With Special Acknowledgment to:

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and to:

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I. Introduction

A. The Association for Experiential Education
The Association for Experiential Education brings people together from around the globe to celebrate experiential learning.

We offer a variety of services to help expand and enrich the experiential education community including regional and annual conferences, defining professional standards, providing accreditation to organizations, and presenting the latest news and research through AEE E-news and the Journal of Experiential Education.

B. Accreditation
Accreditation is a voluntary process of evaluation of an organization’s compliance with broadly accepted professional practices. Accreditation serves essential interests of the experiential education industry and the organization under review, and in doing so it benefits consumers of the industry’s services. Accreditation strengthens the reputation of the industry by elevating its practices, promoting self-governance, advocating for its members, and providing avenues for continuing education and professional development. Accreditation provides leadership to organizations in the field, improving the quality and performance of their programs, preserving access to federal lands, preserving access to affordable insurance, and increasing their ability to attract financial and human resources. The public benefits from having an objective, independent source of information about the quality of programs from which to choose.
While accreditation is an endorsement of an organization by an authority, this endorsement has limits. Accreditation is a finding that an organization has met, or appears to have met, specific requirements or standards as of a certain date and does not purport to evaluate or forecast continuing compliance. It is important to note that these standards are not intended to impose upon an organization, or practitioner, a legal duty of care that does not otherwise exist. AEE does not have the authority to close an organization for not meeting accreditation standards, only the denial or withdrawal of accredited status.

These standards are published by AEE in the Manual of Accreditation Standards for Adventure Programs and the Manual of Accreditation Standards for Outdoor Behavioral Healthcare Programs. Procedures for reporting significant changes in the organization and compliance with standards are the responsibility of the organization and are reported annually to the Accreditation Council of AEE. The authority to grant or deny accreditation rests with this officially sanctioned, impartial group.
C. Goals and Purpose of the AEE Accreditation Program

The primary goals of the AEE Accreditation Program are to:

1. Set standards of practice;
2. Provide education in furtherance of our purpose; and
3. Assess organizations for quality assurance.

The purpose of the Accreditation Program is:

To advance the professional practices of organizations that utilize adventure-based experiential education.

The AEE Accreditation Program focuses on evaluation and education of organizations, using standards developed by leading professionals in experiential education. Accreditation standards state criteria to assess compliance with current industry standards and provide guidance to improve practice. Compliance with standards is determined by peers who work in the industry and serve as volunteers.

D. Limits of AEE Accreditation

The AEE Accreditation Program is voluntary and is employed as a means for the industry to have a mechanism for self-regulation. Accreditation does not apply to activities within organizations that are not reviewed as part of the accreditation process. Neither AEE nor the Accreditation Council has the authority to close an entity for not meeting its accreditation criteria. The AEE Accreditation Program may only deny or remove accredited status.

The scope of the AEE Accreditation Program is further limited by additional factors. Given the time available to conduct reviews, the availability of volunteer reviewers, the nature of the standards and reasonable time-constraints, it is not possible to evaluate directly and completely every aspect of an organization. The Accreditation Council cannot be intimately familiar with every detail of an organization's operations, nor is it realistic to expect AEE Accreditation Program reviewers to observe all activities, populations and course areas during the accreditation review.

Although compliance does not have to be observed directly, an informed conclusion will be reached with respect to all of the applicable standards. An organization's compliance with standards is assessed through a variety of methods including review of written documentation, information gathered from interviews, direct observation of activities and facilities, and reasonable inference. The AEE Accreditation Program examines the administrative processes and policies and a representative sampling of activities and
practices, drawing a reasonable conclusion that if these elements are adequate, then sound programming is in place.

AEE Accreditation attests that an organization has appropriate, clearly defined objectives, can reasonably expect to achieve those objectives, and shows evidence of achieving them. Accreditation indicates that the organization has voluntarily allowed its practices to be evaluated according to industry standards and that those practices appear to be acceptable.

While many AEE Accreditation Program standards focus on risk management practices and safety, AEE Accreditation is not a guarantee that clients or staff of accredited programs will be free from harm. In fact, risk, both actual and perceived, is inherent in adventure programming. Risk and the uncertain outcomes associated with these activities help to provide the endeavor with its relevance, its value, and its power as an educational or therapeutic tool.

**E. Eligibility for AEE Accreditation**

Organizations that provide adventure-based experiential education services are eligible to apply for accreditation. Eligibility is determined based upon review of the Preliminary Application for Accreditation. An organization applying for accreditation must meet the following criteria:

1. The organization must operate in a manner consistent with AEE’s vision and mission, definition of experiential education, and ethical standards;
2. The organization must offer at least one of the technical activities listed in the applicable accreditation manual published by AEE;
3. The organization must have been in operation for at least one year prior to submitting the Preliminary Application;
4. The organization must be a separately identifiable entity. Any identifiable entity such as an entire organization or a sub-unit of a larger organization that is governed, managed, or operates independently may be eligible. Criteria used to determine the eligibility of subunits of larger organizations include: physical location; the ability to set and monitor policy; the ability to define practice; the ability to budget, manage funds and allocate resources; and the ability to manage personnel.

A determination that the organization is eligible to apply for AEE Accreditation in no way expresses or implies that the organization will meet the requirements for accreditation. An organization may choose to accredit specific programs within the organization, and opt not to accredit others. This does not refer to specific adventure activities. This refers to programs that are part of a larger organization, such as a specific department of a university.
II. The Standards

A. Manuals of Accreditation Standards

The Accreditation Council publishes the criteria for AEE Accreditation in the

1) Manual of Accreditation Standards for Adventure Programs. These standards are applied to a wide range of adventure programs that use experiential education activities. These programs do not provide clinical mental health services as a central part of their adventure programming.

2) Manual of Accreditation Standards for Outdoor Behavioral Healthcare Programs. These standards are applied to programs providing clinical mental health services through the use of outdoor, wilderness, and adventure activities.

All the criteria for accreditation are contained in the manuals. Approved applicants are provided a current edition of the Manual of Accreditation Standards for Adventure Programs or the Manual of Accreditation Standards for Outdoor Behavioral Healthcare and the Self-Assessment Study Guide. The Accreditation Council grants or denies accreditation on the basis of standards compliance.

B. Scope of Standards

The AEE accreditation standards are designed to be applicable to a wide variety of organizations that use adventure programming. Standards address philosophical, educational, ethical, management, and programmatic issues, as well as a range of adventure-based land and water activities. Organizations that are eligible for accreditation include, but are not limited to, adventure education, outdoor behavioral healthcare, and environmental field studies.

C. Application and Interpretation of Standards

AEE standards were designed and selected to help organizations, professionals, and the public identify key criteria to evaluate the overall quality and effectiveness of adventure-based programs. The standards are applicable to most, if not all, experiential education systems. The criteria contained in the standards are considered to be elements of effective and professional operations.

AEE standards are statements of acceptable practice as defined by experienced and recognized professionals. Standards are neither minimal, such as compliance with the law, nor maximal, such as “best practices.” Standards indicate the level at which responsible and prudent organizations and professionals operate in the field of experiential programming.

AEE standards are applicable to different types of organizations, therefore they are situational. The standards are interpreted according to the unique programmatic context of the organization under review. Application of standards varies, as the context in which they are applied varies.
The Accreditation Council Liaison assists in determining which standards are to be applied for different programs. If a standard is applicable to the work done in the program, then the expectation is that it will be met.

What is important in interpreting and applying standards is the concept of sufficiency or how an organization meets the intent of a standard in a given situation. What might prove to be sufficient compliance for one organization might prove insufficient for another. Variables that may be considered when interpreting and applying the standards include but are not limited to the mission and goals of the organization or program, client profiles, types of activities offered, environments in which programs are conducted, and the level of difficulty or complexity of activities.

An appropriate or adequate response to a given standard will vary according to the organization or program addressing the standard. Providing more specificity in the manuals of accreditation standards would require an attempt to anticipate each and every case an organization might present, which is neither possible nor productive. AEE reviewers, the Accreditation Council, and the Council Liaison will provide an initial determination regarding whether the organization is in compliance with a given standard. The Accreditation Council has the final authority for determining whether a standard is met, because this group is charged with standard development, application and interpretation.

It should be clear that interpreting AEE standards requires a significant amount of experience, training, and judgment. The AEE Accreditation Program offers workshops normally held in conjunction with annual and regional conferences that address interpretation and application of standards. The Director and the Council Liaison are available to assist organizations who are engaged in the process of accreditation with interpretation of AEE standards.

Finally, while standards should remain relatively stable over time, they are not absolute or fixed. Standards logically evolve according to a variety of factors including advancements of theory and practice in this field as well as public attitudes. AEE standards are reviewed regularly and revised periodically by the Accreditation Council, with input from outside experts.

III. Overview of the AEE Accreditation Process
The accreditation process is designed and managed by AEE’s Director of Standards Development and Accreditation, hereafter referred to as the “Director,” and the Accreditation Council. It includes the following steps.

1. application by organization seeking accreditation;
2. self-assessment by organization seeking accreditation;
3. site visit by Accreditation Program;
4. program response to the site visit;
5. evaluation by Accreditation Council; and
6. maintenance of accreditation by accredited organization.

**A. Application for Accreditation**

1. **Request Information**
   The organization contacts AEE for application materials including AEE membership information, Application Form, and fee schedule. Electronic copies of the application materials are available and are the preferred method of distribution and submission. The Director is available to answer questions regarding the application.

2. **Submit Application and Fee**
   The organization completes and returns the Application Form and application fee. Incomplete Application Forms will be returned. Programs apply for Outdoor Behavioral Healthcare Accreditation if the program uses clinical mental health professionals as an integral part of program delivery. If this is not the case, programs apply for Accreditation for Adventure Programs.

3. **Acceptance of Application**
   The Application is assessed for eligibility by the Director. Upon acceptance of the Application, it is recommended that the organization complete the accreditation process within twelve (12) months. This allows for more consistency in what is reported in the SAS and the practices observed in the site visit. When eligibility is confirmed, the organization is sent a letter of acceptance and the materials necessary to complete the Self-Assessment Study (SAS). Materials include a current copy of the appropriate manual of accreditation standards, the SAS, and the *Self-Assessment Study Guide* in electronic format. Programs have up to 2 years to complete the internal review, submit the SAS, and schedule a site visit. If these steps are not completed in this timeframe, the program’s initial application will lapse. The program will then need to apply again if they want to continue.

4. **Designate Accreditation Council Liaison**
   Once the application is accepted and eligibility for Accreditation is determined, the Director designates a Council member to serve as the liaison to the organization seeking accreditation. The role of the Council Liaison (with appropriate support of the Director) is to support development of the SAS, review written materials submitted by the organization, authorize the site visit, communicate with the site visit team, review and approve the Site Visit Report, review and approve the Program Response to the Site Visit Report, write the Liaison Report, and represent the organization to Council at their next meeting.
B. Self-Assessment Study by Organization Seeking Accreditation

This internal review process helps an organization to know itself better, evaluate its operations systematically, and make necessary improvements to meet accreditation standards. It is perhaps the most important element in the accreditation process. The involvement and education of all levels of staff throughout the process and the improvements an organization makes as standards are interpreted, applied, and implemented provide a valuable opportunity for organizational development.

The purpose of the Self-Assessment Study (SAS) is to demonstrate compliance with applicable AEE standards. An organization must meet all applicable standards in the appropriate manual of accreditation standards. Evidence of compliance should clearly indicate how each standard is met. If an organization believes a standard does not apply, the standard should be marked “Does Not Apply” (DNA) with a brief description explaining why. All technical activities offered by an organization that listed in the standards manual, regardless of frequency the activity is offered, or the size of a program, must be included in the SAS. Technical activity sections that are not offered by the organization may be omitted from the SAS.

1. Prepare the Self-Assessment Study
The SAS is a major undertaking that should include input from employees representing the entire hierarchy of the organization from staff to board members. It is important that the completed SAS be accurate, complete, and reflective of operations at the time of submission. Therefore, it may take several months to prepare, and it may be necessary to revise existing policy and procedures or develop additional ones as part of the process. Sufficient time and resources must be allocated to the process. The Self-Assessment Study Guide is provided for reference regarding how to complete the SAS. The Council Liaison should be included in reviewing your progress on the SAS and making decisions about which standards do not apply.

2. Submit Self-Assessment Study
The completed SAS is submitted to the Director and the Council Liaison for approval (in electronic format only with support documentation) at least ninety (90) days prior to a site visit.

3. Review the Self-Assessment Study
Within twenty-one (21) days of receiving the final SAS, the Council Liaison reviews the SAS and determines if the organization is prepared to progress to the site visit. Approval of the SAS indicates that all documentation appears to be complete and submitted in the proper format, thus justifying proceeding with the site visit. Approval of these materials in no way expresses or implies that the organization will be granted accreditation.
4. Assistance
There are several types and levels of assistance available to organizations in the process of seeking accreditation. The Director is available to answer questions about the process and specific requirements at each step or provide direction to an appropriate resource. A Council Liaison is assigned upon acceptance of the organization’s application and is available throughout the process for consultation and support. Accreditation workshops, normally offered at annual or regional conferences, provide an overview of the accreditation process and may provide guidance regarding the interpretation and application of standards.

C. Site Visit
Upon approval of the SAS by the Council Liaison, the Director contacts the organization to schedule a site visit. The finalized site visit dates are to be established within twenty-one (21) days of approval of the SAS.

The site visit is an essential element of the accreditation program. It provides information to the Accreditation Council on how the organization complies with the accreditation standards to the AEE Accreditation Program. The review team provides the Council Liaison and Director with a clear understanding of the organization and its level of compliance with AEE standards at the time of the site visit. Members of the review team are not consultants and do not make a recommendation to the Accreditation Council or the organization under review. Their task is to ascertain whether or not AEE accreditation standards are being met. The site visit process must be completed within six (6) months from the date the SAS is formally approved by the Council Liaison.

1. Prepare for Site Visit
The Director, in consultation with the Council Liaison, determines an appropriate number of qualified reviewers to conduct the site visit based on the size of the organization and its scope of operations. Reviewers are selected based on qualifications, availability, and their proximity to the program. The program is consulted while the review team is being formed and is invited to offer specific reasons for and objections to reviewer candidates.

Council members and the Director may be on review teams (but may not vote on that organization, but membership on a review team is normally limited to one Council member per team. Exceptions may be made with the approval of the Director and the Chair of the Accreditation Council for reasons that benefit the Accreditation Program and the organization. Benefits include, but are not limited to, reviewer or Council member training, the need for a specialized set of competencies, multiple sites to be reviewed, or the inability to staff a review in a timely fashion. If a Council member participates on a review team they will abstain from voting on the granting of accreditation to that program.
The Council Liaison is expected to be available for consultation for the duration of the Site Visit. Dates are identified based on having opportunities for observing programs, visiting sites and facilities, and interviewing participants, staff, and administrators.

The Director provides the Council Liaison and the organization with the names and contact information for the review team and will provide the SAS and any other appropriate materials to members of the review team. The program being reviewed designates a site visit contact person who coordinates site visit logistics with the Lead Reviewer. The Council Liaison briefs the Lead Reviewer regarding any questions, concerns, or potential areas of inquiry arising from the review of the SAS.

a. Logistics
Once a date is established and the Lead Reviewer is identified, the organization will communicate directly with the Lead Reviewer to make travel and accommodation arrangements; to schedule site visit observations, interviews, and tours; and to finalize logistics such as equipment, clothing, on site transportation, office space, and access to computers or other work-related supplies.

The Lead Reviewer is responsible for arranging logistics with the organization and communicating logistical information to review team members.

b. Reviewer Expenses
No financial compensation is given to members of the review team by the AEE Accreditation Program or the organization under review. All review team expenses related to the site visit are the responsibility of the organization under review. Legitimate expenses include meals and lodging; transportation to and from the site and while doing the site visit; and phone, postage, copying, and any other incidental expenses related to the site visit. Limits for per diem expenses (i.e. meals) or mileage must be communicated by the organization to the Lead Reviewer in advance and must provide adequately for all legitimate expenses.

c. Meals and Lodging
Appropriate lodging for the review team will vary depending upon the organization and circumstances of the review. Lodging is typically offered in a local hotel, motel, or dormitory. The review team works long hours and will need comfortable and quiet accommodations. Tents (unless overnight camping is part of the field observation), primitive cabins and housing with, or in close proximity to participants, are generally not conducive to a productive review. Lodging at the homes of organization employees is also discouraged.

Arrangements for meals will vary with the circumstances of the review. Special dietary needs and preferences should be considered in advance. Reviewers may wish to share some meals with participants and staff in a dining hall or other common areas, and have some meals alone in order to process site visit information. Meal preparation is generally not the best use of the reviewer time.
**d. Site Visit Schedule**
A review team may need up to three full days to complete a site visit. More or less time may be negotiated depending on the accreditation status of the organization (i.e. initial or continuing accreditation), the breadth and scope of programs offered (i.e. multiple locations or number of activities), or access to participants and personnel. The review team normally arrives in the afternoon or evening prior to the first full day of the site visit. There may be an informal gathering to introduce the review team to members of the organization, and the Lead Reviewer will facilitate a planning meeting with the review team.

There is no recipe for conducting a site visit, because every organization has unique qualities to address. There is normally an initial meeting with the contact person or the person in charge of the program seeking accreditation, and there is always an exit interview to conclude the site visit. In between these events, reviewers observe programs, interview participants and personnel, visit program sites and facilities, inspect equipment management areas, and review on site documents. Throughout the schedule, when time is available, the review team will meet to share findings, discuss observations and concerns, and draft sections of the Site Visit Report.

**2. Conduct the Site Visit**
The purpose of the site visit is to verify standards compliance. It is not intended to result in recommendations for improvement. The review team conducts the site visit and writes a Site Visit Report for submission to the Director and the Council Liaison.

**a. Site Visit Report Draft**
The purpose of the Site Visit Report is to communicate the findings of the review team to the organization and the Council. It is not to make recommendations. A draft of the report is completed before the team leaves the site and is used to conduct the exit interview. Details about the content of the report are provided below.

**b. Exit Interview**
The exit interview is facilitated by the Lead Reviewer and takes place at the conclusion of the site visit with appropriate personnel from the organization. The exit interview provides an opportunity to discuss preliminary findings of the review team, clarify any remaining questions or correct factual errors, and describe the next steps in the accreditation process. Feedback about potentially sensitive issues may be addressed with appropriate personnel prior to the exit interview.

**3. Site Visit Report**
The Lead Reviewer submits the completed Site Visit Report to the Director and Council Liaison within fourteen (14) days of the site visit. The Director and Council Liaison review the report and may make suggestions on how to improve the report to the review team. The Council Liaison approves the final report, which is forwarded by AEE to the
organization within thirty (30) days after the Site Visit. The organization may direct questions about the Site Visit Report to the Council Liaison or the Director.

Assessments of compliance with standards include:

1. “Met” for standards for which there is evidence of compliance in the SAS and at the time of the site visit. Standards can be “met with comment,” meaning that an observation was noted but the standard was met.

2. “Not Met” for any applicable standards that appear to be unmet, either from lack of evidence in the SAS or during the site visit. Examples include activities that the organization is doing that are not addressed in the SAS but are observed by the review team to be a programming component or include procedures described in the SAS that are not being practiced.

3. “N/A” (not applicable) for standards that do not apply to the organization seeking accreditation.

In addition to compliance with standards, the Site Visit Report includes a list of review activities completed, strengths of the organization and other observations of note.

4. Program Response to Site Visit Report

The Program Response to the Site Visit Report, hereafter referred to as the Program Response, addresses the findings of the review team by offering corrective actions for unmet standards, responses to other observations, and/or additional relevant information. Occasionally a program may disagree with one or more of the findings of the review team and are invited to address these disagreements in their written response.

Organizations that do not have unmet standards or other observations or concerns are not required to submit the Program Response.

Comments or recommendations regarding feedback on the standards, the site visit or the accreditation process do not belong in this response and should be sent separately via the Organization Evaluation of the Accreditation Program. The Program Response is sent to the Director within sixty (60) days of receipt of the Site Visit Report.

a. Format

The Program Response includes the following:

1. cover page with the name of the organization, contact information and the dates of the review;

2. introduction describing the context of the organization and the review;

3. responses or corrective actions for all unmet standards and comments regarding other observations;

4. relevant documentation related to responses or corrective actions may include:
   a. developed policy, procedures, or curriculum; schedules, minutes, inspection reports, and/or forms;
b. action plans that detail how an unmet standard or concern will be addressed by the subsequent annual report.

c. **b. Corrective Actions**

There are two types of corrective actions that may be included in the Program Response. The first includes corrective actions taken to address unmet standards or other observations. The report should describe the corrective action and provide evidence that these actions have been taken.

The second type of corrective action requires planning, development and implementation over time. The report should describe specific intentions and provide a time frame for completion. If the Council determines a specific timeframe for reporting on a planned corrective action, the organization is to report within the designated timeframe. If no timeframe is provided, evidence for this type of corrective action is submitted with the Annual Report.

c. **c. New Activities**

The development of new activities may occur during the initial accreditation process. It is expected that policies and procedures are reviewed and approved for accreditation prior to the operation of a new activity. New activities for which the organization is in the process of developing policy and procedures will be noted in the Site Visit Report as “not met” if they are not addressed in the SAS. Policy and procedures for new activities added during this process should be attached to the Program Response and can be reviewed at that time. If the policies and procedures for a new activity are not established prior to the accreditation vote, the new activity should not be operated until an accreditation process is completed. This process is described in the Maintenance section of this manual, titled New Activities.

5. **Review of the Program Response to Site Visit Report**

The Council Liaison review the Program Response. If there are questions or concerns regarding the Program Response, the Director or the Council Liaison contact the Lead Reviewer or the organization, whomever is appropriate. The organization may elect to revise or supplement the Program Response.

**D. Evaluation by Accreditation Council**

1. **Liaison Report**

The Council Liaison writes the Liaison Report within fourteen (14) days and disseminates it to Council members within fourteen (14) days of the next scheduled deliberation (meeting, email or conference call) of the Council. The Liaison Report is a summary of the Site Visit Report and the Program Response and includes the Council Liaison's Recommendation for Council action.
2. Accreditation Council Meeting deliberation
The Council Liaison presents the Liaison Report for discussion at a scheduled meeting of the Accreditation Council. Representatives of the organization and the review team are welcome to attend the open portion of the meeting and may be asked to respond to questions at the discretion of Council.

Visitors are then asked to leave while Council members discuss the Application for Accreditation. Attendance at these sessions is limited to members of the Accreditation Council and designated AEE staff. Discussion is followed by a motion from the Council Liaison regarding Council action. Motions are approved by majority vote.

The official minutes of Council meetings including actions are available to the public upon request, unless an action taken is under appeal. All other data, such as recommendations, observations, conversations, reports, and working documents related to the business of Council are confidential. Membership on the Accreditation Council or on a site visit review team constitutes a contractual agreement to safeguard the confidentiality of information acquired in these capacities.

Representatives of the organization are advised of the outcome immediately if they are present at the time of a Council meeting. Otherwise, the organization will be notified of the outcome, in writing, by AEE within seven (7) days, and prior to any other related notice or announcement.

3. Accreditation Council Actions for Initial Accreditation
When voting on initial accreditation, the Council has four options to consider.

   a. Grant Initial Accreditation
   Council may grant initial accreditation to applicants who are in compliance with standards or whose Program Response adequately address the findings of the review team by offering additional information or corrective actions and relevant documentation related to standards compliance. Initial accreditation is effective for a period of either three (3) years, or five (5) years from the date of the Council meeting.

   b. Grant Conditional Initial Accreditation
   Council may grant conditional initial accreditation to applicants whose Program Response provides insufficient information, corrective actions or relevant documentation related to standards compliance. Conditional status is granted for situations that appear to be easily resolved. The Director communicates the conditions and deadlines set forth by Council required to obtain initial accreditation.

   c. Defer Initial Accreditation
   Council may defer initial accreditation to applicants whose Program Response includes inappropriate or insufficient responses or that require considerable revisions that cannot be completed prior to the first annual report. The Director
communicates the conditions and deadlines set forth by Council required to obtain initial accreditation.

d. Deny Initial Accreditation
Council may deny initial accreditation to applicants not in compliance with the standards or whose Program Response includes unacceptable responses that cannot be revised prior to the first annual report. The Director communicates this decision to the organization. If accreditation is denied, the expectation is that the program will need to start the process from the beginning. A denial indicates significant changes need to be made in order to achieve accreditation.

4. Organization Response to Initial Accreditation Outcome
   a. Response to conditional or deferred accreditation
   When Council acts to grant conditional or deferred accreditation, the organization may respond to the action by providing evidence in writing that the required changes have been made within the specified period of time. The response must document compliance with terms and conditions set forth by Council and describe specific actions taken to address the concerns. The format is similar to the Program Response, addressing specific observations or concerns and unmet standards. The response is sent to the Director and the Council Liaison.

   The Director reviews the response from the organization. At that point, the Director may confirm initial accreditation, ask to meet with the organization, recommend a follow up site visit, or suggest consultation. The organization is responsible for all expenses related to follow up actions.

   b. Appeals
   An organization may appeal a decision of the Accreditation Council (see Section VII: Maintenance of Accreditation: H. Appeals).

E. Maintenance of Accreditation

1. Submit Accreditation Program Evaluation and Pay Fee

When accredited status is conferred by the Council, AEE will send a certificate of accreditation and an invoice for accreditation fees to the organization. The organization submits the completed Accreditation Program Evaluation and the accreditation fee to AEE within thirty (30) days of written notification of the decision of Council. The expiration date for the organization’s membership in AEE will be synchronized with the date the program achieves accredited status. The Council may give a warning to, or revoke accreditation from, any accredited organization if it is found to be out of compliance with standards, fails to meet a deadline, or has not paid accreditation fees.
2. Submit Annual Reports and Accreditation Fee

Accreditation is contingent on satisfactory submission and approval of Annual Reports and payment of annual fees. Upon approval of Accreditation, programs are placed on either a spring or fall billing cycle depending on the date of their accreditation. The AEE Office provides the current annual report forms and an invoice for payment at least forty-five (45) days prior to the due date, which is May 1 for the spring cycle and October 1 for the fall cycle. Annual fees are determined according to the current fee schedule and are non-refundable. Accreditation fees are reviewed annually and are subject to change without notice.

The Annual Report includes requests for information and documentation related to risk management, organizational changes, standards compliance, and accident/incident data and trends. It also includes responses to conditions established by Council related to initial accreditation, continuing accreditation or interim actions. The Annual Report is reviewed by a Council member, who presents the report to the Council. Council then determines if any follow up actions are required on the part of the program.

a. New Activities

New activity development is part of the evolution of many adventure programs. A central value of accreditation is the thoughtful implementation of adventure programming. This includes developing policies and procedures prior to starting a new activity. In the event an accredited program chooses to develop a new activity that was not reviewed during the most recent site review, the program is expected to follow the steps below before the activity is implemented into program.

It is expected that programs will adjust their policies and procedures for reviewed and accredited activities between site reviews. This does not constitute the development of a new activity. A new activity is an activity for which a review process has not occurred. The standards for a new activity would have been marked “not applicable” in the most recent SAS.

The process for accrediting new activities is:

1. Organization notifies Director when the decision is made to add a new program
2. The Director sends the organization an adapted SAS that reflects appropriate standards to address the new activity. This includes activity specific standards as well as any other appropriate standards.
3. The Director assigns a Council Liaison to review the SAS.
4. Organization submits SAS to the Director and the Council Liaison.
5. Council Liaison will review responses and evidence within fourteen (14) days of receiving the SAS. Council Liaison works with the organization to address feedback and concerns until SAS is approved to move to Council deliberation.
6. Council Liaison submits a Liaison Report for Accreditation Council deliberation. The Council Liaison’s report will comment on whether the
new activity(s) meets all applicable standards. If appropriate, the Liaison Report could be placed on the consent agenda.

7. Accreditation Council votes on Accreditation of new activity(s) at the next Council deliberation

b. Significant Events (serious accidents, significant leadership changes…)
If an accredited organization experiences an event (i.e. a significant staffing change, significant budget cut or a serious accident, incident or claim) that could have the possibility of affecting its compliance with accreditation standards or its accredited status, an organizational representative must notify AEE in writing. The Accreditation Council may request a written report, meeting or site visit. Failure to notify AEE of such events could result in AEE placing the organization on probation or even result in the withdrawal of accredited status.

3. Continuing Accreditation

a. Apply for Continuing Accreditation
Approximately twelve (12) months prior to the expiration of accreditation, the Director contacts the accredited program regarding continuing accreditation. The program is expected to notify the Director in writing of its intent to continue accreditation within thirty (30) days of receipt of this notice. A Council Liaison is assigned at this time.

The continuing accreditation process mirrors the initial accreditation process. It includes submission of the SAS, approval of the SAS, completion of a site visit, writing the Program Response to Site Visit, creation of the Liaison Report and a determination of continuing accreditation through a Council vote. The entire process should be completed prior to the accreditation expiration date. Organizations applying for continuing accreditation are not required to submit an Annual Report for the cycle that the self-study is submitted.

The Council may grant continuing accreditation for a three, five, or ten year period, confer conditional continuing accreditation, or revoke accreditation. OBH Accreditations are only granted for a term of 3 years.

b. Self-Assessment Study
The SAS is submitted to AEE (in electronic format only with support documentation) to the Director and the Council Liaison at least 6 months prior to expiration date of their current accreditation term. Following approval by the Council Liaison, the review team is selected and the site visit dates are finalized.

c. Grace Period
A grace period is a time when accreditation has expired, but the organization is permitted to apply for reaccreditation without penalty. A grace period must be requested in advance of the organization’s expiration date. Grace periods have a maximum length of six months.
d. Extension
An extension is a continuation of accreditation beyond the expiration date without the organization having completed the process of reaccreditation. Organizations may receive an extension for continuing accreditation if there is a delay on the part of AEE due to circumstances such as inability to coordinate an appropriate review team in the needed time, the Council Liaison is unable to submit the Liaison Report to the Council in a timely manner, or the Council is unable to vote in a timely manner. Extensions will not normally be granted for more than six (6) months and an extension will not change the continuing accreditation cycle or schedule of payments.

4. Accreditation Council Actions for Continuing Accreditation
   a. Grant Continuing Accreditation
   Council may grant continuing accreditation to applicants in compliance with standards or whose Site Visit Response adequately address the findings of the review team by offering additional information or corrective actions and relevant documentation related to standards compliance, and other observations or concerns. Continuing accreditation will be effective for a period of three (3), five (5) or ten (10) years based on eligibility criteria, type of program, and strength of the program review components. These terms of accreditation are consistent with common practices in the field of education.

   Programs that have consistently over time demonstrated the ability to remain in compliance with AEE standards are eligible to be considered for a ten-year term of accreditation. Programs must be granted an initial term of accreditation and two subsequent terms of continuing accreditations to be eligible for such consideration. In addition to completing annual reports, programs granted a ten-year term of accreditation will be subject to a short site-visit, most often done by one reviewer, half way through the accreditation term. The Interim Program Review Process (IPRP) will be conducted by one or two experienced accreditation lead reviewer(s). The review will focus on those elements of the standards that are ongoing, such as supervision, training, inspections, risk management, and program reviews. Some of the interviews may be done by phone before the site-visit.

   OBH Accreditations are designed to be granted for a period of three years. This term of accreditation is consistent with common practices in the mental health field.

   b. Grant Conditional Continuing Accreditation
   Council may grant conditional continuing accreditation to applicants whose Program Response describes insufficient corrective actions that can be revised within a short period of time. The Director will communicate the conditions and deadlines required by the Council to obtain continuing accreditation. The organization responds to the action by providing evidence in writing that the
required changes have been made within the specified period of time. The response must document compliance with terms and conditions set forth by Council and describe specific actions taken to address the concerns. The response is sent to the Director and the Council Liaison, who will determine whether the conditions have been met. Council may review the response from the organization and as a result may take subsequent action such as granting continuing accreditation.

c. Defer Continuing Accreditation
Council may defer continuing accreditation to applicants whose Program Response includes inappropriate or insufficient responses or that require considerable revisions that cannot be completed prior to the next annual report. The Director communicates the conditions and deadlines set forth by Council required to obtain initial accreditation.

d. Deny Continuing Accreditation
Council may deny continuing accreditation to applicants not in compliance with the standards or whose response to conditional continuing or deferred accreditation describes unacceptable corrective actions that cannot be revised prior to the next annual report.

5. Warnings
Organizations will be notified by phone by the Director about an interim action taken by the Accreditation Council. A follow-up letter or email will be sent by AEE detailing specific conditions of the interim action.

a. Warning
The Accreditation Council may warn an organization at any time if:
1. there is evidence that an accredited organization is out of compliance with applicable standards, or requirements for deferral or conditional accreditation have not been met in a timely manner;
2. an interim report or fees are late,
3. a deadline set by the Accreditation Council for any other action is not met;
4. the organization does not disclose information about a significant event to AEE in a timely manner.

b. Response to a Warning
The organization will respond to the specific context and conditions of a warning by providing evidence in writing that the required changes have been made within the specified period of time. The response must document compliance with terms and conditions set forth by Council at the time of the warning, and describe specific actions taken to address the warning. The format is similar to the Site Visit Response, addressing specific observations or concerns and unmet standards that are related to the warning. The response is sent to the Director and the Council Liaison.
c. Withdrawal of AEE Accreditation
An organization may withdraw from the accreditation process at any time. The organization must notify the Director of its decision in writing. If the organization withdraws after the site visit has been conducted, it is responsible for costs, expenses or financial commitments incurred by AEE or AEE volunteers up to the point of withdrawal.

d. Termination of AEE Accreditation
The Accreditation Council is responsible for safeguarding the integrity of the Accreditation Program. Therefore, the Council reserves the right to temporarily delay, suspend or terminate the accreditation process of any organization for any reason. If it appears that an incident, accident, related circumstances or any other issues affect the accreditation process or the organization under review in a negative manner, the Council will review the status of the organization. This delay, suspension, or termination can occur at any stage in the accreditation process.

6. Appeals
Organizations have the right to appeal any decision made by Council. The process for appealing a decision is as follows:

1. The organization submits a written intent to appeal to the Director within thirty (30) days of written notification of decision.
2. The CEO of AEE appoints an Appeals Panel whose members are acceptable to the organization and the Council within 30 days of written intent to appeal by the organization. The panel includes the Council Liaison to the organization and no less than two (2) additional fair and impartial persons. The CEO of AEE appoints a Chair of the panel. The Council Liaison may not be appointed as Chair. When the Appeals Panel is formed, AEE will notify the organization.
3. The written appeal is sent to AEE and Appeals Panel members within thirty (30) days of written notification of formation of the panel. The written appeal must clearly indicate the specific focus of the appeal and provide relevant support documentation.
4. The Appeals Panel considers the written appeal within sixty (60) days of receipt. The panel may ask for additional information, may ask to meet with the organization, or request a follow up site visit.
5. The Appeals Panel affirms the Council decision or makes a recommendation that alternative action be taken.
6. The Chair of the Appeals Panel sends a written report to AEE and the Council Liaison who presents it to Council.
7. Council votes on the recommendations within thirty (30) days of receipt of the report. The decision of the Council is final.
8. The Chair of the Accreditation Council submits the decision in writing to the organization and to AEE.
9. Expenses related to the appeals process will be reimbursed to the prevailing party by the other upon submission of appropriate documentation of such expenses.

7. Ethics of Accreditation

Organizations may not misrepresent their accredited status to the public or its clients. Council retains the right to release information or reports, when necessary, to correct or clarify inaccurate information released by an organization or other sources. Requests for information regarding organizations that are listed as “AEE Accredited” should be directed to AEE. The only information that shall be released regarding non-accredited programs is that the program is not AEE accredited. A list of accredited organizations is maintained on the AEE website.

F. Accreditation Program Forms

Many of the forms related to the Accreditation Program may be found on the AEE website in the Standards section.

Appendix A: Accreditation Program Ethical Guidelines

1. Confidentiality

All materials associated with a site visit (e.g., written materials, verbal comments, other reviewer’s comments) are confidential. The deliberations, status, and results of a site visit are reported to appropriate members of the organization, AEE staff, and the Accreditation Council.

2. Affiliation

Reviewers act as agents for AEE. In serving as such agents, reviewers follow the mission statement and other policies set forth by the Chief Executive Officer, AEE Board of Directors, and the Accreditation Council. Reviewers make it clear to the organization that it is the role of the Accreditation Council to make decisions concerning accreditation.

3. Competence

Reviewers promote and conduct activities within the level of their competence. Reviewers proactively stay abreast of current information in the field and participate in on-going professional efforts to maintain their knowledge, practice, and skills as a reviewer.

4. Professional Conduct

Reviewers conduct activities with honesty, fairness, and respect, both in interactions with other reviewers and organization personnel. This includes, but may not be limited to the following:

a. making no false, misleading, or deceptive statements when describing personal qualifications or reporting findings of the review;

b. being aware of how their own belief systems, values, needs, and limitations affect the review process;

c. being clear with program staff as to their roles and obligations as a reviewer;
d. accepting responsibility for their behavior and decisions;

e. possessing an adequate basis for professional judgments;

f. respecting the fundamental rights, dignity, and worth of program staff;

g. striving to be sensitive to cultural and individual differences - including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, and socioeconomic status;

h. not engaging in sexual or other harassment or exploitation of program staff and participants.

i. avoiding involvement in situations where personal problems or conflicts will impair judgment.

j. 6. Right to Autonomous Decisions and Feedback

Reviewers respect the right of program staff to make autonomous decisions and assist them in understanding the consequences of their choices. Reviewers also provide appropriate opportunities to discuss the results, interpretations, and conclusions reflected in the Site Visit Report.

7. Permission to Observe

Reviewers obtain consent from appropriate organization staff prior to beginning observations. This includes having the program obtain consent (written where appropriate) from participants for reviewers to observe programming.

8. Social Responsibility

Reviewers are aware of their responsibility to the program being reviewed, AEE, and the profession. Responsibilities include, but are not limited to, appropriately encouraging the development of standards and policies that serve the field and the public and respecting the rights and dignity of others.

9. Dual Relationships

Reviewers avoid situations that may result in actual or perceived conflict of interests. This is accomplished by intentionally avoiding dual relationships with organization staff and participants that could impair professional judgment. This includes, but is not limited to, business relationships or personal relationships such as staff recruitment or consultation.

10. Professional Courtesy

Reviewers are guests of the program being reviewed. In this light, reviews are conducted as unobtrusively as possible. Reviewers are also careful not to become involved with internal politics existing outside the purview of the site visit.

11. Timeliness

Reviewers are expected to provide oral and written feedback to the organization, AEE staff, and the Accreditation Council in an appropriate and timely manner.
12. Financial Compensation
Requests for compensation will be for legitimate expenses related to the Accreditation Council business and site visits will be submitted in a timely fashion.

Appendix B: Experiential Education

Experiential education is a philosophy and methodology in which educators purposefully engage with learners in direct experience and focused reflection in order to increase knowledge, develop skills, and clarify values.

The principles1 of experiential education practice are:

- Experiential learning occurs when carefully chosen experiences are supported by reflection, critical analysis, and synthesis.
- Experiences are structured to require the learner2 to take initiative, make decisions, and be accountable for results.
- Throughout the experiential learning process, the learner is actively engaged in posing questions, investigating, experimenting, being curious, solving problems, assuming responsibility, being creative, and constructing meaning.
- Learners are engaged intellectually, emotionally, socially, soulfully, and/or physically. This involvement produces a perception that the learning task is authentic.
- The results of the learning are personal and form the basis for future experience and learning.
- Relationships are developed and nurtured: learner to self, learner to others, and learner to the world at large.
- The educator3 and learner may experience success, failure, adventure, risk-taking, and uncertainty, because the outcomes of experience cannot be totally predicted.
- Opportunities are nurtured for learners and educators to explore and examine their own values.
- The educator's primary roles include setting suitable experiences, posing problems, setting boundaries, supporting learners, insuring physical and emotional safety, and facilitating the learning process.
- The educator recognizes and encourages spontaneous opportunities for learning.
- Educators strive to be aware of their biases, judgments, and preconceptions, and how these influence the learner.
- The design of the learning experience includes the possibility to learn from natural consequences, mistakes, and successes.

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1 The priority or order in which each professional places these principles may vary.
2 There is no single term that encompasses all the roles of the participant within experiential education. Therefore, the term "learner" is meant to include student, client, trainee, participant, etc.
3 There is no single term that encompasses all the roles of the professional within experiential education. Therefore, the term "educator" is meant to include therapist, facilitator, teacher, trainer, practitioner, counselor, etc."