



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

August 14, 2025

Ed Seidel, PhD
President
University of Wyoming
1000 E. University Avenue
Laramie, WY 82071

Dear President Seidel,

At its meeting on July 16-19, 2025 the Commission on Accreditation (CoA) conducted a review of the doctoral PhD program in Clinical psychology at the University of Wyoming. This review included consideration of the program's most recent self-study report, additional correspondence regarding a program director change dated August 24, 2023, the preliminary review ("admin review"), the program's response to preliminary review, the report of the team that visited the program on April 10-11, 2025, and the program's response to the site visit report.

I am pleased to inform you that the CoA voted to reaffirm accreditation of the program, with its next site visit scheduled to be held in **2035**. This decision is based on the CoA's professional judgement that the program has demonstrated that it adheres to the *Standards of Accreditation for Health Service Psychology* (SoA). The current record indicates that a full review of the program is warranted within 10 years of the last site visit, including interim reporting (see Implementing Regulation (IR) D.4-8a: Doctoral Interim Reporting), to ensure continued adherence to the Standards. The program will be listed among accredited programs in health service psychology on the accreditation web pages. The Commission encourages you to share information about your program's accredited status with agencies and others of the public as appropriate.

Drs. Matthew Grilli and Janay Sander recused and therefore did not participate in the discussion and vote on this program.

The Commission recognizes the quality of training provided by the program and deems it in substantial compliance with the *Standards of Accreditation*. The Clinical PhD program at the University of Wyoming follows a scientist-practitioner model in which clinical and research training are integrated and of increasing complexity as students advance in the program. The program resources and physical infrastructure are sufficient for the program to carry out its training mission. Regular assessment for the purpose of program improvement includes formal and informal student feedback and participation in program governance. Students admitted are well-qualified and a good fit for the program model. Program leaders are well suited for their respective roles, and all faculty are highly qualified. The program website and handbooks generally provide accurate information about the program.

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Accreditation is a process that encourages improvement through continuous self-study and review. The CoA has identified items that represent areas that require additional attention. Please navigate to the “Follow-Up” tab in the CoA Portal to respond to this feedback.

Standard I: Institutional and Program Context

I.D.4:

Additional information is needed regarding the program’s retention of student records and complaints. In response to preliminary review (PR) the program states that "Records related to student evaluations, assessments and attendance will be retained for 5 years after completion of the program, then destroyed. Records related to student discipline or citizenship will be retained for 7 years completion of the program, then destroyed" (Standard I.D.4). It is not clear how this retention policy is consistent with Standard I.D.2, which requires programs to “document and maintain accurate records of each student’s education and training experiences and evaluations for evidence of the student’s progression through the program, as well as for future reference and credentialing purposes.” Also, the program's response to PR did not address the retention of student complaints; such records must be retained since the last site visit to be consistent with IR C-6 D: Record of Student Complaints in CoA Periodic Review and Standard I.D.4. Therefore, by **September 1, 2026**, the program is asked to explain how its 1) student record retention policy and 2) complaints/grievances retention policy are in compliance with Standard I.D.4 and IR C-6 D.

Standard II: Aims, Competencies, Curriculum, and Outcomes

II.B.1.b:

Additional information is required on how the program provides assessment of supervision and consultation and interprofessional/interdisciplinary skills, consistent with IR C-8 D: Profession-Wide Competencies (PWCs). The revised Table 3 (Appendix II.B.1.b.1.2) indicates that the Practicum Evaluation Form (Appendix II.B.1.b.2.7) and Clerkship Evaluation Form (Appendix II.B.1.b.2.8) are used to assess both the supervision and consultation PWCs. For supervision, the items on the evaluation form do not reflect all of the elements in Table 3. For consultation, the forms do not appear to evaluate the element of "Demonstrates knowledge of consultation models and practices." The program is reminded that it must assess student performance at the level of the elements and provide feedback to students at the element level, per IR C-18 D: Outcome Date for Doctoral Programs. Therefore, by **September 1, 2026**, the program is asked to demonstrate how students are evaluated and provided feedback at the element level for the elements identified in Table 3 for both 1) supervision and 2) consultation and interprofessional/interdisciplinary skills.

It is also unclear how the program provides sufficient *coverage* in the PWC of consultation and interprofessional/interdisciplinary skills. Table 3 identifies PSYC 5450/5460: *Clinical Practicum* and PSYC 5790: *Clerkship* as providing coverage in this required PWC. However, a syllabus for PSYC 5790 could not be located in the self-study and the syllabi for PSYC 5450/5460 do not seem to explicitly include evidence of exposure to consultation models and practices. By **September 1, 2026**, the program is asked to provide evidence for how students are exposed to consultation and interprofessional/interdisciplinary skills, consistent with IR C-8 D.

Also, PSYC 5790 is listed as providing coverage in multiple other PWCs, with a composite grade of "B" listed as the minimum level of achievement (MLA). However, as noted above, no syllabus was provided so the course requirements and grading could not be examined. The program is therefore asked to provide a syllabus for PSYC 5790: *Clerkship* by **September 1, 2026**.

In PR the program was asked to clarify the MLA on the Graduate Student Assessment form (Appendix II.B.1.b.2.3) given that the MLA was identified as a 3 or higher in Table 3, yet the instructions on the form indicate that a 4 is the “lowest level of meeting expectations.” In response, the program explains that “The form itself is a bit unclear, but as a Department, we recognize the 3 on the 7-point scales as being the lowest level of meeting expectations for the student’s level of training in evaluating their performance on each program milestone” (PR- Response, Standard II.B.1.b). By **September 1, 2026**, the program is asked to provide a revised form that is consistent with the MLA used in practice by the program.

II.B.3:

The program’s telesupervision policy could not be located. The program indicates that its telesupervision policies are on pages 11-12 of UWPC Policy and Procedures Manual (Appendix II.B.3.1.2); however, this policy could not be found in the document. The Clinical Program Handbook (Appendix I.D.1.2.1) describes some telesupervision experiences available, but no specific policy was located. Therefore, by **September 1, 2026**, the program is asked to provide a telesupervision policy consistent with all the requirements outlined in IR C-13 D: Telesupervision, and to clarify how this policy is provided/communicated to students.

II.D.1.a:

In PR the program was asked to provide a revised proximal data table to include data up through the 2020-2021 academic year. In response, the program indicated that revised data were uploaded, however, no such document was found. By **September 1, 2026**, the program is asked to provide its revised proximal data table.

Also, the program must ensure that its Graduate Program Handbook includes specification of the program's procedures and expectations regarding the comprehensive examination process, to reflect updates described in the program’s response to the site visit report (Standard II.D.1.a). While documentation of this update need not be provided to the Commission at this time, the accuracy of program policies in public materials will reviewed in the program’s next self-study.

II.D.1.b:

The data in the revised distal data table (Appendix II.D.1.b.2.2) do not appear to align with how data were reported in the compliance statement. The program uses a 5-point scale ranging from 1 (“A great deal”) to 5 (“Not at all”), reflected in the UW Alumni Survey (Appendix II.D.1.b.4.1). However, the mean and range of scores for each of the PWCs in the distal data table seem inconsistent with the report in the narrative self-study which indicates "the mean mastery level reported by alums (n=34) was 1.5" (Standard II.D.1.b). Therefore, the program is asked to provide a revised distal data table with means and ranges consistent with the rating scale for all PWCs and for all graduation years by **September 1, 2026**.

Standard V: Communication Practices

V.A.1:

The program is reminded that consistent with IR C-26 D (Disclosure of Education/Training Outcomes and Information Allowing for Informed Decision-Making to Prospective Doctoral Students), the program must provide information in its public materials regarding trainee admissions, support, and outcome data. Please note that the program's public information will be reviewed on or after October 1 of each year to ensure that the disclosure data has been updated and is in compliance with the IR.

The program's response to all Reporting Requirements must be submitted in the online CoA Portal. Please navigate to the "Follow-Up" tab to respond by the designated due date.

Please note that the CoA voted to temporarily suspend evaluation of programs for compliance with several specific accreditation standards. As a result, the CoA did not review or take any negative action on the self-study information contained in the suspended standards. Visit the accreditation website (<https://accreditation.apa.org>) to view the March 21, 2025 memorandum informing accredited programs of this decision, and the impacted standards.

All Implementing Regulations are available on the accreditation website. The website also provides important updates and policy changes related to the accreditation process. As an accredited program, we encourage you to periodically visit the website to remain current on all new accreditation policies. The Commission on Accreditation would also like to remind you that all accredited programs must inform the accrediting body in a timely manner of changes that could alter the program's quality (see Implementing Regulation C-27 D: Notification of Changes to Accredited Programs). Such updates should be submitted via the CoA Portal under the "Substantive Change" tab.

In closing, on behalf of the Commission on Accreditation, I extend congratulations to the faculty and students of the program for their achievements. The Commission also expresses its appreciation for your personal commitment, and the corresponding support of your administration, to develop and maintain the best possible quality of graduate education and training in psychology. If the Office of Program Consultation and Accreditation may be of service at any time on administrative matters of accreditation, please call upon us.

Sincerely,

A handwritten signature in dark ink, appearing to read "A. Joyce", is written over a light gray circular background.

Aaron Joyce, PhD, ABPP
Director, Office of Program Consultation and Accreditation

cc: Joshua Clapp, PhD, Director of Clinical Training
Sean McCrea, Department Chair

C-27 D. Notification of Changes to Accredited Programs

(formerly C-19; Commission on Accreditation, February 2005; revised October 2006, November 2015, July 2021)

In accordance with Standard V.B.2 of the Standards of Accreditation (SoA) and Section 8.7 D of the Accreditation Operating Procedures (AOP), all accredited programs, whether under a single administrative entity or in a consortium, must inform the accrediting body in a timely manner of changes that could alter the program's quality.

The Commission on Accreditation (CoA) must be informed in advance of major program changes such as changes in degree offered, policies/procedures, administrative structure, faculty resources, supervision resources, area of emphases, or tracks/rotations. In the case of doctoral programs, this includes changes in the areas of emphasis.

Programs must submit to the Office of Program Consultation and Accreditation a detailed written description of the proposed change(s) and the potential impact upon the relevant accreditation standards. The CoA will review the program change(s) and may request additional information or a new self-study. As noted in Section 1.1 of the AOP, if the report is not complete or raises questions about the program's continued consistency with the SoA, the CoA may, at any time, request additional information or request an invitation for a site visit. Such action may take one of the following forms:

- Defer reaffirmation pending receipt of additional information from the program
- Reaffirm but ask the program to provide information in its next annual report
- Defer reaffirmation pending a special site visit
- Defer reaffirmation and request that the program invite the CoA to conduct the program's regular site visit earlier than originally scheduled
- Defer reaffirmation and ask the program to show cause why it should not be placed on probation

The only exception to the policy of informing the Commission in advance is the occurrence of an unavoidable event beyond the reasonable control and anticipation of the program (e.g., educational/training site unexpectedly withdrawing from a consortium because of financial crisis; resources affected by a natural disaster). In such circumstances, it is incumbent upon the program to immediately inform the CoA in writing of the change and to include in its notification a proposed plan for maintaining program consistency with the SoA. The CoA will then proceed as above. Consultation on program changes is available from the Office of Program Consultation and Accreditation.