals to</td>
<td>utilize available services</td>
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<td>that promote well-being and</td>
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<td></td>
<td>quality of life.</td>
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<td>III.3.6</td>
<td>Consider the role of</td>
<td>spirituality and religious</td>
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<td></td>
<td>needs and preferences when:</td>
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<td></td>
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<td>• Designing, delivering or</td>
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<td>• Supporting gerontology</td>
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<td></td>
<td></td>
<td>programs and services in</td>
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<td></td>
<td></td>
<td>both secular and faith-based</td>
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</tbody>
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## Category III: Contextual Competencies Across Fields of Gerontology

*Selective*

*Based on individual gerontology program orientations and goals, select two or more Domains and use their related competencies*

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<tbody>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td><strong>III.4. Encourage older persons to engage in lifelong learning opportunities.</strong></td>
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<tr>
<td></td>
<td></td>
<td><strong>III.4.1. Promote lifelong learning opportunities across the life span to enhance personal development, social inclusion and quality of life.</strong></td>
</tr>
<tr>
<td><strong>ARTS AND HUMANITIES</strong></td>
<td><strong>III.5. Promote engagement of older people in the arts and humanities.</strong></td>
<td><strong>III.5.1. Create opportunities for people across the life span in the arts and humanities.</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>III.5.2 Develop and implement programs promoting creative expression by older persons.</strong></td>
</tr>
<tr>
<td><strong>BUSINESS &amp; FINANCE</strong></td>
<td><strong>III.6 Address the roles of older persons as workers and consumers in business and finance.</strong></td>
<td><strong>III.6.1 Provide information for employers, policymakers, employees and the general public regarding:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The definitions of older workers</td>
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<tr>
<td></td>
<td></td>
<td>- Age Discrimination and Employment Act</td>
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<tr>
<td></td>
<td></td>
<td>- Demographics regarding person and older person employment, retirement and current issues of full and</td>
</tr>
</tbody>
</table>

**III.3.7** Develop and implement programs and services for older persons in collaboration with communities that are founded in:

- Research
- Policies
- Procedures
- Management principles
- Documentation and
- Sound fiscal practice
**Category III: Contextual Competencies Across Fields of Gerontology**

*Selective*

*Based on individual gerontology program orientations and goals, select two or more Domains and use their related competencies*

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<td></td>
<td></td>
<td>part-time work before and after retirement</td>
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</tbody>
</table>
|        |                           | **III.6.2** Provide information for employers, policymakers, and employees regarding:
|        |                           | • Age issues in management  |
|        |                           | • Age and job performance  |
|        |                           | • Physical and cognitive changes and  |
|        |                           | • Effects on person-job fit  |
|        |                           | **III.6.3** Provide research on the “Mature Market” (50+) regarding:
|        |                           | • Financial resources  |
|        |                           | • Consumer choices and spending  |
|        |                           | • Approaches to market research and advertising, and  |
|        |                           | • Financial misconduct and fraud  |
| POLICY | **III.7 Employ and generate policy to equitably address the needs of older persons.** | **III.7.1** Promote the involvement of older persons in the political process so they may advocate on their own behalf.  |
|        |                           | **III.7.2** Analyze policy to address key issues and methods to improve the quality of life of older persons and their caregivers/families.  |
|        |                           | **III.7.3** Identify key historical and current policies that influence service provision and support the well-being of older persons such as, in the United States:
|        |                           | • The Older American’s Act  |
|        |                           | • Medicare  |
### Category III: Contextual Competencies Across Fields of Gerontology

**Selective***

*Based on individual gerontology program orientations and goals, select two or more Domains and use their related competencies

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</thead>
</table>
| RESEARCH, APPLICATION AND EVALUATION        | **III.8. Engage in research to advance knowledge and improve interventions for older persons.** | **III.8.1** Conduct research on aging recognizing implications, relationships and applications across disciplines.  
**III.8.2** Use research methods to evaluate and inform services, programs and policies to improve the quality of life of older persons.  
**III.8.3** Investigate problems through collecting and evaluating data to continuously improve outcomes and develop creative and practical solutions to problems relating to older persons. |

### AGHE Competency Workgroup Members:

Chair: JoAnn Damron-Rodriguez, PhD, LCSW – University of California, Los Angeles, CA  
Co-Chair: Janet C. Frank, DrPH – University of California, Los Angeles, CA  
Jan Abushakrah, PhD – Portland Community College, OR  
Jan Jukema, PhD – Windesheim University of Applied Sciences, Netherlands  
Robert J. Maiden, PhD – Alfred University, NY  
Alice E. McDonnell, DrPH – Marywood University, PA  
Birgit Pianosi, PhD, CPG – Huntington University, Ontario, Canada  
Harvey Sterns, PhD – Northeast Ohio Medical University & University of Akron, OH (Chair of AGHE Accreditation Task Force)  
Dan Van Dussen, PhD – Youngstown State University, OH
APPENDIX C
Curriculum Matrix Exemplar

<table>
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<tr>
<th>Assessment Report – Current Date</th>
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<tbody>
<tr>
<td>Name of Program:</td>
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<tr>
<td>Program Mission Statement:</td>
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</table>

**Note:** Provide an overview of what is evaluated within this Matrix. If a scoring rubric is applied, include this in the application materials. Be explicit about what is being measured and if scores are included how these scores support achievement of the learning outcomes.

<table>
<thead>
<tr>
<th>Learning Goals:</th>
<th>Learning Outcomes</th>
<th>Courses/Learning Activities Containing Learning Goals and Competencies</th>
<th>Measurement of Learning Outcomes</th>
<th>Program Assessment Timeline</th>
<th>Results/Findings to be Reviewed and Discussed</th>
<th>Implications and Conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frameworks:</strong></td>
<td>1a. Be able to discuss the aging process from a biological, psychological, and sociological perspective</td>
<td>GERO 118 Intro, Fall; Health PSYC 322, Spring; GERO 497 Senior Seminar in Gerontology, Spring</td>
<td>1a. Embedded test questions: Essay questions</td>
<td>1a. GERO 118 Intro (Spring 20XX)</td>
<td>1a.</td>
<td>1a.</td>
</tr>
<tr>
<td>Gain an understanding and appreciation for interdisciplinary and interconnected nature of the aging process and theories relating to these various perspectives</td>
<td>1b. To be knowledgeable of contemporary debates within gerontological literature</td>
<td>GERO 118 Intro, Fall; Health PSYC 322, Spring; GERO 497 Senior Seminar in Gerontology, Fall/Spring</td>
<td>1b. Reflection papers: position papers</td>
<td>1b. GERO 497: Gerontology Seminar</td>
<td>1b. TBD</td>
<td>1b. TBD</td>
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<tr>
<td>Reflect, write and learn to discuss critically and insightfully about fundamental theories, research and controversies in the field of aging</td>
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<tr>
<th>Learning Goals:</th>
<th>Learning Outcomes</th>
<th>Courses/Learning Activities Containing Learning Goals and Competencies</th>
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<th>Program Assessment Timeline</th>
<th>Results/Findings to be Reviewed and Discussed</th>
<th>Implications and Conclusions</th>
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<tbody>
<tr>
<td><strong>Attitudes and Perspectives:</strong> Identify and challenge common (generally negative) myths, stereotypes and false beliefs regarding older adults</td>
<td>2. Be able to identify commonly held misconceptions regarding aging and provide correct information</td>
<td>GER0 118 Intro: Health PSYC 322: GER0 497 Senior Seminar in Gerontology, Fall/Spring</td>
<td>2. Facts on Aging Quiz (pretest/posttest) reflection papers</td>
<td>2. GER0 118 (Spring 20XX) GER0 300: Special Topics (Ageism) Spring 20XX GER0 118 Spring 20XX BIOL 119 Physiology of Aging Spring 20XX</td>
<td>2. Very positive, students performed well. Compared to national samples of undergraduates, our students demonstrated considerably less stereotypes concerning older adults. See Outcome Assessment, 20XX-20XX. See Outcome Assessment 20XX-20XX.</td>
<td>2. To be used again in GER0 118 (Spring 20XX) Statistically significant findings revealed gains in learning about aging studies by taking this class. See Outcome Assessment, 20XX-20XX.</td>
</tr>
<tr>
<td><strong>Communication with and on Behalf of Older Persons and Program/Service Development:</strong> Experience internships and service-learning projects with older adults (when feasible)</td>
<td>3a. Experience direct contact with older adults in a long-term living facility and/or senior center 3b. Respect the person’s autonomy and right to real and meaningful self-determination; respect interdependence of individuals of all ages and abilities; respect cultural values and diversity</td>
<td>GER0 485 Gerontology Internship SOCI Field Work, Fall/Spring; BIOL 119 Physiology and Aging, Fall: GER0 450 Independent Study, Fall/Spring</td>
<td>3a &amp; 7b. Reflection papers: Evaluation by on-site supervisor</td>
<td>3a &amp; b. TBD</td>
<td>3a. &amp; b. TBD</td>
<td>3a &amp; b.. TBD</td>
</tr>
<tr>
<td><strong>Ethics and Professional Standards:</strong> Adhere to ethical principles to guide work with and on behalf of older adults</td>
<td>4a. Be able to articulate measurement concerns commonly encountered when dealing with older adults and methods used to address those concerns (e.g., cohort effects); 4 b. Recognize ethical standards and professional practices in all phases of work and research with and on</td>
<td>PSYC 220 Psychological Methods &amp; Statistics, Fall: SOCI 230 Intro to Data Analysis &amp; Statistics, Spring: GER0 450 Independent Study, Fall/Spring</td>
<td>4a &amp; b. Embedded test questions: Essay questions: Mock Research proposal</td>
<td>4a &amp; b. TBD</td>
<td>4a &amp; b.</td>
<td>4a &amp; b.</td>
</tr>
</tbody>
</table>

76
<table>
<thead>
<tr>
<th>Learning Goals:</th>
<th>Learning Outcomes</th>
<th>Courses/Learning Activities Containing Learning Goals and Competencies</th>
<th>Measurement of Learning Outcomes</th>
<th>Program Assessment Timeline</th>
<th>Results/Findings to be Reviewed and Discussed</th>
<th>Implications and Conclusions</th>
</tr>
</thead>
</table>
| behalf of older persons including but not limited to the following:  
- Informed consent  
- Confidentiality  
- Beneficence  
- Non-maleficence  
- Honest and integrity | | | | | | |
| Policy:  
When and where appropriate, advocate public policy issues on behalf of older Americans at the community, state or national level | 5a. Be able to articulate impact of policy issues on lives/welfare of older adults  
5b. To participate in advocacy (where appropriate) | POLS 355 Public Policy, Fall; SOCI 253 Social Welfare Institutions, Spring; GERO 450 Independent Study, Fall/Spring | 5a & b. TBD | 5a. & b. TBD | 5a & b. TBD | 5a & b. TBD |
APPENDIX D
SELF-EVALUATION CHECKLIST

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>DATE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PREPARATORY WORK</strong></td>
<td></td>
</tr>
<tr>
<td>A. Program membership in the AGHE is current (to qualify for lower fees).</td>
<td></td>
</tr>
<tr>
<td>B. Application for program accreditation/reaccreditation</td>
<td></td>
</tr>
<tr>
<td>C. Self-Evaluation Committee</td>
<td></td>
</tr>
<tr>
<td>Membership Represents:</td>
<td></td>
</tr>
<tr>
<td>Full and part-time program faculty</td>
<td></td>
</tr>
<tr>
<td>Practicum supervisors</td>
<td></td>
</tr>
<tr>
<td>Advisory Committee</td>
<td></td>
</tr>
<tr>
<td>Program graduates</td>
<td></td>
</tr>
<tr>
<td>Current students</td>
<td></td>
</tr>
<tr>
<td>Meeting schedule</td>
<td></td>
</tr>
<tr>
<td>Committee tasks:</td>
<td></td>
</tr>
<tr>
<td>Program compliance with each standard</td>
<td></td>
</tr>
<tr>
<td>Plan and timetable for achieving</td>
<td></td>
</tr>
<tr>
<td>Plan and timetable for writing self-evaluation</td>
<td></td>
</tr>
</tbody>
</table>
### REQUIREMENT

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>DATE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Folder for each standard</td>
<td></td>
</tr>
<tr>
<td>Documents in folder to verify compliance with each standard</td>
<td></td>
</tr>
<tr>
<td>Contains faculty and Advisory Committee</td>
<td></td>
</tr>
<tr>
<td><strong>E. Matrix of Required Courses Matched to Standards</strong></td>
<td></td>
</tr>
<tr>
<td>Blank matrix downloaded from AGEC website</td>
<td></td>
</tr>
<tr>
<td>Matrix content provided by relevant program</td>
<td></td>
</tr>
<tr>
<td>Assurance of compliance provided by relevant</td>
<td></td>
</tr>
<tr>
<td>Self-Evaluation Committee involved in matrix</td>
<td></td>
</tr>
<tr>
<td>Matrix completed early in the self-evaluation</td>
<td></td>
</tr>
</tbody>
</table>

### GENERAL GUIDELINES

<table>
<thead>
<tr>
<th>GENERAL GUIDELINES</th>
<th>DATE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Make the self-evaluation “user friendly”</td>
<td></td>
</tr>
<tr>
<td>Course syllabi are individually tabbed and identified (all submission options)</td>
<td></td>
</tr>
<tr>
<td>Table of Contents for narrative present and properly located (all submission options)</td>
<td></td>
</tr>
<tr>
<td>Table of Contents for appendices/attachments present and properly located</td>
<td></td>
</tr>
<tr>
<td>Consistent format for each standard (all submission options)</td>
<td></td>
</tr>
<tr>
<td>All sections clearly labeled and individually tabbed (all submission options)</td>
<td></td>
</tr>
<tr>
<td>REQUIREMENT</td>
<td>DATE COMPLETED</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Appendices/attachments consistently referenced to verify compliance</td>
<td></td>
</tr>
<tr>
<td>Appendices/attachments in logical order as possible</td>
<td></td>
</tr>
<tr>
<td>Appendices/attachments consistently described in narrative</td>
<td></td>
</tr>
</tbody>
</table>

**B. Narrative makes program “come alive”**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths and uniqueness of program always highlighted</td>
<td></td>
</tr>
<tr>
<td>Glossary of Terms, if needed</td>
<td></td>
</tr>
<tr>
<td>Reader will know the program and community</td>
<td></td>
</tr>
<tr>
<td>Detail provided, but not too much</td>
<td></td>
</tr>
</tbody>
</table>

**C. Clear statements of how program complies with each standard**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each specification identified and addressed separately</td>
<td></td>
</tr>
<tr>
<td>Appendices/attachments present and referenced to verify compliance</td>
<td></td>
</tr>
<tr>
<td>Self-evaluation reports what is current</td>
<td></td>
</tr>
<tr>
<td>Deficiencies are described; rationale for deficiency provided, or process and timetable for achieving compliance</td>
<td></td>
</tr>
<tr>
<td>REQUIREMENT</td>
<td>DATE COMPLETED</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>C. Letters of Support (in Appendices)</td>
<td></td>
</tr>
<tr>
<td>D. Self-Evaluation Completion Check List completed</td>
<td></td>
</tr>
</tbody>
</table>
A site visit is required for initial accreditation and for each reaccreditation thereafter. There are always two site visitors. Following is an outline of meetings and events that are usually scheduled during a site visit, but not necessarily in the order presented. The program requesting a site visit and the lead site visitor shall agree upon the exact itinerary prior to the arrival of the site visitors.

<table>
<thead>
<tr>
<th>Site Visitors Arrive Afternoon/Evening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generally, site visitors arrive in the late afternoon the day before the site visit officially begins. Arrangements shall be made to pick-up site visitors and transport them as needed through the visit. If the program so desires, a dinner may be arranged to include site visitors, faculty, and any other people the program wishes to include. The dinner provides an opportunity for site visitors to meet with the program director and others informally to casually visit and get to know each other. This type of social event is not factored into the site visitors evaluation.</td>
</tr>
</tbody>
</table>

The following itinerary identifies required meetings and optional meetings with suggested time allotments for required meetings. The program shall work with the lead site visitor to amend the itinerary to meet the needs of the program. Please allow a minimum of 15 minutes between meetings.

<table>
<thead>
<tr>
<th>Suggested Itinerary</th>
<th>Day 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note: It is requested that the first three meetings be scheduled in this sequence. Other meetings may be scheduled to meet program needs. All meetings are numbered for ease of reference, not to indicate a priority of sequence.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suggested Time Allotment</th>
<th>Meeting Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting #1 45 minutes</td>
<td><strong>Required</strong> Initial meeting with Department Chair, Program Director, program faculty, and the fieldwork/practicum coordinator.</td>
</tr>
<tr>
<td></td>
<td>- Explain the site visit process.</td>
</tr>
<tr>
<td></td>
<td>- Make any necessary adjustments to the itinerary.</td>
</tr>
<tr>
<td></td>
<td>- Answer any questions regarding the process.</td>
</tr>
<tr>
<td></td>
<td>- Review program strengths identified by the readers</td>
</tr>
<tr>
<td>Meeting #2</td>
<td>Required</td>
</tr>
<tr>
<td>------------</td>
<td>----------</td>
</tr>
<tr>
<td>30 Minutes</td>
<td>Meet with the Chief Academic Officer(s) (e.g., Provost, Vice President of Academic Affairs). No program representatives attend this meeting.</td>
</tr>
<tr>
<td></td>
<td>Introductions</td>
</tr>
<tr>
<td></td>
<td>Council background information</td>
</tr>
<tr>
<td></td>
<td>Questions and answers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meeting #3</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 minutes</td>
<td>Meet with Program Director and other faculty who worked on self-evaluation process.</td>
</tr>
<tr>
<td></td>
<td>Review Standards using information found in the self-evaluation and data provided to site visitors during this meeting.</td>
</tr>
<tr>
<td></td>
<td>Address specific questions gathered from readers assigned to the self-evaluation. Discuss questions related to specific Standards.</td>
</tr>
<tr>
<td></td>
<td>Discuss general questions put forth by the Council based on catalog, etc.</td>
</tr>
<tr>
<td></td>
<td>Discuss general program characteristics.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meeting #4</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 minutes</td>
<td>Meet with students informally (program personnel shall not be present)</td>
</tr>
<tr>
<td></td>
<td>Introductions</td>
</tr>
<tr>
<td></td>
<td>Students will be asked what they would like to change, why, and how; what they hope never to change and why; and for general information about courses, fieldwork, advising, grading, and faculty availability.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meeting #5</th>
<th>Optional</th>
</tr>
</thead>
<tbody>
<tr>
<td>75 Minutes</td>
<td>Meet with advisory committee members and other college personnel as determined by program host. This meeting is often done over lunch to facilitate participation by committee members employed elsewhere.</td>
</tr>
<tr>
<td></td>
<td>Frequency of meetings</td>
</tr>
<tr>
<td></td>
<td>How the committee advocates for the program. Provide examples.</td>
</tr>
<tr>
<td></td>
<td>How they perceive their input to the program</td>
</tr>
<tr>
<td></td>
<td>What they see as the strengths and limitations of the program.</td>
</tr>
<tr>
<td></td>
<td>Identify suggestions the advisory committee made to the program and the outcomes.</td>
</tr>
</tbody>
</table>
### Meeting #6
**Optional**
Visit library and other resources (e.g., technology services, media centers, computer labs)
- Introductions
- Examine holdings (journals, books, databases, etc.)
- Review how program accesses media materials (library or somewhere else?)
- Recent program acquisitions
- Does faculty give library assignments?
- Students’ use of library
- Librarian issues, concerns, or compliments regarding the program
- Integration of technology into teaching and learning
- Accessibility to other resources

### Meeting #7
**Optional**
Observe a gerontology class or learning activity in progress
- (optional)

### Meeting #8
**Required**
**Site visitors confer and review days document**
Site visitors review information gathered during the day and construct a list of strengths and areas for improvement. Most site visitors will prefer a working dinner this evening rather than dinner with program representatives.

### Suggested Itinerary
#### Day 2
Note: The last three meetings shall be done in this sequence. Other meetings may be shifted around to meet program needs.

### Meeting #9
**Required**
**Meet with fieldwork placement agency representatives**.
- How placements are determined
- How learning objectives are determined
- How students are evaluated
- How problems are handled
- Faculty site visits: who is included, how often, who sets agenda, and observation.

### Meeting #10
**Required**
**Site visitors meeting**
Site visitors meet to review their notes and prepare for the two exit meetings, summarizing their observations.
<table>
<thead>
<tr>
<th>Meeting #11</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 minutes</td>
<td>Site Visitors meet with Department Chair/Program Coordinator, and Faculty (program &amp; department)</td>
</tr>
<tr>
<td></td>
<td>□ Present list of strengths</td>
</tr>
<tr>
<td></td>
<td>□ Present areas of concern</td>
</tr>
<tr>
<td></td>
<td>□ Request additional information that may assist useful to the AGEC Board of Governors. This does not preclude the Board from requesting additional information.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meeting #12</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 minutes</td>
<td>Site Visitors meet with College President, Chief Academic Officer (e.g., Provost or Vice President of Academic Affairs), Dean or designee, Department Chair, and Program Director</td>
</tr>
<tr>
<td></td>
<td>□ Overview of accreditation process and work involved in self-evaluation.</td>
</tr>
<tr>
<td></td>
<td>□ Strengths of the program.</td>
</tr>
<tr>
<td></td>
<td>□ Concerns about the program (i.e. resources, etc.).</td>
</tr>
<tr>
<td></td>
<td>□ Express appreciation for college support of gerontology program.</td>
</tr>
</tbody>
</table>
### APPENDIX F

**Checklist for Site Visit Arrangements**

<table>
<thead>
<tr>
<th>Date Completed</th>
<th>Item</th>
<th>Completed by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Persons involved in each meeting have been notified, have reserved times, and know where the meeting will be held.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meeting spaces have been secured.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Travel arrangements have been made, giving consideration to the preferences of each site visitor, e.g., airlines, seats, airports, times of travel, etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Travel to and from airports and from airport to hotel has been arranged (shuttles, taxi, parking, or pick-up by program representatives).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hotel reservations have been confirmed. Consider the preferences of each site visitor (e.g., smoking, non-smoking, Internet, etc.). Site visitors have hotel confirmation numbers and directions to the hotel.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dinner arrangements have been made for the night prior to first day of site visit.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The itinerary has been finalized and copies emailed to site visitors (also provide printed copies upon arrival).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Even the best of plans can be thrown off by late flight arrivals, sudden illnesses, traffic problems, or other extenuating circumstances. Be sure that phone numbers have been exchanged so that emergency situations can be handled.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Day 1: Arrangements for breakfast have been made and site visitors are aware of arrangements or know they are on their own.</td>
<td></td>
</tr>
<tr>
<td>Date Completed</td>
<td>Item</td>
<td>Completed by:</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------------------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td></td>
<td>Day 1: Arrangements for pick-up at hotel or travel from hotel to school have been made. Site visitors know where first meeting will be held and how to find the meeting space.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Day 1: Transportation to return site visitors to the hotel has been arranged.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Day 1: Provide site visitors with recommendations for dinner that meet any institutional reimbursement guidelines.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Day 2: Arrangements for breakfast have been made and site visitors are aware of arrangements or know they are on their own.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Day 2: Arrangements for pick-up at hotel or travel from hotel to school have been made. Site visitors know where first meeting will be held and how to find the meeting space.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Day 2: If site visitors are leaving after the last meeting on Day 2, they will check out of their hotel in the morning. Make certain that whoever is picking them up at the hotel has room for luggage and that there is a secure place to store the luggage during the day.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Day 2: Arrangements for transportation of site visitors back to the hotel or to airport of departure have been made, and site visitors are aware of who is taking them and where to meet.</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX G
AGEC Logo in Promotional Materials

Accredited Programs of the Accreditation for Gerontology Education Council are listed on the AGEC website. These programs may include the AGEC logo in promotional materials along with the statement, “Accredited by the Accreditation for Gerontology Education Council.”

Non-accredited Programs are those Institutional members of the Association for Gerontology Programs in Higher Education (AGHE) that are not listed on the AGHE website or the AGEC website. These programs do not have permission to include the AGEC logo in any materials or media. They cannot claim or imply that they are accredited. If accreditation has lapsed, regardless of the reason, statements of accreditation must be dropped from all materials.

Need LOGO Info
APPENDIX H

Acknowledgements

Acknowledgements:

A special thank you is extended to the Accreditation Task Force Members who undertook the writing of this AGEC Handbook:

Pamela Elfenbein, PhD, University of North Georgia
Judith Howe, PhD, University of California Los Angeles
Karen Kophera-Frye, PhD, University of Louisiana at Monroe
Robert F. Maiden, PhD, Alfred University
Donna Schafer, PhD, National Association of Professional Gerontologists
Donna Weinreich, PhD, Western Michigan University
Marilyn R. Gugliucci, PhD, Chair, University of New England

And the AGEC Standards (Section V):
Jan Jukema, PhD, Windesheim University of Applied Sciences
Robert F. Maiden, PhD, Alfred University
Alice McDonnell, PhD, Marywood University
Donna Schafer, PhD, National Association of Professional Gerontologists
Daniel Van Dussen, PhD, Youngstown State University
Donna Weinreich, PhD, Western Michigan University
Marilyn R. Gugliucci, PhD, Chair, University of New England