

2022

Accreditation Handbook & Self-Evaluation Guide

AGEC

ACCREDITATION FOR
GERONTOLOGY EDUCATION COUNCIL

*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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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 formation of the Accreditation for Gerontology Education Council (AGEC); and
- Information about AGECE including Mission and Vision, organization, eligibility for accreditation; and
- Accreditation/reaccreditation policies and procedures, steps in the process and timelines; and
- Accreditation standards and guidelines for writing the self-study and organizing the site visit.

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 AGECE staff when questions relating to the accreditation process arise.

The AGECE Board of Governors is committed to fulfilling the vision and mission of the AGECE with integrity and professionalism. Gerontology programs join AGHE/GSA and AGECE in the work of promoting high quality educational experiences to assure that 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 AGECE Board of Governors, or the AGECE staff: staff@geroaccred.org

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Section I: AGECE Background and Organization

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 AGECE are informed by the *Association for Gerontology in Higher Education (AGHE) Standards and Guidelines for Gerontology and Geriatrics Programs*, 6th edition, (2015) and the *AGHE Gerontology Competencies for Undergraduate and Graduate Education*© (2014).

An AGHE Accreditation Task Force was convened in June 2010 to explore options for the design and implementation of an accreditation organization for gerontology programs in higher education. Through a series of investigation and discussions, the Task Force determined that the accreditation organization for gerontology would have a cooperative, but independent, relationship with AGHE and the Gerontological Society of America with its own Board of Governors, budget, organizational structure, and 501c3 status. The Task Force drafted Mission and

Vision Statements as a guideline for the proposed accreditation organization in August 2010.

Shortly after that, the Task Force began further exploring the accreditation process with accrediting oversight bodies, including the Council of Higher Education Accreditation (CHEA) and the Department of Education. The Task Force also looked at other models and details associated with accrediting bodies, including Council of Social Work Education, the American Psychological Association, Council on Education for Public Health. The proposal for pursuing accreditation for gerontology programs was approved by the AGHE Executive Committee and the GSA Executive Council in 2013.

To gain insight into AGHE member institutions' perspectives on accreditation, and to enlist support from members for developing an accreditation organization, the AGHE Accreditation Task Force sponsored several conference presentations and symposia and surveyed members to gather input on the issue of accreditation from AGHE and GSA membership. Also, to provide a range of views on accreditation for the gerontology community's intellectual consideration, AGHE's journal *Gerontology and Geriatrics Education* (33:1, Jan. – March, 2012) devoted a special issue to accreditation in gerontology.

From 2013 to 2014, the AGHE Accreditation Task Force's focus was on the establishment of the AGHE Gerontology Competencies for Undergraduate and Graduate Education©, which were finalized in November 2014. The competencies are an integral part of AGECEC's student learning and quality monitoring standards.

In November of 2016, AGECEC was established as an independent 501c3 with the expressed mission of accrediting gerontology degree programs in higher education.

AGECEC Mission and Vision

The Accreditation for Gerontology Education Council mission and vision statements provide the foundation for developing the AGECEC 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.

To encourage participation in AGHE, member institutions are charged lower fees for accreditation. For those institutions that have more than one eligible gerontology degree-granting program, the applicant may apply for accreditation review for each of its programs. Each program must apply separately for accreditation review. See the AGECE website FAQs for more information about fees and multiple program reviews (www.geroaccred.org).

AGEC Board of Governors

The legal basis for the foundation and structure of the AGECE is outlined in the AGECE Bylaws and the Articles of Incorporation. The AGECE 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 AGECE Board of Governors consists of at least 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 in accreditation decisions. Additional information on the bylaws and Board of Governors is found on the AGECE website (www.geroaccred.org).

AGECE Accreditation Roles

In addition to the Board of Governors, the AGECE is comprised of others that support the process for accreditation and/or reaccreditation. The following positions are part of AGECE 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. The AGECE Board President appoints one member as the Review Team Chair. The Review Team provides the first line of review for accreditation. They independently examine the applicant's self-study 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 AGECE director within the agreed upon time line.

Site Visitors: Two site visitors from the Review Team are selected by the Board of 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 AGECE Board Governors 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 AGECE executive director is the officer in charge of the administrative function of the AGECE and the liaison with the AGECE Board of Governors and external organizations. The AGECE executive director has oversight over the AGECE Staff.

AGECE Staff: The staff is responsible for administrative, clerical, and budgetary aspects of the AGECE. They report to the AGECE director and have specific assigned duties to assist the AGECE in efficient and effective operations.

Section II: Accreditation and Reaccreditation Procedures and Policies

A. General Procedures: Accreditation and Reaccreditation

1. Program applicants download the application from the AGECE website.
2. Program applicants must submit a completed Application Form 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 AGECE director and the program applicant, in consultation, and stated in a "Notice to Proceed."
4. Policies for writing and submitting a program self-study report are contained in this *Handbook*.
5. Program self-study must reflect 2 years of operation and at least one graduating class (see Section V: Standard 1.2.4).
6. Program self-study reports must be in compliance with the AGECE Standards.
7. AGECE Review Team evaluates the program self-study report and two members of the team conduct the site visit.
8. Review Team report and recommendation is forwarded to the AGECE Board of Governors for action on the recommendation.
9. Programs under accreditation/reaccreditation review may receive provisional accreditation status if not all AGECE'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. General Procedures: Reaccreditation

1. Programs apply for reaccreditation by completing an *Application for Accreditation/Reaccreditation* and submitting it with the appropriate fee.
2. Reaccreditation self-study 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 AGECE'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. That is, fees are not refunded if accreditation is denied by the Board of Governors or if applications are withdrawn from consideration by the Program. If Programs submit a new application for accreditation after a denial or withdrawal, a new submission fee is required.
- c. The “Notice to Proceed” will indicate the self-study 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. AGECEC 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 AGECEC 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. AGECEC 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.

Section III: Steps in Accreditation and Reaccreditation

Step 1: Submit the AGEC Application and Fee.

1.1: The AGEC Application Form 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 the application within 30 days of 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-Study Report Completion and Submission

2.1: Allow at least 6 months to complete the self-study 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-Study.)

Step 3: Self-Study Report Process Post Submission

3.1: The AGEC director conducts a review of the self-study 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-study 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 Review Team must have completed the evaluation of the self-study 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 for in-person visits. 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:

- (a) Review Team written evaluation of the program's self-evaluation report.
- (b) Site visitors' written report.
- (c) Review Team's written recommendation based on program self-evaluation and site visit.
- (d) AGEC procedural integrity.

6.2: There are five actions that can be taken by the Board of Governors:

- (a) Approval of accreditation or reaccreditation with no provisions;
- (b) Provisional approval of accreditation or reaccreditation articulating those standards or requirements that were not fully met;

- (c) Tabling consideration for accreditation or reaccreditation because of a program's request for extension that is granted;
- (d) Acceptance of a program's request to withdraw the accreditation application; or
- (e) Non-approval of accreditation or reaccreditation.

Step 7: AGEC Board of Governors 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.

7.4: If the accreditation is tabled, the program will be notified of the deadlines for completion of the accreditation process; if the program's request to withdraw its accreditation application is accepted, the program will be notified.

7.5: Programs that are denied accreditation or withdraw their application may initiate a new accreditation application at a future time.

Section IV: Accreditation and Reaccreditation Timelines

A. 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 specified in the “Notice to Proceed.” The AGECEC 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

Step	Action	Information
Step 1	AGEC Application downloaded and completed	Open submission date
Step 2	Application Submitted to AGECE Director by Program Applicant	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
Step 3	<i>“Notice to Proceed”</i>	Applicant officially notified to proceed with preparation and submission of the self-evaluation report in accordance with agreed timeline.

Table 2: Accreditation and Reaccreditation Time Line

Action	Timeline		
	Cycle 1	Cycle 2	Cycle 3
Program Self-Study Report Due:	Sept 1	Jan 1	May 1
Review Team Completes Review by:	Oct 15	Feb 15	June 15
Program Responses to Information/Revision Requests by Review Team Due:	Nov. 30	Mar. 31	July 31
Complete Site Visit by:	Jan 31	May 31	Sept 30
Site Visit Report Submitted to Review Team by:	Feb 15	June 15	Oct 15
Review Team Final Report Submitted to BOG by:	March	July	November
AGEC BOG Meetings	March	July	November
Informal BOG Notification	Within 10 Days of March Meeting	Within 10 Days of July Meeting	Within 10 Days of Nov. Meeting
Formal BOG Notification	Within 30 Days of March Meeting	Within 30 Days of July Meeting	Within 30 Days of November Meeting

NOTE: If due dates fall on a weekend or holiday, the next business day will be honored.

Since a site visit will not be scheduled until the Review Team considers the Self Study Report complete, completion dates for site visits and subsequent dates may vary from those specified in Table 2.

B. 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 AGECE review. AGECE 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/Directorios/regional.asp;](http://www.chea.org/Directorios/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.inqahe.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 itself 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 AGECE.

- 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 Academy 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 consistent 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 AGECE 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.

- a. **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.
- b. **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.
- c. **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.
- d. **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.
- e. **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, programs have the latitude to organize their curricula in ways that meet institutional priorities, their mission statements, and students' needs.

AGHE's publication *Gerontology and Geriatrics Curricular Standards and Guidelines in Higher Education*, Seventh Edition, 2021, provides guidance for curriculum development for various degree types and levels (associate, baccalaureate, masters). The AGEC review will rely on student learning goals, competencies, and outcomes as presented in these standards. It is presumed that programs will construct their curriculum offerings in a manner that is consistent with recommendations and best practices provided in AGHE's *Standards and Guidelines* (2021).

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 and analyze data on how well these goals are being met. Then, based upon this analysis, 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. Mapping Student Learning

Mapping is a two-stage process. The first stage entails developing a Mapping Course Matrix that maps the AGHE Competencies onto the program's courses. (See Appendix C.1 for an example of a completed Mapping Course Matrix.) A program's courses are arrayed along the top horizontal axis and the AGHE Core Competency statements are itemized down the left vertical axis. The numbers in the matrix cells correspond to the extent to which the competency is covered in the course (1 = not covered, 2 = partially covered, 3 = covered, 4 = may or may not be covered). Note that in the example Mapping Course Matrix in Appendix C.1, all AGHE competencies in Category I (Foundational Competencies) and Category II (Interactional Competencies) are represented. AGHE competencies III.1 and III.8 are identified, reflecting the requirement that at least two contextual competencies (Category III) are to be selected according to a program's orientation and goals.

The second stage of mapping involves providing an Assessment Matrix (see Appendix C.2 for an example). An Assessment Matrix identifies (column 1) specific learning goals and objectives that are consistent with and derived from the program's mission; (column 2) AGHE core competency content to be assessed; (column 3) assessment or measurement methodology; (column 4) proposed date of assessment; and (column 5) outcome findings, including changes and improvements to be made if any, and, if needed, a remediation strategy.

In developing the Assessment Matrix note that all category I and category II AGHE competencies are to be assessed and at least two category III competencies are to be selected and assessed. However, programs may select the specific competency content items they wish to measure depending on program goals and orientation.

4.3.2. Identifying Assessment Strategies

Because the program’s faculty oversees 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 acquisition of competencies 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 and carried out.

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. Courses (and course grades), in their entirety, do not reflect the necessary attention to individual competencies at the granular level required for assessment of student learning. Nevertheless, grades can be judiciously 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.)

4.3.3 Course Transfer/Articulation

Courses completed by students transferring into an AGECE accredited gerontology degree program cannot automatically articulate into the accredited degree from any other institution/program, regardless of AGECE accreditation status. To count toward the requirements of the AGECE accredited gerontology degree, individual courses must be evaluated for equivalency to a course in the accredited degree program and approved by the designated AGECE accredited program coordinator.

Equivalency considerations include confirmation that:

- a. Sufficient instructional content mapped to the Gerontological Competencies in the AGECE accredited program course was presented in the course from the other institution.
- b. Student learning objectives mapped to assignments in the AGECE accredited program course were assessed with similar assignments in the course from the other institution.

- c. The core course instruction was from the integrated gerontological bio-psycho-social perspective.
- d. The core course instructor had gerontology graduate education/expertise consistent with the preparation and expectations of the accredited program faculty.

Equivalency documentation presented for consideration must be from the class the semester it was taken by the transferring student and should include:

- e. The official course description on file with the institution.
- f. The official course outline on file with the department/institution.
- g. The actual class syllabus including the:
 - Course topics
 - Student learning objectives
 - Textbook
 - Detailed assignment list
 - Faculty academic credentials (discipline and level of degree/certificate)

4.3.4. **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. Each competency shall be assessed at least once during a cycle that shall not exceed five years; some competencies may be assessed more often and in more than one course; use of multiple measures is encouraged (but not required) to assess a given competency, including both direct and indirect measures of student learning.

4.3.5. **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 or competency 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-Study

Introduction

There are two basic purposes for writing a self-study.

1. The self-study is the foundation of the program accreditation process, providing information that asserts and confirms your program’s compliance with all of the AGECE Standards. The site visit validates evidence provided in the self-study and tries to answer the questions that emerged during the evaluation of the self-study documents.
2. The self-study 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 AGECE Review Team members assigned to conduct each programmatic review are very skilled, the self-study report is critical in providing information about your institution and program, and how it meets/exceeds the standards. The self-study report insures that the program addresses each of the standards specified in Section V and that the Review Team has a clear, well-defined and documented presentation in order to assess compliance with the standards. The guidelines are presented in three parts:

- | | |
|-----------|--------------------------------|
| Part I: | Preparatory Work |
| Part II: | Writing the Program Self-Study |
| Part III: | Submitting the Self-Study |

Part I: Preparatory Work

- A. Apply for program Accreditation or Reaccreditation.
 1. Consider completing the Course Matrices (explained in C. below) before applying. Accreditation is based on, among other factors, the curriculum and competencies required for program completion at the time the self-study is submitted, not on intended changes or changes that are in process. Curriculum changes that require lengthy institutional processes can delay accreditation. Given the centrality of the integration of the gerontology competencies (*Gerontology Competencies for Undergraduate and Graduate Education*, AGHE, 2014) into the program’s curriculum, the importance of

the learning activities that are associated with acquiring the competencies, and the measurement of the competencies to assess student learning and evaluate/improve program quality, it is a good use of time to concentrate on this portion of the self-study (Standards 3.0 and 4.0) before spending time gathering other material and developing other sections. AGECE is prepared to answer questions about the matrix.

2. Complete the application per instructions and submit it with a check as noted on the application form.

B. Create a Self-Study Committee

1. Working with a committee can lessen the individual workload, provide multiple perspectives, and ensure the integrity of the self-study process and document. 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:
 - 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-study itself.

C. Map Student Learning (Standard 4.3.1 and 4.3.2)

Outlining or mapping student learning outcomes may best be presented in the form of a Matrix. Sample matrices may be viewed in Appendix C.1: Mapping Course Matrix Exemplar and Appendix C. 2: Assessment Matrix Exemplar.

1. The matrices drive completion of the self-study report in relationship to competencies and learning outcomes and shall be done early in the self-study process (see A. above).

2. Key points to remember about the Assessment Matrix:
 - a. The Matrix must include assessment of learning activities provided for students in the program that contribute to compliance with the AGEC Competencies and 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 associated competencies and learning outcomes measurement in the Matrix with corresponding details about program improvement 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-study report as well as the syllabi included in the appendices. The narrative must describe how the details of the identified activities in the syllabi address the relevant Accreditation Standards for Gerontology Education (Section V).

3. Using feedback from teaching faculty and your self-study 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-study report is submitted.

D. 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.
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 if available, practicum/field placement manual or

guidelines, college catalog, and others.

Part II: Writing the Program Self-Study Report

A. General Introduction to the Program and Institution

The introductory section of the self-study shall specify the degree(s) for which accreditation is sought. An application, accreditation fee payment, and self-study report would be required for each program considering accreditation within an institution.

The introductory section provides essential background information, context, and perspective for readers that is not directly required or provided in responding to the Standards. Institutional information may include whether it is state funded or private, the age of the institution, a brief history, its mission, or other pertinent information. Program information may include its relationship to other institutional units and comparable external programs at other institutions, its history, unique strengths or attributes, or other relevant information.

Information in this section may assist readers in understanding the development, current circumstances, or future directions of the program/institution. For example, a program might want to describe the current or imminent restructuring of the larger unit in which the program is housed, changes in institutional emphasis, changing enrollment patterns, legislative changes, special programs or projects, cooperative agreements with other campuses, or other details that enhance contextual understanding of the readers.

B. Describe the Ways the Program Complies with Each Standard (Section V)

The heart of the self-study narrative explains and demonstrates how the institution and program satisfy each of the Standards specified in Section V of this *Handbook*. The topical organization of this section should correspond exactly to the Standards Section V. This organizational arrangement will insure that the program is including material relevant to each standard and will aid reviewers in locating pertinent information.

The narrative describes **how** the Standard is met and **how** the program is in compliance with it. The description/explanation may refer to supporting documentation and material contained in appendices where the reader can find evidence that verifies compliance with the Standard. Reviewers will

look for congruence among sections and between the narrative and supporting material. For example, there should be congruence between the narrative regarding student learning, the “map” or matrix of student learning outcomes in which the various competencies are applied and assessed, and expectations and assignments appearing in course syllabi.

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 or unavoidable, provide a rationale for the AGEC Board’s consideration.

C. Reaccreditation Only

Reaccreditation requires the development and submission of a current self-study following the self-study guidelines and also requires the following:

1. Include a copy of the letter from the AGEC Board of Governors sent at the time of the prior accreditation/reaccreditation notifying the Program of the disposition of the application for accreditation/reaccreditation.
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.
5. Describe any major faculty or personnel changes since the prior accreditation.

D. Programs Delivered at Multiple Sites Only

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.

E. Appendices

1. The program will want to include a variety of appendices to support and provide detail for information presented in the narrative. This material may

include such items as faculty vitae, course syllabi, a matrix/mapping form, student handbook, practicum guidelines, student admission policies, etc. Appendices should be referenced in the narrative and clearly labeled and ordered so that the reader can readily locate them.

2. The program may wish to include letters of support in an appendix. Institutional leadership, faculty, community partners, and others as appropriate may provide letters. Effective letters are specific in addressing components or attributes of the program.

Part III: Submitting the Self-Study

1. A table of contents along with corresponding page numbers shall be included.
2. Active links to each section of the report would be preferred.
3. Complete the Self-Study Report Checklist included in Appendix D. This will aid in assuring all sections of the program self-study report are completed in accordance with the guidelines.
4. The self-study report and all appendices must be submitted as a PDF document included in an email sent to AGECE at: staff@geroaccred.org

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-study report and to verify and clarify the program's compliance with the AGECE Standards. Therefore, it is essential that the self-study document, with all supporting attachments, be completed and reviewed before a site visit is scheduled. A site visit is required for initial accreditation and for every reaccreditation thereafter. See the Section IV: Accreditation and Reaccreditation Timelines. The AGECE staff/representative will contact the program applicant/representative to schedule the site visitors' meetings following review of the program self-study.

It is expected that site visits will be conducted in person if any part of the program being considered for accreditation is offered for students in person on a campus/campuses. If the program applying for accreditation is offered on-line only, or if there are other extenuating circumstances, then a site visit may be conducted virtually.

The Review Team Chair selects two site visitors for in-person visits. For virtual site visits up to three site visitors may be involved. Site visitors are volunteers who donate their time as a service to the profession of gerontology. In-person site visits usually involve a full two-day commitment of time. Virtual site visits may be extended over multiple days. The site visitors/AGECE staff 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, whether in person or virtual. (See Appendix E: Sample Site Visit Itinerary; and F: Checklist for Site Visit Arrangements)

B. Tips for a Successful Site Visit

For In-Person Site Visits

1. 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.
2. To the extent possible, 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.
3. Site visitors must be fully reimbursed for their expenses prior to the Program receiving the accreditation decision of the AGECE Board of Governors.

4. Make a hard copy of the self-study report available to site visitors during the site visit.

For All Site Visits

5. Prior to the visit, provide site visitors with a detailed itinerary, including the names and titles of all those expected to attend each meeting.
6. Provide the names and titles of those meeting participants not identified on the itinerary so that site visitors can include them in their report.
7. Provide guidance for program participants who will be attending site visit meetings. Site visitors are there to confirm and affirm the self-study report and availability of resources.
8. Provide the site visitors with a glossary of terms or any other information used by your program that may be particular to your institution.

For Virtual Site Visits

9. Arrange the technical requirements for the virtual site visit via video conferencing platforms such as Zoom and insure that all participants have necessary login information and instructions.

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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 AGECE 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 AGECEC, 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 Douglass (1993) as well as current literature in foundations of gerontology and competency-based education. The new competencies have integrated the Wendt, Peterson and Douglass (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. gero-psychology 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.

Appendix B (Continued)

CATEGORY I: Foundational Competencies To All Fields Of Gerontology Recommended		
Domain	Core Competency Statement	Recommended Competency Content
FRAMEWORKS FOR UNDERSTANDING HUMAN AGING	I. 1 Utilize gerontological frameworks to examine human development and aging.	<p>I.1.1 Employ the Lifespan/Lifecourse perspectives to appreciate age over time in relation:</p> <ul style="list-style-type: none"> • 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 <p>I.1.2 Distinguish concepts and theories of aging from a bio-psycho-social framework.</p> <p>I.1.3 Synthesize bio-psycho-social understanding of aging to build a gerontological knowledge foundation.</p> <p>I.1.4 Interpret the gerontological frameworks in relationship to aspects and problems of aging persons, their families, their environment and communities.</p>
BIOLOGICAL ASPECTS OF AGING	I.2 Relate biological theory and science to understanding senescence, longevity and variation in aging.	<p>I.2.1 Distinguish normal biological aging changes from pathology including genetic factors.</p> <p>I.2.2 Identify major cell-and organ-level systems changes with age.</p> <p>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.</p> <p>I.2.4 Recognize common late-life</p>

CATEGORY I: Foundational Competencies To All Fields Of Gerontology Recommended		
Domain	Core Competency Statement	Recommended Competency Content
		<p>syndromes and diseases and their related bio-psycho-social risk and protective factors.</p> <p>I.2.5 Identify the implications of biomedical discoveries on individuals and society.</p> <p>I.2.6 Synthesize biological with other gerontological ways of understanding human aging:</p> <ul style="list-style-type: none"> • Psychological • Sociological • Humanities
PSYCHOLOGICAL ASPECTS OF AGING	I.3 Relate psychological theories and science to understanding adaptation, stability and change in aging.	<p>I.3.1 Describe human growth and development across the lifespan/course including late life outcomes such as life satisfaction, coping and adaptation.</p> <p>I.3.2 Recognize normal age changes in intelligence and cognitive abilities including those that may impact late-life functioning.</p> <p>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).</p> <p>I.3.4 Recognize older persons' potential for wisdom, creativity, life satisfaction, resilience, generativity, vital involvement and meaningful engagement.</p> <p>I.3.5 Synthesize psychological with other gerontological ways of understanding human aging:</p> <ul style="list-style-type: none"> • Biological • Sociological • Humanities

CATEGORY I: Foundational Competencies To All Fields Of Gerontology Recommended		
Domain	Core Competency Statement	Recommended Competency Content
SOCIAL ASPECTS OF AGING	I.4 Relate social theories and science of aging to understanding heterogeneity, inequality and context of aging.	<p>I.4.1 Appreciate the diversity of the older population based on:</p> <ul style="list-style-type: none"> • Age • Functioning • Gender • Culture • Language • Religion • Immigration status • Sexual orientation • Other variables <p>I.4.2 Assess the impact of inequality on individual and group life opportunities throughout the lifespan/course impacting late-life outcomes.</p> <p>I.4.3 Appraise the changing dynamics of contemporary multigenerational families and their impact on social solidarity and interdependence.</p> <p>I.4.4 Describe the changing population profile of: your state/ province, nation.</p> <p>I.4.5 Contrast aging demographics globally among developed and developing countries.</p> <p>I.4.6 Distinguish impact of the demographic elements of: fertility, mortality, and immigration.</p> <p>I.4.7 Identify how an older population mutually influences and is impacted by policies locally and globally.</p> <p>I.4.8 Synthesize sociological and other gerontological ways of understanding human aging:</p> <ul style="list-style-type: none"> • Biological • Psychological • Humanities
THE HUMANITIES	I.5 Develop	1.5.1 Identify conceptual domains

CATEGORY I: Foundational Competencies To All Fields Of Gerontology Recommended		
Domain	Core Competency Statement	Recommended Competency Content
AND AGING	comprehensive and meaningful concepts, definitions and measures for well-being of older adults and their families, grounded in Humanities and Arts.	<p>explored in Humanities and Arts, as essential to understanding the experience of old age:</p> <ul style="list-style-type: none"> • Time • Perspective • Vitality • Meaning • Relationship • Attention <p>1.5.2 Integrate humanities and arts-based understanding of aging into models of gerontology and policy.</p> <p>1.5.3 Acknowledge and promote unique contributions older adults can make to the social environment.</p> <p>1.5.4 Integrate humanistic and artistic understanding with other ways of understanding human aging:</p> <ul style="list-style-type: none"> • Biological • Sociological • Psychological

CATEGORY I: Foundational Competencies To All Fields Of Gerontology Recommended		
Domain	Core Competency Statement	Recommended Competency Content
RESEARCH AND CRITICAL THINKING	I.6 Distinguish factors related to aging outcomes, both intrinsic and contextual, through critical thinking and empirical research.	<p>I.6.1 Identify and explain research methodologies, interpretations and applications used by different disciplines to study aging.</p> <p>I.6.2 Identify gaps in research regarding both aging-related problems and successes in order to promote continued knowledge building</p> <p>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.</p> <p>I.6.4 Design research studies using methods and procedures that produce reliable and valid gerontological knowledge.</p> <p>I.6.5 Use critical thinking to evaluate information and its source (popular media and research publications).</p> <p>I.6.6 Recognize the strengths and limitations of reliance on either qualitative or quantitative questions, tools, methods and conclusions.</p> <p>I.6.7 Promote and apply the use of appropriate forms of evidence-based interventions and technologies for older adults, their families and caregivers.</p>

Appendix B (Continued)

CATEGORY II: Interactional Competencies Across Fields of Gerontology Recommended		
Domain	Core Competency Statement	Recommended Competency Content
ATTITUDES AND PERSPECTIVES	II.1. Develop a gerontological perspective through knowledge and self-reflection.	<p>II.1.1 Critique and analyze assumptions, stereotyping, prejudice, and discrimination related to age (ageism) at both:</p> <ul style="list-style-type: none"> • Personal and • Public levels <p>II.1.2 Relate the historical context of the field of gerontology and the evolving roles in:</p> <ul style="list-style-type: none"> • Research • Education • Commerce • Programs & services • Policy <p>II.1.3 Assess and reflect on one's work in order to continuously learn and improve outcomes for older persons.</p>
ETHICS AND PROFESSIONAL STANDARDS	II.2. Adhere to ethical principles to guide work with and on behalf of older persons.	<p>II.2.1 Respect the person's autonomy and right to real and meaningful self-determination.</p> <p>II.2.2 Respect interdependence of individuals of all ages and abilities.</p> <p>II.2.3 Respect cultural values and diversity.</p> <p>II.2.4 Protect older persons from elder abuse of all types:</p> <ul style="list-style-type: none"> • Utilize programs and policies that address elder mistreatment and abuse: • Mandatory legal reporting <p>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:</p>

CATEGORY II: Interactional Competencies Across Fields of Gerontology Recommended		
Domain	Core Competency Statement	Recommended Competency Content
		<ul style="list-style-type: none"> • Informed consent • Confidentiality • Beneficence • Non-maleficence • Honesty and Integrity
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.	<p>II.3.1 Establish rapport and sustain working relationships with older persons, their families and caregivers.</p> <p>II.3.2 Listen and actively engage in problem solving to develop research, programs and policies with key stakeholders including:</p> <ul style="list-style-type: none"> • Older persons • Their families • Caregivers • Communities • Researchers • Policymakers <p>II.3.3 Advocate for and develop effective programs to promote the well-being of older persons.</p> <p>II.3.4 Demonstrate effective means to overcome challenges to communicating effectively with persons as they age including:</p> <ul style="list-style-type: none"> • Sensory deficits • Disabilities • Medical conditions <p>II.3.5 Apply and teach caregivers communication techniques to research and practice for elders with dementia.</p> <p>II.3.6 Use tools and technology to improve and enhance communication with and on behalf of older persons, their families, caregivers and communities.</p> <p>II.3.7 Consider heterogeneity in addressing communication styles and promoting the preferences of older persons including:</p>

CATEGORY II: Interactional Competencies Across Fields of Gerontology Recommended		
Domain	Core Competency Statement	Recommended Competency Content
		<ul style="list-style-type: none"> • Cultural • Racial/ethnic • Cohort • SES • Health literacy • Sexual preference • Immigration status • Geographical location <p>II.3.8 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.</p> <p>II.3.9 Develop and disseminate educational materials to increase accurate information regarding older persons and older person services.</p> <p>II.3.10 Inform the public of the spectrum of aging services that provide older persons with:</p> <ul style="list-style-type: none"> • Preventive • Treatment • Supportive programs
INTERDISCIPLINARY AND COMMUNITY COLLABORATION	II.4. Engage collaboratively with others to promote integrated approaches to aging.	<p>II.4.1 Perform and promote the roles of the gerontologist in collaborative work on behalf of older persons.</p> <p>II.4.2 Respect and integrate knowledge from disciplines needed to provide comprehensive care to older persons and their families.</p> <p>II.4.3 Develop interdisciplinary and community collaborations on behalf of the older population in:</p> <ul style="list-style-type: none"> • Research • Policy • Provision of supports, services and opportunities

CATEGORY II: Interactional Competencies Across Fields of Gerontology Recommended		
Domain	Core Competency Statement	Recommended Competency Content
		<p>II.4.4 Involve the older person, their family and caregivers as members of the interprofessional care team in planning and service decisions.</p> <p>II.4.5 Provide the following groups information and education in order to build a collaborative aging network:</p> <ul style="list-style-type: none"> • Key persons in the community (police officers, firefighters, mail carriers, local service providers and others) • Aging workforce professionals and personnel (paid and unpaid; full-and part-time) in the field of aging.

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		
Domain	Core Competency Statement	Recommended Competency Content
WELL-BEING, HEALTH AND MENTAL HEALTH	III.1 Promote older persons' strengths and adaptations to maximize well-being, health and mental health.	<p>III.1.1 Build relationships that are respectful, confidential and engage positive change.</p> <p>III.1.2 Screen and provide referrals to evidence-based programs and interventions.</p> <ul style="list-style-type: none"> • Health promotion, disease prevention, assessment and treatment programs <p>III.1.3 Counsel older persons about healthcare and social program benefits.</p> <ul style="list-style-type: none"> • For the U.S., this would include Medicare, Medicaid, Veterans Services, Social

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		
Domain	Core Competency Statement	Recommended Competency Content
		Security, Older Americans Act, Adult Protective Services III.1.4 Provide care coordination services for persons with: <ul style="list-style-type: none"> • Complex health and mental health problems • Geriatric syndromes III.1.5 Facilitate optimal person-environment interactions. <ul style="list-style-type: none"> • Assist in change in lived environment III.1.6 Assist caregivers to identify, access and utilize resources that support responsibilities and reduce caregiver burden: <ul style="list-style-type: none"> • Assistive devices • Technology • Professional services • Support groups and programs III.1.7 Facilitate end of life planning, including: <ul style="list-style-type: none"> • 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		
Domain	Core Competency Statement	Recommended Competency Content
SOCIAL HEALTH	III.2. Promote quality of life and positive social environment for older persons.	<p>III.2.1 Support adaptation during life transitions including:</p> <ul style="list-style-type: none"> • Work and retirement • Family structure changes • Loss and bereavement • Relocation • Challenges due to disasters/trauma <p>III.2.2 Promote strong social networks for well-being.</p> <p>III.2.3 Recognize and educate about the multifaceted role of social isolation in morbidity and mortality risk.</p> <p>III.2.4 Provide opportunities for intergenerational exchange and contribution.</p> <p>III.2.5 Provide strategies for strengthening informal supports.</p> <p>III.2.6 Support the healthy sex life and need for intimacy of older persons of all sexual orientations including:</p> <ul style="list-style-type: none"> • 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.	<p>III.3.1 Work collaboratively with older persons, local government and community organizations to advocate building age-friendly communities, including:</p> <ul style="list-style-type: none"> • 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		
Domain	Core Competency Statement	Recommended Competency Content
		<p>environments</p> <ul style="list-style-type: none"> • Neighborhood safety • Transportation • Physical and social environments that benefit older persons <p>III.3.2 Construct and evaluate programs for older persons that promote intergenerational relationships.</p> <p>III.3.3 Design and evaluate leisure and recreational activities which enhance meaning and quality of late life.</p> <p>III.3.4 Encourage older persons to actively participate in the responsibilities of citizenship including:</p> <ul style="list-style-type: none"> • Volunteerism • Intergenerational contributions • Identification of public issues and contributions to their solutions. <p>III.3.5 Counsel individuals to utilize available services that promote well-being and quality of life.</p> <p>III.3.6 Consider the role of spirituality and religious needs and preferences when:</p> <ul style="list-style-type: none"> • Designing, delivering or • Supporting gerontology programs and services in both secular and faith-based

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		
Domain	Core Competency Statement	Recommended Competency Content
		<p>organizations.</p> <p>III.3.7 Develop and implement programs and services for older persons in collaboration with communities that are founded in:</p> <ul style="list-style-type: none"> • Research • Policies • Procedures • Management principles • Documentation and • Sound fiscal practice
EDUCATION	III.4. Encourage older persons to engage in life- long learning opportunities.	III.4.1. Promote life-long learning opportunities across the life span to enhance personal development, social inclusion and quality of life.
ARTS AND HUMANITIES	III.5. Promote engagement of older people in the arts and humanities.	<p>III.5.1. Create opportunities for people across the life span in the arts and humanities.</p> <p>III.5.2 Develop and implement programs promoting creative expression by older persons.</p>
BUSINESS & FINANCE	III.6 Address the roles of older persons as workers and consumers in business and finance.	<p>III.6.1 Provide information for employers, policymakers, employees and the general public regarding:</p> <ul style="list-style-type: none"> • The definitions of older workers • Age Discrimination and Employment Act • Demographics regarding person and older person employment, retirement and current issues of full and

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		
Domain	Core Competency Statement	Recommended Competency Content
		<p style="text-align: center;">part-time work before and after retirement</p> <p>III.6.2 Provide information for employers, policymakers, and employees regarding:</p> <ul style="list-style-type: none"> • Age issues in management • Age and job performance • Physical and cognitive changes and • Effects on person-job fit <p>III.6.3 Provide research on the “Mature Market” (50+) regarding:</p> <ul style="list-style-type: none"> • 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.	<p>III.7.1 Promote the involvement of older persons in the political process so they may advocate on their own behalf.</p> <p>III.7.2 Analyze policy to address key issues and methods to improve the quality of life of older persons and their caregivers/families.</p> <p>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:</p> <ul style="list-style-type: none"> • 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		
Domain	Core Competency Statement	Recommended Competency Content
		<ul style="list-style-type: none"> • Medicaid • Affordable Care Act • Social Security
RESEARCH, APPLICATION AND EVALUATION	III.8. Engage in research to advance knowledge and improve interventions for older persons.	<p>III.8.1 Conduct research on aging recognizing implications, relationships and applications across disciplines.</p> <p>III.8.2 Use research methods to evaluate and inform services, programs and policies to improve the quality of life of older persons.</p> <p>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.</p>

AGHE Competency Workgroup Members:

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Harvey Sterns, PhD – Northeast Ohio Medical University & University of Akron, OH (Chair of AGHE Accreditation Task Force)

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Mapping Course Matrix (Example) Appendix C.1

Coverage of Competency Content: 1 = not covered; 2 = partially covered; 3 = covered; 4 = may or may not be covered

Core Competency Statement	GERO 118 Intro	BIOL 119 Physiology	PSYC 210 Counseling	SOCI 348 Families	PSYC 371 Death & Dying	GERO 429 Cognition	GERO 485 Internship	PSYC 220 Statistics	SOCI 230 Data Analysis	SOCI 253 Social Welfare	PSYC 322 Health Psych	POLS 355 Public Policies	GERO 300 Special Topics	GERO 450 Indep. Studies	SOCI 470 Field Work	GERO 497 Sen. Seminar
1.1 Utilize gerontological framework to examine human development and aging.	3	2	1	3	1	3	4	1	1	1	2	3	3	3	1	3
1.2 Relate biological theory and science to understanding senescence, longevity, and variation in aging.	2	3	1	1	2	3	4	1	1	1	2	3	3	4	1	3
1.3 Relate psychological theories and science to understanding adaptation, stability, and change in aging.	2	2	2	1	2	3	2	4	1	1	2	3	3	3	1	3
1.4 Relate social theories and science of aging to understanding heterogeneity, inequality and context of aging.	3	2	2	3	2	3	2	1	2	2	2	3	3	3	2	3

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1.5 Develop comprehensive and meaningful concepts, definitions, and measures for well-being of older adults and their families, grounded in Humanities and Arts	2	3	2	1	3	3	4	1	1	1	2	4	3	4	1	4
1.6 Distinguish factors related to aging outcomes, both intrinsic and contextual, through critical thinking and empirical research.	3	2	1	2	4	3	3	4	2	2	2	3	3	3	1	3
2.1 Develop a gerontological perspective through knowledge and self-reflection.	3	3	1	2	2	2	3	2	1	1	2	3	3	3	2	3
2.2 Adhere to ethical principles to guide work with and on behalf of older persons.	3	3	2	1	1	2	3	1	1	1	2	3	3	3	3	3
2.3 Engage, through effective communication older persons, their families and the community, in personal and public issues in aging.	2	3	2	1	1	1	3	4	1	1	2	4	1	4	3	4

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2.4 Engage collaboratively with others to promote integrated approaches to aging.	2	1	1	1	2	4	3	1	1	1	2	4	4	2	2	3
3.1 Promote older persons' strengths and adaptations to maximize well-being, health, and mental health.	2	3	2	1	1	3	3	1	1	1	2	3	3	3	2	3
3.8 Engage in research to advance knowledge and improve interventions for older people.	2	1	2	1	1	3	4	4	2	1	2	4	4	4	1	4

Assessment Matrix (Example) Appendix C.2

Mission Statement: The mission of the Gerontology Program is to provide a comprehensive and multidisciplinary curriculum to prepare students for careers in aging or for more advanced study.

Program Learning Goals and Objectives Consistent with the Mission Statement	Comparable AGHE Competency	Assessment Methodology	Date of Assessment	Outcome Findings
1. Gain an understanding of the interdisciplinary nature of the aging process including theories relating to these various perspectives	I.1.2. Distinguish concepts and theories of aging from a bio-psycho-social framework.	Essay Question: Select one social gerontological theory (for example: activity theory, disengagement, continuity, exchange, symbolic interaction, political economy) and write a few sentences describing its major ideas. Then apply this theory to the solution of one of two problems: loneliness in old age or poverty in old age. How does the theory clarify the problem or guide you from problem to solution (500 words or less).	Fall 2020	Mostly good results, but greater emphasis needed on economic toll institutional ageism takes on older adults. Remediation: Identify and assign an article/chapter that focuses on structural inequalities and the economic and health results of those inequalities for older persons
	I.2.4. Recognize common late life syndromes and diseases and their related bio-psycho-social-risk and protective factors.	Multiple Choice Question: "Compression of morbidity" refers to which of the following processes? (a) the acceleration of the inverse relationship of morbidity and mortality; (b) when illness is pushed further into old age; (c) an increase in the maximum life span; (d) whenever the natural lifespan is exceeded; (e) none of the above	Fall 2020	Good results, over 80% selected correct response. No modification necessary
	I.3.2 Recognize normal age changes in intelligence and cognitive abilities including those that may impact late-life	Multiple Choice Question: Long-term memory loss is: (a) a typical characteristic of the aging process; (b) not a typical characteristic of the	Spring 2021	Adequate response with over 70% correct. However, more emphasis could be focused on cognitive issues in future

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	functioning.	aging process; (c) disrupted by interference; (d) more typical of the old than the very old; (e) none of the above		courses/semesters. Remediation: Spend an additional class session on cognition and mental health
	I.3.3 Demonstrate knowledge of signs, symptoms and impact of common cognitive and mental health problems in late life (dementia, depression, grief, anxiety).	Essay Question: Your neighbor confides that she is worried about her mother whom she thinks is acting strangely. She is worried her mom might have dementia. You advise your neighbor to have her mother professionally evaluated, but what questions would you ask your neighbor to understand why she is concerned?	Spring 2021	Essays were thorough in eliciting signs of dementia and depression, but there was less attention/focus on problems such as grief, anxiety and drug interactions. More emphasis in future courses on cognitive and mental health issues other than dementia. Remediation: Same as above
2. Cultivate an appreciation for the contributions of older adults, an understanding of the deleterious effects of stereotyping and ageism, and the ways older people are portrayed in popular culture.	I.4.1 Appreciate the diversity of the older population based on: age, functioning, gender, culture, language, religion, immigration status, sexual orientation, and other variables.	Essay Question: Imagine you are a 5th grade teacher and are responsible for developing a unit on older adults. You have decided to focus on the diversity of this population. What information and ideas would you want to present to your students?	Fall 2021	Essays focused on ethnic/cultural diversity, but other sources of diversity less well represented. More emphasis in future courses on multiple sources of diversity. Remediation: Develop a brief in class exercise for students to identify those experiences and characteristics about themselves that they think contribute to who they are
	I.5.3 Acknowledge and promote unique contributions older adults make to the social environment.	Experiential Exercise: Identify an older member of your community for an oral history/informative interview. Develop your questions with a focus on that person's contributions to his/her family, work life, community. Include questions to cover both previous and current	Fall 2021	Oral histories/interviews a very popular and successful exercise. Students enthusiastic about their learning and contributions obvious. More future attention should be devoted to logistics of identifying/selecting an older respondent.

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		contributions.		Remediation: Develop a checklist of ideas and actions for students to use in selecting an interviewee and enlist the participation of a local senior center for students who have difficulty finding a respondent
	I.6.5 Use critical thinking to evaluate information and its source (popular media and research publications).	Portfolio Exercise: Assemble a portfolio of information (popular media, internet blogs, research articles) on a given topic and analyze each entry for its accuracy, clarity, accessibility, and effectiveness in presenting information. Conclude with your assessment of the usefulness of various sources.	Spring 2022	Mixed success with this exercise. Not enough clarity on the number of items (articles, blogs, etc.) to be selected on a given topic. In the future need more specificity on expectations. Remediation: Develop a handout that provides more specific instructions.
3. Work positively and ethically with other professionals to promote the wellbeing of older adults and to make community programs that serve them accessible and effective.	II.1.3 Assess and reflect on one's work in order to continuously learn and improve outcomes for older persons.	Journal Exercise: Keep a journal (during the course/semester/program) recording perceptions about learning and the impact of that learning on interactions with older adults/their families.	Fall 2022	
	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: informed consent, confidentiality, beneficence, non-maleficence, honesty and integrity.	Experiential Exercise: Develop an informed consent statement for a project (program or research project) that could be submitted to an IRB.	Fall 2022	

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	II.3.1 Establish rapport and sustain working relationships with older persons, their families, and caregivers.	Essay Question: You are employed in a senior center that offers a noon meal and activities for elders living independently in the community. It also offers an adult day health/respice program for older adults with mild to moderate cognitive impairment. One meal participant (Mrs. Smith) is very angry that those with cognitive impairment are allowed to attend the center. She is circulating a petition among other meal participants to remove the adult day health/respice program participants. The senior center director asks you to talk with Mrs. Smith to resolve the situation. How would you proceed?	Spring 2023	
	II.3.5 Apply and teach caregivers communication techniques to research and practice for elders with dementia.	Team Exercise: Partner with two other students to develop a training program for family caregivers to improve communication with elders with dementia. Project should include researching communication techniques, designing lessons, identifying family caregivers and obtaining their consent to participate, providing the program, and evaluating its success.	Spring 2023	
	II.4.1 Perform and promote the roles of the gerontologist in collaborative work on behalf of older persons.	Experiential Evaluation: Record assessment of fieldwork supervisor about student's working relationship with other fieldwork students in a practice setting with older adults.	Fall 2023	
	III.3.5 Counsel individuals to utilize available services that promote wellbeing and quality	Experiential Exercise: Design an advertising and public service media campaign to inform older adults and	Spring 2024	

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	of life.	their families about available community resources to promote wellbeing and quality of life.		
	III.8.2 Use research methods to evaluate and inform services, programs and policies to improve the quality of life of older persons.	Experiential Exercise: Design a research project to evaluate the quality of a community social service or health program that provides services to older adults.	Spring 2024	

APPENDIX D
SELF-STUDY CHECKLIST

REQUIREMENT	DATE COMPLETED
I. PREPATORY WORK	
A. Prepare Application for Program Accreditation/Reaccreditation	
Determine ability to complete Curriculum/Competency Matrices (I.C. below)	
Complete and submit application and fee for program accreditation/reaccreditation	
B. Create Self-Study Committee	
Membership represents:	
Full and part-time program faculty	
Practicum supervisors	
Advisory committee	
Program graduates	
Current students	
Meeting schedule finalized	
Committee tasks completed:	
Plan and timetable for achieving compliance with each standard	
Plan and timetable for writing self-study	
C. Map Student Learning Outcomes	
Construct blank matrices consistent with sample matrices in Appendix C.1 and C.2 of AGECE Handbook	
Relevant program faculty provide matrix content	
Check for consistency of content in matrices and course syllabi	
Revise curriculum as necessary to cover the competencies and document learning activities, outcomes and measurement	
Revise matrices for inclusion in self-study document	
D. Gather Supporting Documents	
Prepare a record keeping system (such as folders) for collecting and organizing documentation by standard	
II. WRITING THE SELF-STUDY	
A. Introduction to Program and Institution	
Specify the degree for which accreditation/reaccreditation is sought	
Provide background and contextual information,	

including strengths and uniqueness of program/institution	
B. Describe Compliance with Each Standard as Presented in Section V of the AGECE Handbook	
Identify and address each standard separately in the order in which they appear in Section V	
Use consistent formatting	
Clearly and consistently reference appendices, attachments, and URLs	
Narrative reflects current status of program	
Deficiencies are described along with a rationale and, as appropriate, a timetable for achieving compliance	
C. Reaccreditation	
Develop current self-study document following the self-study guidelines	
Include copy of letter from AGECE Board of Governors sent at the time of prior accreditation	
Address any conditions/recommendations stated in the letter	
Describe any major curriculum, program, or personnel changes since prior accreditation	
D. Programs Delivered at Multiple Sites Only	
Provide description for each site or online/distance program	
Provide formal policies/procedures that assure quality control across all sites	
E. Appendix Material	
Appendices are clearly labeled and organized for the ease of the reader	
III. SUBMITTING THE SELF-STUDY	
Prepare a table of contents for the narrative and appendices, with corresponding page numbers (with active links to each section, if possible)	
Complete Self-Study Report Checklist to insure the document is complete	
Submit self-study report and all appendices as a PDF document included in an email and sent to AGECE at: staff@geroaccred.org	

APPENDIX E
Sample Site Visit Itinerary

A site visit is required for initial accreditation and for each reaccreditation thereafter. There are always two site visitors. Three site visitors may participate in virtual site visits. 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 and the lead site visitor shall agree upon the exact itinerary prior to beginning the site visit.

For In-Person Site Visits

Site Visitors Arrive Afternoon/Evening	
<p>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.</p> <p>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.</p>	
Suggested Itinerary	
Day 1	
<p>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.</p>	
Suggested Time Allotment	Meeting Description

<p>Meeting #1 45 minutes</p>	<p>Required Initial meeting with Department Chair, Program Director, program faculty, and the fieldwork/practicum coordinator. <input type="checkbox"/> Explain the site visit process. <input type="checkbox"/> Make any necessary adjustments to the itinerary. <input type="checkbox"/> Answer any questions regarding the process. <input type="checkbox"/> Review program strengths identified by the readers</p>
<p>Meeting #2 30 Minutes</p>	<p>Required Meet with the Chief Academic Officer(s) (e.g., Provost, Vice President of Academic Affairs, Dean). No program representatives attend this meeting. <input type="checkbox"/> Introductions <input type="checkbox"/> AGECEC background information <input type="checkbox"/> Questions and answers</p>
<p>Meeting #3 90 minutes</p>	<p>Required Meet with Program Director and other faculty who worked on self-evaluation process. <input type="checkbox"/> Review Standards using information found in the self-evaluation and data provided to site visitors during this meeting. <input type="checkbox"/> Address specific questions gathered from readers assigned to the self-evaluation. Discuss questions related to specific Standards. <input type="checkbox"/> Discuss general questions put forth by AGECEC based on catalog, etc. <input type="checkbox"/> Discuss general program characteristics.</p>
<p>Meeting #4 50 minutes</p>	<p>Required Meet with students informally (program personnel shall not be present) <input type="checkbox"/> Introductions <input type="checkbox"/> 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.</p>

<p>Meeting #5 75 Minutes</p>	<p>Optional 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.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Frequency of meetings <input type="checkbox"/> How the committee advocates for the program. Provide examples. <input type="checkbox"/> How they perceive their input to the program <input type="checkbox"/> What they see as the strengths and limitations of the program. <input type="checkbox"/> Identify suggestions the advisory committee made to the program and the outcomes.
<p>Meeting #6 90 minutes</p>	<p>Optional Visit library and other resources (e.g., technology services, media centers, computer labs)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Introductions <input type="checkbox"/> Examine holdings (journals, books, databases, etc.) <input type="checkbox"/> Review how program accesses media materials (library or somewhere else?) <input type="checkbox"/> Recent program acquisitions <input type="checkbox"/> Does faculty give library assignments? <input type="checkbox"/> Students' use of library <input type="checkbox"/> Librarian issues, concerns, or compliments regarding the program <input type="checkbox"/> Integration of technology into teaching and learning <input type="checkbox"/> Accessibility to other resources
<p>Meeting #7 50 minutes</p>	<p>Optional Observe a gerontology class or learning activity in progress</p> <ul style="list-style-type: none"> <input type="checkbox"/> (optional)
<p>Meeting #8</p>	<p>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.</p>

Suggested Itinerary Day 2	
<p>Note: The last three meetings shall be done in this sequence. Other meetings may be shifted around to meet program needs.</p>	
<p>Meeting #9 45 minutes</p>	<p>Required Meet with fieldwork placement agency representatives.</p> <ul style="list-style-type: none"> <input type="checkbox"/> How placements are determined <input type="checkbox"/> How learning objectives are determined <input type="checkbox"/> How students are evaluated <input type="checkbox"/> How problems are handled <input type="checkbox"/> Faculty site visits: who is included, how often, who sets agenda, and observation.
<p>Meeting #10 60 minutes</p>	<p>Required Site visitors meeting Site visitors meet to review their notes and prepare for the two exit meetings, summarizing their observations.</p>
<p>Meeting #11 45 minutes</p>	<p>Required Site Visitors meet with Department Chair/Program Coordinator, and Faculty (program & department)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Present list of strengths <input type="checkbox"/> Present areas of concern <input type="checkbox"/> Request additional information that may assist useful to the AGECEC Board of Governors. This does not preclude the Board from requesting additional information.
<p>Meeting #12 30 minutes</p>	<p>Required 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</p> <ul style="list-style-type: none"> <input type="checkbox"/> Overview of accreditation process and work involved in self-evaluation. <input type="checkbox"/> Strengths of the program. <input type="checkbox"/> Concerns about the program (i.e. resources, etc.). <input type="checkbox"/> Express appreciation for college support of gerontology program.

For Virtual Site Visits

Virtual site visits for completely on-line degree programs (or if required by extenuating circumstances) generally follow the same suggested itinerary of meetings as site visits that are conducted in person. However, virtual site visits can provide some additional flexibility in timing and scheduling since they do not have to be compressed into a two-day format with an additional half-day for arrival. Meetings may be spread out over a multi-day period of time if it is more convenient for participants and site visitors, and some meetings may be combined.

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.

Suggested Itinerary

Note: It is requested that the first two 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.

Suggested Time Allotment	Meeting Description
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<p>Meeting #1 45 minutes (90 minutes if combined with Meeting #3)</p>	<p>Required (may be combined with Meeting #3) Initial meeting with Department Chair, Program Director, program faculty, and the fieldwork/practicum coordinator.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Explain the site visit process. <input type="checkbox"/> Make any necessary adjustments to the itinerary. <input type="checkbox"/> Answer any questions regarding the process. <input type="checkbox"/> Review program strengths identified by the readers
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<p>Meeting #2 30 Minutes</p>	<p>Required Meet with the Chief Academic Officer(s) (e.g., Provost, Vice President of Academic Affairs, Dean). No program representatives attend this meeting. <input type="checkbox"/> Introductions <input type="checkbox"/> AGECE background information <input type="checkbox"/> Questions and answers</p>
<p>Meeting #3 90 minutes</p>	<p>Required (May be combined with Meeting #1) Meet with Program Director and other faculty who worked on self-evaluation process. <input type="checkbox"/> Review Standards using information found in the self-evaluation and data provided to site visitors during this meeting. <input type="checkbox"/> Address specific questions gathered from readers assigned to the self-evaluation. Discuss questions related to specific Standards. <input type="checkbox"/> Discuss general questions put forth by AGECE based on catalog, etc. <input type="checkbox"/> Discuss general program characteristics.</p>
<p>Meeting #4 50 minutes</p>	<p>Required Meet with students informally (program personnel shall not be present) <input type="checkbox"/> Introductions <input type="checkbox"/> 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.</p>
<p>Meeting #5 75 Minutes</p>	<p>Optional Meet with advisory committee members and other college personnel as determined by program host. <input type="checkbox"/> Frequency of meetings <input type="checkbox"/> How the committee advocates for the program. Provide examples. <input type="checkbox"/> How they perceive their input to the program <input type="checkbox"/> What they see as the strengths and limitations of the program. <input type="checkbox"/> Identify suggestions the advisory committee made to the program and the outcomes.</p>

<p>Meeting #6 90 minutes</p>	<p>Optional Presentation for site visitors on library and other resources available to the program</p> <ul style="list-style-type: none"> <input type="checkbox"/> Examine holdings (journals, books, databases, etc.) <input type="checkbox"/> Review how program accesses media materials (library or somewhere else?) <input type="checkbox"/> Recent program acquisitions <input type="checkbox"/> Does faculty give library assignments?
<p>Meeting #7 50 minutes</p>	<p>Required, if Program is Mostly or Entirely On-Line Meet with staff responsible for coordinating on-line courses to provide information on platforms, software</p> <ul style="list-style-type: none"> <input type="checkbox"/> How do faculty members interface with media staff? <input type="checkbox"/> Review how program accesses media materials <input type="checkbox"/> How are students engaged? <input type="checkbox"/> Integration of technology into teaching and learning
<p>Meeting #8</p>	<p>Required Site visitors confer and review previous meetings Site visitors review information gathered and construct a list of strengths and areas for improvement.</p>
<p>Note: The last two meetings (Meetings # 11 and 12) shall be done in this sequence. Other meetings may be shifted around to meet program needs.</p>	
<p>Meeting #9 45 minutes</p>	<p>Required Meet with fieldwork placement agency representatives.</p> <ul style="list-style-type: none"> <input type="checkbox"/> How placements are determined <input type="checkbox"/> How learning objectives are determined <input type="checkbox"/> How students are evaluated <input type="checkbox"/> How problems are handled
<p>Meeting #10 60 minutes</p>	<p>Required (but may be combined with meeting #8) Site visitors meeting Site visitors meet to review their notes and prepare for the two exit meetings, summarizing their observations.</p>

<p>Meeting #11 45 minutes</p>	<p>Required Site Visitors meet with Department Chair/Program Coordinator, and Faculty (program & department) <input type="checkbox"/> Present list of strengths <input type="checkbox"/> Present areas of concern <input type="checkbox"/> Request additional information that may be useful to the AGECEC Board of Governors. This does not preclude the Board from requesting additional information.</p>
<p>Meeting #12 30 minutes</p>	<p>Required 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 <input type="checkbox"/> Overview of accreditation process and work involved in self-evaluation. <input type="checkbox"/> Strengths of the program. <input type="checkbox"/> Concerns about the program (i.e. resources, etc.). <input type="checkbox"/> Express appreciation for institutional support of gerontology program.</p>

APPENDIX F
Checklist for Site Visit Arrangements

Date Completed	Item	Completed by:
	Persons involved in each meeting have been notified, have reserved times, and know where the meeting will be held (and video log-in information available for virtual visits).	
	Meeting spaces have been secured, as necessary.	
	In Person: Travel arrangements have been made, giving consideration to the preferences of each site visitor, e.g., airlines, seats, airports, times of travel, etc.	
	In Person: Travel to and from airports and from airport to hotel has been arranged (shuttles, taxi, parking, or pick-up by program representatives).	
	In Person: 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.	
	In Person: Dinner arrangements have been made for the night prior to first day of site visit.	
	The itinerary has been finalized and copies emailed to site visitors.	
	Even the best of plans can be thrown off by late flight arrivals, sudden illnesses, traffic problems, technical difficulties, or other extenuating circumstances. Be sure that phone numbers/emails have been exchanged so that emergency situations can be handled.	
	In Person: Day 1: Arrangements for breakfast have been made and site visitors are aware of arrangements or know they are on their own.	

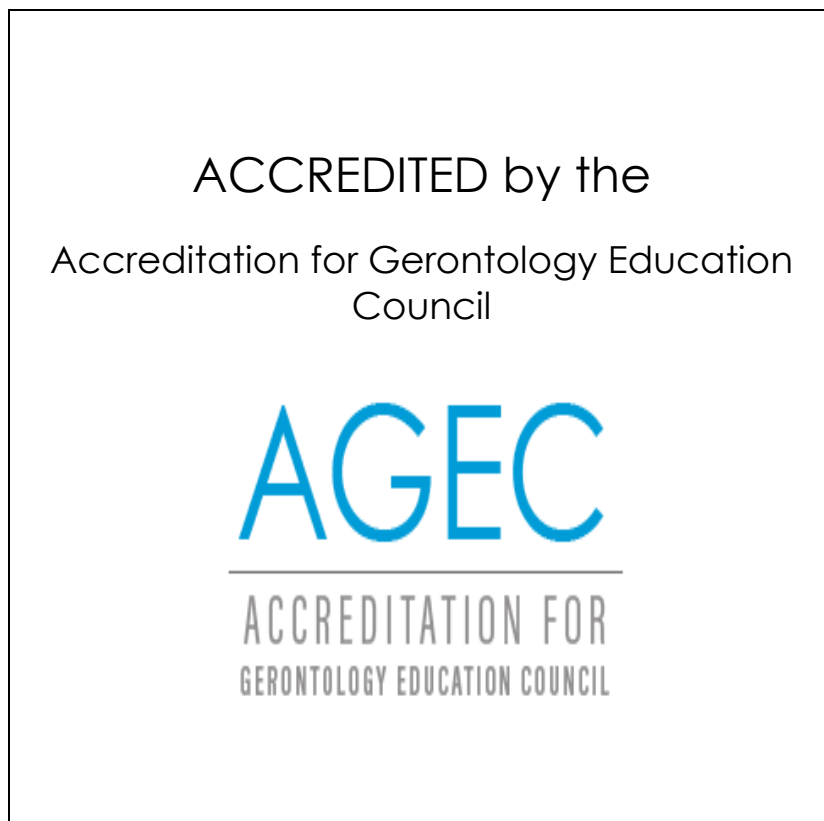
Date Completed	Item	Completed by:
	In Person: Day 1: Arrangements for pick-up at hotel or travel from hotel to school have been made. Site visitors know where first meeting will be held and how to find the meeting space.	
	In Person: Day 1: Transportation to return site visitors to the hotel has been arranged.	
	In Person: Day 1: Provide site visitors with recommendations for dinner that meet any institutional reimbursement guidelines.	
	In Person: Day 2: Arrangements for breakfast have been made and site visitors are aware of arrangements or know they are on their own.	
	In Person: 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.	
	In Person: 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.	
	In Person: Day 2: Arrangements for transportation of site visitors back to the hotel or to airport for departure have been made, and site visitors are aware of who is taking them and where to meet.	

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 that are Institutional members of the Association for Gerontology Programs in Higher Education (AGHE) are listed on the AGHE website but not 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.



APPENDIX H

Acknowledgements

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