



ACCREDITATION PROGRAM MANUAL

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I. Introduction

The Accreditation Council reserves the right, at any time, to evolve and improve the practices outlined in this Program Manual.

A. *The Association for Experiential Education*

AEE MISSION

To elevate and expand the global capacity of experiential education by:

Building an inclusive and accessible community for experiential education professionals that is firmly rooted in the philosophy, principles, and practices of experiential education.

Supporting the academic research, publication and dissemination of authoritative information for promoting, implementing, and advancing the philosophy, principles, and practices of experiential education.

Presenting our collective resources and knowledge to supportive public audiences to elevate and advocate support for the expansion of experiential education.

B. *Accreditation*

AEE accreditation is a voluntary process of organizational development that results in the international recognition of an accredited program after an 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 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 by AEE that an organization 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 to deny or withdraw 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 such changes 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 purpose of the Accreditation Program is to advance the professional practices of organizations that utilize adventure-based experiential education.

The primary goals of the AEE Accreditation Program are to:

- set standards of practice,
- provide education in furtherance of its purpose, and
- assess organizations for quality assurance.

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 volunteer accreditation reviewers.

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 Council 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 at the time the organization or program was reviewed.

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 AEE accreditation standards and that those practices appear to be acceptable.

While many AEE Accreditation Program standards focus on risk management practices, 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:

- The organization must operate in a manner consistent with AEE's vision and mission, definition of experiential education, and ethical standards.
- The organization must offer at least one of the technical activities listed in the applicable accreditation manual published by AEE.
- The organization must have been in operation for at least one year prior to hosting an accreditation site visit.
- The organization must be a separately identifiable entity. Any identifiable entity such as an entire organization or a subunit 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.

Organizations that use clinical mental health services as a regular part of their programming apply for Outdoor Behavioral Healthcare (OBH) accreditation. Those that do not, apply for Adventure Program (AP) accreditation. Organizations that have clearly identifiable programs that offer both AP and OBH experiences may apply for dual OBH and AP accreditation.

II. The Standards

A. Manuals of Accreditation Standards

The Accreditation Council publishes the criteria for AEE Accreditation in the following:

- *Manual of Accreditation Standards for Adventure Programs.* These standards are applied to a wide range of adventure programs that use experiential education pedagogy. These programs do not provide clinical mental health services as a central part of their adventure programming.
- *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 Template*. 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 and mission 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 it is expected that the standard 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 accreditation 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 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: (see [Appendix A](#) for a one page outline of the accreditation process)



- Application by organization seeking accreditation
- Self-assessment by organization seeking accreditation
- Review and approval of self-assessment by Council Liaison
- Site visit by accreditation program reviewers
- Program response to the site visit
- Evaluation by Accreditation Council
- Maintenance of accreditation by accredited organization

A. Application for Accreditation

Request for Information

The organization contacts AEE for application materials including the application form and fee schedule. Electronic copies of the application materials are available and are the required method of distribution and submission. The Director is available to answer questions regarding the application.

Submission of 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. Programs that offer both adventure experiences and Outdoor Behavioral Healthcare may apply for dual Adventure and Outdoor Behavioral Healthcare accreditation.

Acceptance of Application

The Application is assessed for eligibility by the Director. 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, and the *Self-Assessment Study Template* in electronic format. Upon acceptance of the application, programs have up to two years to complete the self-assessment study and schedule a site visit. However, it is recommended that the organization complete the accreditation process within 12 months. This allows for more consistency in what is reported in the SAS and the practices observed in the 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 pursuing AEE accreditation.

Designation of 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 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 present this material to the Accreditation Council.

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, because it is such a strong tool for organizational development. 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 and programmatic development.

A central 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 is not applicable, the standard should be marked "Not Applicable" (N/A) with a brief description explaining why. All activities offered by an organization that are listed in the standards manual, regardless of the frequency that 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. The site visit review team uses the SAS as a tool to help them assess an organization's compliance with

AEE accreditation standards, and it is only approved as ready for use when deemed a tool that can be effectively utilized for this purpose.

Prepare the Self-Assessment Study

The SAS is a major undertaking that should include input from employees representing the entire structure 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 takes 9 to 24 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. Instructions in the SAS Template document are provided for reference regarding how to complete the SAS. The Council Liaison should be included early in the process so that they can provide input and feedback in its design and completion. They should also be consulted regarding which standards do not apply.

The SAS must be supplied to AEE in a format that is easily shared with reviewers, the Accreditation Council and suitable for secure storage for record keeping purposes after accreditation is conferred. Most programs use Google Drive to author and share the SAS.

Submit Self-Assessment Study

The completed SAS is submitted to the Council Liaison for approval.

Review the Self-Assessment Study

Within 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, submitted in the proper format, and is a useful tool for the site visit team, thus justifying proceeding with the site visit. Approval of these materials in no way expresses or implies that all standards are met or that the organization will be granted accreditation.

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

Prepare for Site Visit

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 recommendations to the Accreditation Council or to the organization under review. Their task is to ascertain whether or not AEE accreditation standards are being met.

a. Scheduling

Once the self-assessment has been submitted to AEE and approved by a liaison from the Accreditation Council, select dates for the site visit and coordinate logistics with the AEE Director of Standards Development and Accreditation. Dates should be selected that are no sooner than 8 weeks after submission of the self-assessment. Dates for the site visit must be scheduled for a time when there is *programming in the field* so that the review team can observe field operations and talk to staff (e.g., climbing, biking, water activity, backpacking, etc.). Dates may be scheduled during the week and over the weekend as necessary. The program is responsible for putting together a tentative schedule for the site visit. This schedule is reviewed and approved by the lead reviewer and then travel arrangements for the review team will be made. On-site interviews are typically conducted with the author of the SAS, instructors or faculty, program director or coordinator, program management, and relevant administrators (HR, admissions, Head of School, etc.). Some interviews (such as with a member of the Board of Directors, etc.) can be scheduled via phone.

b. Review Team Composition

AEE reviewers are individuals who have the requisite experience to interpret the standards that are applicable to the organization being reviewed. Most reviews are staffed with two to four reviewers. The number of reviewers assigned depends on whether the review is for an initial accreditation or re-accreditation, as well as the size and complexity of the organization, and whether a field visit take extra time to arrange. The review team will have studied the self-assessment prior to arriving. Reviewers do not receive compensation for their time on reviews, but their expenses are reimbursed by the program seeking accreditation.

See [Appendix B](#) for “AEE Accreditation Program Reviewer Ethical Guidelines”

c. Length of Site Visit

Most site visits are 2 1/2 days in length, with a “pre-day” evening dinner meeting with the review team or lead reviewer to go over the schedule, get to know each other, etc. Depending on the size and scope of the program, some reviews may have an extra day. A typical schedule often looks something like this:

Monday: evening dinner meeting from 6:00 pm – 7:30 pm.

Tuesday: 8:00am- 5:00pm - full review day: interview staff and administrators, observe activities, etc.

Wednesday: 8:00am – 5:00 pm – full review day: interview staff, inspect files, vehicles, equipment, and observe activities.

Thursday: 8:00am -12:00pm - final prep by the review team and exit interview with program staff. The exit interview typically last 1 – 1 1/2 hours. The review team will share their initial findings during the exit interview and give an overview of the “next steps” in the accreditation process.

d. Lodging, Food and Transportation

The review team will need accommodation for the length of the review. Lodging may be on-site (if available and appropriate), or at a nearby hotel or Airbnb. Mixed gender or teams of three will require two rooms. The program is responsible for arranging lodging. Reviewers can eat some meals on-site (if available), and/or at restaurants nearby. Most reviews require a rental car for the review team to get to and from the airport and to travel to programming sites.

e. Workspace

The review team will require a dedicated on-site private workspace (with an internet connection if possible) to set-up their laptops, review paperwork, and meet throughout the day. A conference room or unused office space will typically suffice.

f. Expenses

The program seeking accreditation is responsible for reimbursement of all reviewer expenses including transportation (airfare or mileage), rental car, food, and lodging. AEE attempts to reduce the cost by finding reviewers that live in the same region as the organization that is being reviewed. However, this is not always possible, in which case reviewers may need to fly to the nearest airport and rent a car.

Reviewers pay for most of their expenses up-front and then submit expense reimbursement forms to AEE with all receipts after the review. Reviewers are reimbursed by AEE. AEE then submits an itemized invoice of reviewer expenses to the program after the review with 30-day net terms.

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. The findings presented during the exit interview are a draft and some aspects may be refined or changed during the editing process of the site visit report outlined in the next section.

Site Visit Report

The Lead Reviewer submits the completed Site Visit Report to the Director and Council Liaison within 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 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:

- “Met” for standards for which there is evidence of compliance in the SAS and at the time of the site visit.
- “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.
- “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.

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, with supporting evidence, a timeline for completion, 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 are not required to submit the Program Response.

Comments or recommendations regarding feedback on the standards, the site visit, reviewers, or the accreditation process do not belong in this response and should be sent separately via the Organization Evaluation of the Accreditation Program. This document is sent out with the certificate of accreditation. The Program Response is sent to the Director within 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 and a time frame for completion.
5. Programs are not required to respond to the observations listed in *Section C. Other Observations*.

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. 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. The Council will consider whether to accept or amend the time frame suggested by the organization seeking accreditation.

Review of the Program Response to Site Visit Report

The Council Liaison reviews the Program Response. If there are questions or concerns regarding the Program Response, the Council Liaison contacts the organization, whomever is appropriate. The organization may elect to revise or supplement the Program Response.

D. Evaluation by Accreditation Council

Liaison Report

The Council Liaison writes the Liaison Report within 14 days and disseminates it to Council members within seven 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.

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 a 60% majority of the votes cast.

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 days, and prior to any other related notice or announcement.

Accreditation Council Actions for Initial Accreditation

When voting on initial accreditation, the Council has four options to consider:

a. Grant Initial Accreditation

The Accreditation Council may grant Initial Accreditation for a three-year term to both Adventure Programs (AP) and Outdoor Behavioral Healthcare Programs (OBH). Applicants who are in compliance with all applicable 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.

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 and follows up to ensure compliance.

c. Defer Initial Accreditation

Council may defer initial accreditation vote to applicants whose Program Response includes unacceptable or insufficient responses or that require considerable revisions. The Director communicates the conditions and deadlines set forth by Council required to be completed before an accreditation vote can be scheduled.

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 in a reasonable amount of time. The Director communicates this decision to the organization. A denial indicates significant changes need to be made in order to achieve accreditation. Organizations that have been denied initial accreditation are welcome to re-apply.

Organization Response to Accreditation Outcome

a. Response to conditional or deferred accreditation

When Council acts to grant conditional or deferred accreditation, the organization will 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 the 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 and the Council Liaison reviews the response from the organization. At that point, the Director may confirm initial accreditation on behalf of the Accreditation Council, 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 7. Appeals).

E. Maintenance of Accreditation

Submit Accreditation Program Evaluation and Pay Fee

When the Council confers accredited status, 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 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.

Submit Annual Reports and Accreditation Fee

Maintaining accreditation is contingent on satisfactory submission and acceptance of Annual Reports and payment of annual fees. Upon approval of Accreditation, organizations are placed on either one of two billing cycles depending on the date of their accreditation. The AEE Office provides the current annual report forms and an invoice for payment at least 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 Liaison 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 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 its programming.

Programs are expected to 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:

- Organization notifies Director when the decision is made to add a new activity.
- 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.
- Organization submits the adapted SAS to the Director and the Council Liaison.
- Council Liaison and Director will review responses and evidence within fourteen days of receiving the SAS. Council Liaison works with the organization to address feedback and concerns.
- When the Council Liaison and Director determine that the SAS is adequate the new activity is approved. A record of this approval is documented appropriately.

Note: sometimes a new activity is discovered during the annual report process by a council liaison. When this occurs, the liaison is to notify the Director so as to initiate the process outlined above.

b. Significant Events (serious accidents, significant leadership changes...)

If an accredited organization experiences a significant event (i.e. a significant staffing change, significant budget reductions, or a serious accident, incident or claim, new program acquisition, and significant growth), an organizational representative must notify the Director in writing. The Accreditation Council may request a written report, a meeting, or a site visit. Failure to respond may result in the withdrawal of accredited status.

Continuing Accreditation

a. Apply for Continuing Accreditation

Approximately twelve 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 days of receipt of this notice.

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 to Adventure Programs for a three, five, or ten-year period. OBH Accreditations are granted for a term of three or five years. If continuing accreditation is inappropriate, the Council may also grant, defer, or revoke accreditation.

b. Self-Assessment Study

The Self-Assessment Study (SAS) is submitted to AEE (in electronic format only with support documentation) to the Director and the Council Liaison at least six months prior to expiration date of their current accreditation term. This will allow enough time to review the study, conduct a site visit, write the site visit report, receive the organizational response, write the liaison report, and have the Accreditation Council vote. Following approval by the Council Liaison, the review team is selected and the site visit dates and logistics are finalized.

If the SAS is received less than six months prior to the expiration date, AEE will do what it reasonably can to schedule a review prior to the expiration date, along with the other steps in the process, but is not obligated to do so. In this situation, if the expiration date arrives before these steps take place, the accreditation will expire. In this type of situation, it is recommended that the program applies for a Grace Period.

c. Grace Period

A grace period must be requested in advance of the organization's expiration date if they anticipate not being able to complete the re-accreditation process in a timely manner. A grace period is a time when accreditation has expired, but the organization is permitted to complete the re-accreditation process without penalty. Grace periods have a maximum length of six months from the accreditation expiration date.

Penalties could include:

- Needing to re-apply to begin the accreditation process and pay the application fee again.
- A shorter term of accreditation.

d. Extension

An extension is a continuation of accreditation beyond the expiration date without the organization having completed the process of re-accreditation. An extension will be granted if the Self-Assessment Study has been submitted in a timely manner but there is a delay on the part of AEE for any of the following reasons:

- AEE is unable to put together and support the site visit in a timely manner.
- The liaison to the organization is unable to submit the liaison report to the Accreditation Council in a timely manner.
- The Accreditation Council is unable to vote on the liaisons motion in a timely manner.

Extensions will not normally be granted for more than six months and an extension will not change the continuing accreditation cycle or schedule of payments.

An extension will not be granted if there is a delay on the part of the organization. The burden of submitting the SAS in a timely manner falls to the organization regardless of difficulties it may be dealing with. The greater the difficulties the organization is facing, the greater the concern that the organization may be out of compliance with AEE standards.

e. Consequences of expired accreditation:

- Removal from the list of accredited organizations on the AEE website.
- The organization must remove any mention of being accredited from their marketing materials.

Accreditation Council Actions for Continuing Accreditation

a. Grant Continuing Accreditation for Adventure Programs

The Accreditation Council may grant Continuing Accreditation for a three, five, or ten-year period.

The Accreditation Council will determine whether an AP applicant is granted a three, five or ten-year continuing accreditation. A five or ten-year continuing accreditation is a measure of the Council's confidence in compliance and is based on the following factors:

- Organizational stability
- Significant turnover in organizational leadership
- Patterns of unmet standards

To be to be considered for a ten-year term of continuing accreditation, programs must have been granted an initial term of accreditation and two subsequent terms (the most recent must be a five-year term) of continuing accreditations.

Further considerations to inform decision making might include, but are not limited to

- the number and nature of unmet standards,
- the organization's response to unmet standards,
- the quality of the self-assessment and application and the collaborative spirit/professionalism with which the applicant approaches the accreditation process,
- the compliance with all applicable standards,
- the satisfactory submission and approval of Annual Reports,
- the payment of annual accredited member fees,
- the applicant's history, including:
 - how long the applicant has been in business;
 - size and scope of the program;

- history of incidents and documented response, i.e., did analysis and review inform safety practices, training and curriculum, etc. What was the resolution of the incident with the individual(s) affected;
- history of demonstrating sound safety, risk management, and program quality practices;
- program's mechanisms for measuring program quality and participant satisfaction;
- whether the applicant has internal safety and/or risk management oversight and conducts its own reviews of a scope and nature deemed satisfactory by the Council; and
- whether the program had the same unmet standards on the previous review.

Note: If granted a ten-year continuing accreditation term, applicants will be subject to a short site visit midway through the accreditation term. This Interim Program Review Process (IPRP) will be conducted by 1 or 2 experienced accreditation 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.

b. Grant Continuing Accreditation for Outdoor Behavioral Healthcare Programs

The Accreditation Council may grant Continuing Accreditation valid for a three, or five years.

The Accreditation Council will determine whether an OBH applicant is granted a three or five-year continuing accreditation. A five-year continuing accreditation is a measure of the Council's confidence in compliance and is based on the following factors:

- Organizational stability
- Significant turnover in organizational leadership
- Patterns of unmet standards
- the number and nature of unmet standards,
- the organization's response to unmet standards,
- the quality of the self-assessment and application, and the collaborative spirit/professionalism with which the applicant approaches the accreditation process,
- the compliance with all applicable standards,
- the satisfactory submission and approval of Annual Reports,
- the payment of annual accredited member fees,
- the applicant's history, including:
 - how long the applicant has been in business;
 - size and scope of the program;
 - history of incidents and documented response, i.e., did analysis and review inform safety practices, training and curriculum, etc.

What was the resolution of the incident with the individual(s) affected;

- history of demonstrating sound safety, risk management, and program quality practices;
- program's mechanisms for measuring program quality and participant satisfaction;
- whether the applicant has internal safety and/or risk management oversight and conducts its own reviews of a scope and nature deemed satisfactory by the Council; and
- whether the program had the same unmet standards on the previous review.

c. Grant Conditional Continuing Accreditation

Council may grant conditional continuing 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 and follows up to ensure compliance. If the condition deadlines are not met, accreditation will be removed until the conditions are met.

d. Defer Continuing Accreditation

Council may defer continuing accreditation vote to applicants whose Program Response includes unacceptable or insufficient responses or that require considerable revisions. The Director communicates the conditions and deadlines set forth by Council required to be completed before an accreditation vote can be scheduled. If the current period of accreditation has not already expired accredited status is withdrawn until a new term of accreditation is approved by the Accreditation Council.

e. Deny Continuing 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 in a reasonable amount of time. The Director communicates this decision to the organization. A denial indicates significant changes need to be made in order to achieve accreditation. Organizations that have been denied initial accreditation are welcome to re-apply.

Organization Response to Accreditation Outcome

a. Response to conditional or deferred accreditation

When Council acts to grant conditional or deferred 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 the 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 and the Council Liaison review 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 7 Appeals).

Warnings

Organizations will be notified by phone by the Director of a warning given by the Accreditation Council. A follow-up letter or email will be sent by AEE detailing specific conditions of the warning.

a. Warning

The Accreditation Council may warn an organization at any time if:

- 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;
- An Annual Report or fees are late;
- A deadline set by the Accreditation Council for any other action is not met; or
- 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 for review and approval.

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 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.

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 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 fewer than two 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 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 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 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.

Misrepresenting Accredited Status

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. 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: Outline of the AEE Accreditation Process.

Application

- Organization submits application and application fee
- AEE Director of Standards Development and Accreditation (Director) determines eligibility and, if eligible, sends letter of acceptance and materials
- Director designates Council Liaison

Self-Assessment Study (SAS)

- Organization conducts Self-assessment Study (SAS)
- Organization works with Council Liaison to complete SAS (i.e., submitting sections of SAS to get feedback from Council Liaison), making necessary improvements to meet AEE Accreditation standards
- Organization submits completed SAS to Council Liaison for approval (at least 90 days prior to site visit)
- Council Liaison reviews SAS within 21 days of receipt of formal submission
- Council Liaison approves site visit when SAS is deemed adequate

Site Visit

- The site visit process must be completed within six months of approval of the SAS
- Director and organization schedule site visit (must have date set within 21 days of approval of the SAS)
- Director forms review team
- Organization prepares for site visit
- Site visit is conducted
- Lead Reviewer submits Site Visit Report to Council Liaison within 14 days of site visit completion
- Council Liaison approves final report
- Director provides report to organization within 30 days of the site visit
- Organization submits Program Response to Site Visit Report within 60 days of receiving Site Visit Report
- Council Liaison reviews the Program Response to Site Visit Report

- Council Liaison writes Liaison Report within 14 days of receiving the Program Response to Site Visit Report
- Council Liaison provides Liaison Report to Council within seven days of the next scheduled deliberation
- Accreditation Council votes on Accreditation
- Director notifies organization of results within seven days of the deliberation (if status is conditional or deferred, the program responds within the time frame designated by the Council)
- If Accredited, congrats! Director sends Certificate of Accreditation and invoice for Accredited Organization Membership
- Organization submits Program Evaluation and pays Accredited Organization membership fee within 30 days of Council vote

Maintenance

- Organization notifies Director of incidents, new activities, major changes, etc. as they occur
- The AEE office sends the organization the Annual Report Form and an invoice at least 45 days prior to the due date of the billing cycle
- Director sends notice 12 months prior to the expiration of accreditation
- Organization informs Director in writing of their intent to pursue Continuing Accreditation within 30 days of receiving notice
- Organization submits SAS at least six months prior to expiration of accreditation

Appendix B: AEE Accreditation Program Reviewer Ethical Guidelines.

1. Confidentiality

All materials associated with a site visit (for example, 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 ongoing 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; and
- i. Avoiding involvement in situations where personal problems or conflicts will impair judgment.

6. Right to Autonomous Decisions and Feedback

Reviewers respect the right of program staff to make autonomous decisions and if appropriate assist them in understanding the consequences of their choices as they pertain to the accreditation process. Reviewers also provide appropriate opportunities to discuss the preliminary results, interpretations, and preliminary conclusions of the review with appropriate staff before the exit interview.

7. Permission to Observe

The organization under review will obtain consent from appropriate organization staff and participants prior to beginning site visit observations.

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 AEE within 14 days of the site visit.

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 C: 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.

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.

- 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 influences the learner.
- The design of the learning experience includes the possibility to learn from natural consequences, mistakes, and successes.

Appendix D: Responding to Complaints about Accredited Organizations

Overview: The AEE, aware of the value of information from the public, will receive complaints against its accredited institutions but pursue only those complaints that bear upon the institution's meeting AEE's accreditation standards. Because the complaint process is intended to pursue only those matters that suggest substantive non-compliance by institutions, the AEE shall expect individuals who have a personal dispute with an institution to use other internal and external grievance mechanisms, particularly the internal grievance procedures of the institution, to resolve the dispute. In no case will the AEE use the complaint process to seek redress or to fashion an individual remedy with an institution on behalf of a complainant.

Details:

- The AEE will consider no complaint that concerns facts or circumstances that took place more than five years from the date the complaint was received by the AEE.
- All complaints must be in writing and signed by the complainant although the AEE may at its discretion consider other complaints where warranted subject to the requirements in Additional Information (below).

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."

- The AEE will acknowledge a complaint promptly and within 30 working days of receipt will advise the complainant whether or not the complaint warrants consideration by the AEE.
- If the AEE determines a complaint warrants further consideration, the AEE will give the institution named in the complaint an opportunity of 30 days to respond to the complaint or to a summary of the complaint if the complainant requests confidentiality of identity or documents, before the AEE completes its review and makes a decision regarding the complaint.
- The AEE may require that the institution file a follow-up report or, upon approval by the AEE Accreditation Council, may schedule a focused review to the institution regarding issues raised by the complaint. Such follow-up review may lead to further actions or withdrawal of accreditation following AEE policies and procedures related to such actions.
- The AEE reserves the right to reject any complaint that contains defamatory statements.

When the AEE receives a complaint(s) about an institution that has an impending site visit and that raises questions about the compliance of the institution with AEE accreditation standards, it will forward the complaint(s), or a summary thereof, to the attention of the leader of the site visit team for consideration instead of, or in addition to, the regular review the AEE might undertake regarding a complaint. The review team will notify the AEE Director of Standards Development and Accreditation of its findings, either in the site visit report, or in a separate memo.

Additional Information: In addition to pursuing complaints, the AEE may initiate an inquiry in response to any information that gives reason to be concerned about the institution's meeting one or more of AEE's accreditation standards.