



**COMMISSION ON ACCREDITATION
OF ALLIED HEALTH EDUCATION PROGRAMS**

Policies & Procedures

Updated through July 15, 2023

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100 **General Principles and Policies**

101 Policies and Procedures

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) Board of Directors is responsible for adopting CAAHEP policies and procedures. The Board uses a collaborative process with its communities of interest to develop policies and procedures. The CAAHEP Policies and Procedures are available on the CAAHEP website.

Proposed revisions to the CAAHEP Policies and Procedures are first submitted to the Governance Committee for review. After the Governance Committee recommends new or revised policies and procedures, they will be considered at the next Board of Directors meeting. Following conditional approval by the CAAHEP Board of Directors, a draft of the new or revised policies is published on the public-facing website, where open comments are received for thirty days.

CAAHEP invites members of its Communities of Interest, the public, and practitioners to provide feedback on proposed policies during the open comment period. At the next regular meeting of the Board of Directors, the comments received will be considered by the Board before a final version of the CAAHEP Policies and Procedures is approved. The CAAHEP Policies and Procedures document is published twice a year according to a schedule approved by the Board.

If the Board approves an immediate change in CAAHEP Policies and Procedures, a notification of such change will be published on the CAAHEP website within one week following Board approval. Any immediate changes will be added to the published CAAHEP Policy and Procedures. Comments on immediate policy changes will be collected during the next open comment period and considered by the Board of Directors at their next regular meeting.

Note: The CAAHEP Policies and Procedures document will be updated and posted on the CAAHEP website twice a year in January and July.

102 Recognition of CAAHEP as a Specialized Accrediting Agency

CAAHEP maintains voluntary non-governmental recognition as a specialized accrediting agency.

103 Geographic Scope

CAAHEP accredits programs upon the recommendation of its collaborating Committees on Accreditation (CoAs). The CAAHEP International Accreditation Review Committee (IARC) approves CoAs to participate in the review of programs outside the United States and its territories. The decision to review programs outside the United States and its territories is at

the discretion of the individual CoAs, as indicated in their Standards.
CAAHEP and its approved CoAs will meet the following Council for Higher Education Accreditation (CHEA) recognition standards for international accreditation:

- A. has the capacity and competence to engage in international accreditation activities.
- B. notifies the appropriate international authorities of its intent and seeks guidance regarding the accrediting organization's current and proposed activities.
- C. applies standards that are substantially comparable to U.S. institutions and programs, and if modifications are necessary, that information will be made public.
- D. Specific rules and requirements for Accreditation of programs outside the United States are in Section 200 of this policy manual.

104 Fair Business Practices

CAAHEP, its CoAs, the accredited programs and program sponsors comply with principles of fair business practices.

105 Fair Education Practices

CAAHEP accredited programs and program sponsors comply with fair practice standards in education as specified in Section V of the applicable *Standards and Guidelines* for the profession.

106 Ethical Standards of Practice

CAAHEP Commissioners, Board of Directors, staff and volunteers, as well as CoA members, volunteers and staff adhere to ethical standards of practice in all CAAHEP-related activities.

- A. CAAHEP requires its Committees on Accreditation to adopt policies related to conflicts of interest for their volunteers.
- B. Conflict of Interest Policy for CAAHEP Volunteers

Conflict of interest refers to any situation in which a volunteer of CAAHEP stands to gain materially from his or her association with CAAHEP.

A conflict of interest also exists when any member of the Board (or immediate family) is directly associated with or stands to realize financial or similar tangible personal or proprietary gain as a result of any action of the Board. Similarly, members of the Board are not to enter into employment relationships with persons or activities directly or indirectly detrimental to CAAHEP.

The situations listed below constitute examples of potential conflicts of interest. These are intended to be illustrative and not necessarily inclusive of all possible scenarios. When a member of the Board has violated this conflict-of-interest policy, he or she will be subject to disciplinary action.

1. Acceptance of gifts, entertainment or other favors from an outside concern that does or is seeking to do business with CAAHEP. (This does not include normal business luncheons.)
2. Having a financial interest in an outside concern from which CAAHEP purchases goods or services.
3. Accepting personal compensation for Board-related speaking engagements, consulting services or other activities.
4. Representing CAAHEP in any transaction in which the member of the Board (or immediate family) has an interest.

If any voting member of CAAHEP or the CAAHEP Board of Directors has a conflict of interest in any matter brought before the body for a vote, that member shall declare such conflict before any discussion of the matter. Further, any other voting members may share their concern regarding a potential conflict of interest of other voting members prior to the beginning of any discussion of the matter in question.

When considering accreditation recommendations, members of the Board of Directors shall refrain from participating in the discussion or vote on programs within their profession.

Each member of the Board will sign annually a statement that acknowledges he or she has read and understands CAAHEP's ethical standards policies [See Appendices]. Signed statements are maintained in the CAAHEP office.

C. Compensation

CAAHEP recognizes the appropriateness of reimbursement for reasonable expenses incurred by CAAHEP and CoA volunteers in the course of their activities on behalf of CAAHEP. Expense reimbursement requests must be submitted within 60 days of the event.

D. Confidentiality

CAAHEP requires that its accreditation procedures, and those of the CoAs, be sensitive to the need to maintain confidentiality in the accreditation process while also disclosing certain information to serve and protect the public interest.

In order to comply with the need for public disclosure, CAAHEP will publish the accreditation award letters.

However, except as stated above, CAAHEP and its CoAs will hold as confidential the following documents and the information contained therein:

1. Self-Study Report
2. Site Visit Report
3. All Progress Reports

4. All other correspondence between CAAHEP, the CoAs, and the programs which relates to the accreditation process (including the appeals process, as applicable).

Program sponsors may release any of the above information, at their discretion. CAAHEP and its CoAs will not make public any of the above documents without the permission of the program sponsor, unless it misrepresents the information either through public statements or release of selected sections of documents.

These confidentiality requirements for any of the above documents shall not be in effect when CAAHEP or its CoAs are required to turn over information by a bona fide judicial or governmental process.

107 Program Sponsor Autonomy

CAAHEP and its CoAs conduct their business with respect for the program sponsor's autonomy, self-governance and self-management.

A. Rights of Program Sponsors

There are specific rights of the institution which sponsors a CAAHEP-accredited program. These rights complement the responsibilities that are stated and implied in the Standards. Identified below are amplifications on selected responsibilities from among those stated in the CAAHEP Standards.

1. Sponsorship

The institution has the right, without approval from CAAHEP or a CoA, to define and establish its own organizational and administrative structure and management. The institution has a responsibility for maintaining administrative and academic control over its affiliates, and for assuring quality, availability of resources, supervisory accountability for and integrity in the education conducted within its affiliates.

2. Resources

The institution has the right:

- a) To provide and manage its physical resources in accord with its overall requirements and policies. The institution has a responsibility to ensure that the resources and facilities required for effective learning and clinical experiences are adequate for the needs of the number of students enrolled.
- b) To choose its own financial practices, including those for raising and allocating funds, and for budgeting, accounting and auditing. The institution has a responsibility to ensure that there are sufficient funds to sustain the quality of the program until commitments to currently matriculated students are satisfied.
- c) To assess qualifications, hire, promote, grant tenure, assign duties, and apportion the time for program administrators, faculty and support staff in accord with its own policies. The institution has the right to monitor and provide opportunities for the continuing competence of its faculty by the most appropriate and feasible means at

its disposal. The institution has a responsibility to monitor and promote the continuing competence of its faculty and to assure that members are knowledgeable and effective in teaching the assigned subjects.

- d) To identify and hire individuals to assume the responsibilities of each designated administrative position. The institution has a responsibility to select individuals who are qualified, as demonstrated by significant competence in or potential for competent administration.
- e) To determine, within the constraints of its available resources, the number of students who may be enrolled in the program. The institution has a responsibility to assure an adequacy of resources for the support of enrolled students.

3. Curriculum

Given statements of the competencies to be attained by the students to qualify for graduation, the institution has the right:

- a) To determine the format, sequence, duration, and methods of instruction for the curriculum. The institution has a responsibility to design a curriculum in a sequence and process which is based upon a sound educational rationale and promotes efficient and effective learning, with major focus on problem-defining and problem-solving skills related to the profession.
- b) To assign credits to courses and establish graduation requirements. The institution has a responsibility to avoid an inflation of course requirements and to avoid the assignment of excessive credit hours to required coursework.
- c) To determine the academic credential to be awarded. The institution has a responsibility to ensure that all of the above elements are included in a manner which adequately prepares graduates to meet the entry-level requirements for the profession.

4. Students

The institution has the right:

- a) To establish admission requirements and to select students in accord with its policies. The institution has a responsibility to accurately publish admission requirements and to select students in a fair and equitable manner.
- b) To determine the manner in which it maintains permanent student records. The institution has a responsibility to retain official records for each student so that documentation of the student's attendance and performance is available if needed by the graduate or external agencies in later years.

5. Fair Practices

The institution has the right to determine the manner in which it observes and satisfies the fair practice requirements in the *Standards and Guidelines* for accredited programs.

6. Self-Study

The institution has the right to define its own means of conducting on- going self-evaluation. The institution has a responsibility to prepare the Self-Study Report in a format acceptable to the CoA.

108 Due Process

CAAHEP assures timely and equitable due process to institutions and individuals served by the Commission.

109 Continuous Improvement

CAAHEP is committed to ongoing evaluation of its policies and procedures for the purpose of continuous improvement.

110 Streamlining Accreditation

CAAHEP is committed to time efficient and cost-effective accreditation practices that preserve and enhance the quality of health science education.

111 Organizational Archives

CAAHEP maintains a record of the organization for historical documentation and research.

112 Spokesperson for the Commission

The President of the CAAHEP Board of Directors is the official spokesperson for the organization and may delegate this responsibility.

113 Innovative Education

CAAHEP encourages and supports innovation that promotes academic quality in health science education programs. Innovation and flexible processes applied throughout the accreditation process allow the organization and the programs it accredits to meet existing and emerging needs of CAAHEP's communities of interest.

114 Coordinated Site Evaluations

CAAHEP encourages coordinated site visits among its CoAs and other nationally recognized accrediting agencies.

Procedure

Institutions that sponsor more than one health science program are encouraged to request coordinated or concurrent site visits. CoAs are required to participate in joint surveys, unless such cooperation is deleterious to a program.

CoAs may conduct coordinated or concurrent visits with state agencies, provided that the CoAs ensure that all applicable CAAHEP policies and procedures are observed, that the

integrity of the Standards is preserved, and that the confidentiality of all information obtained is maintained.

CAAHEP acknowledges that state agencies have the prerogative of sending representatives to observe any site visit conducted within their jurisdiction. Official agreements by CoAs with a state to do coordinated or concurrent visits will be reviewed by the CAAHEP Board of Directors as part of its quality improvement program.

115 Requirements for Program Sponsors

CAAHEP requires institutions applying for the accreditation of health science educational programs to be institutionally accredited by a recognized accrediting body or by a body otherwise acceptable to CAAHEP. CAAHEP may accredit postsecondary programs sponsored by a consortium or by a secondary educational institution.

A. General Characteristics of a Program Sponsor

A program sponsor or consortium:

1. Demonstrates evidence of sound financial support of the educational program on a current and continuing basis.
2. Appoints faculty to the program based on established criteria for eligibility, including professional and academic qualifications.
3. Assumes primary responsibility for curriculum planning and selection of course content, in consultation with representatives of affiliating institutions if any.
4. Exercises primary responsibility in coordination of classroom teaching and supervised clinical experience in simulated as well as in actual clinical facilities.
5. Receives and processes applications for admission to the program.
6. Accepts applicants who are then enrolled as full or part-time students with all customary privileges for use of available student services and facilities.
7. Grants a degree or certificate or other official evidence of completion of the program.

B. Characteristics of an International-based Program sponsor

In addition to meeting the characteristics listed above, an international-based program sponsor is considered to be authorized to provide post-secondary education and acceptable to CAAHEP if recognized as a member by an international accreditation or quality assurance organization.

C. Operational Characteristics of a Consortium

Consortium: A group of two or more education providers operating an educational program through a written agreement outlining the expectations and responsibilities of each of the partners. At least one of the consortium partners must meet the requirements of a program sponsor as outlined in CAAHEP Standards, section I.A.1 – I.A.4.

A Consortium does not refer to clinical affiliation agreements with the program sponsor or articulation agreements with a post-secondary institution.

A Consortium must have its own decision-making board or governing committee and chief executive officer (CEO). A single line of responsibility from the CEO, commonly the Chair of this governing Committee, to the program director is strongly recommended.

In all cases, the Consortium must have a formal, written agreement or memorandum of understanding, delineating governance and lines of authority. Agreements involving Title IV-eligible post-secondary academic institutions should comply with the regulations and other official guidance of the U.S. Department of Education and the Office of Federal Student Aid, including the amount of instruction that may be provided by Title IV-ineligible entities and approval by the institutional accreditor when required.

An organizational chart depicting the lines of responsibility within the Consortium is required. The Consortium must also have written policies and procedures to follow. The governing body of the Consortium meets at least annually and creates policies to be followed by program personnel.

A Consortium applies for programmatic accreditation in the same manner as other sponsors and is subsequently responsible for supporting its educational programs.

D. Secondary Educational Institution Sponsors

Upon recommendation from a committee on accreditation, CAAHEP may accredit a postsecondary program conducted under the auspices of a secondary educational institution. Such programs may enroll students who have not yet acquired a high school diploma.

200 Accreditation Policies and Procedures

201 Authority for Accreditation

CAAHEP is the accrediting agency. CAAHEP delegates to its Board of Directors the final decision-making authority as well as the responsibility for assuring that accreditation recommendations from the CoAs follow due process and comply with the accreditation Standards.

202 Procedure for Notification of Accreditation Actions

Accreditation is granted by CAAHEP thus CAAHEP is responsible for all written communication with the program sponsor and its program(s) regarding their accreditation status.

All notification(s) of accreditation status or actions including initial, continuing, transfer of sponsorship, withhold, withdraw (voluntary or involuntary), probationary accreditation, administrative probation, inactive, and extension of date for next comprehensive review must come from the CAAHEP office, on CAAHEP letterhead.

1. CoAs shall not publish the accreditation action recommendations they submit to the Board of Directors until after CAAHEP action.
2. CoAs are encouraged to refrain from sending letters to programs/institutions specifying accreditation action recommendations. The exception to this would be if it is the intent of the CoA to recommend an accreditation action for which due process must be followed. In this case, the CoA notifies the program of its opportunity to ask for reconsideration or to voluntarily withdraw from the accreditation process.
3. Official notification letters and certificates will be generated by the CAAHEP office, signed by the appropriate individuals, and distributed to the institutions in a timely manner. The appropriate governmental agencies will also be notified directly from the CAAHEP office as required.
4. A summary of accreditation actions taken by the Board of Directors will be published by CAAHEP soon after each meeting, both in the bi-monthly newsletter and on the CAAHEP website.
5. CAAHEP accreditation staff shall maintain a list of all CAAHEP accredited programs.

203 Interval Between Comprehensive Program Evaluations

CAAHEP accreditation is not time limited but remains in place until another action is taken. The CoAs, with approval by the Board of Directors, determine the interval between program evaluations with a maximum of 10 years.

204 Statutes of Accreditation

CAAHEP (through its Board of Directors) confers the following statutes of public recognition

related to accreditation for each concentration and add-on track: Initial, Continuing, and Probationary Accreditation. In addition, when appropriate, the CAAHEP Board can vote to withhold or withdraw accreditation. Additional statuses, not requiring Board action, are administrative probation and inactive.

Definitions:

Accreditation is granted when a program is in compliance with the accreditation *Standards* and remains in effect until due process has demonstrated cause for its withdraw.

Continuing Accreditation is granted to a program when it is re-evaluated at specified intervals.

Initial Accreditation is the first status of accreditation granted to a program that has demonstrated compliance with CAAHEP Standards. Initial accreditation remains in place until another action is taken by the CAAHEP Board.

Probationary Accreditation is a temporary status of accreditation imposed when a program does not continue to meet accreditation *Standards* but should be able to meet them within the specified time.

Administrative Probation is a temporary status imposed when a program has not complied with administrative requirements.

Withhold Accreditation is an action taken when a program seeking initial accreditation is not in compliance with the accreditation *Standards*.

Withdraw Accreditation is an action taken when a program is no longer in compliance with the accreditation *Standards*.

205 Concentrations and Add-on Tracks

Concentration is a program accredited pursuant to a separate and independent minimum competency statement in the Standards.

Add-on Track is an additional competency statement added to an underlying concentration. At the programmatic level, an add-on track is not a stand-alone program and must be a part of an accredited underlying concentration. Although dependent upon the accreditation of the underlying concentration, each add-on track has its own accreditation status and must be approved by the CAAHEP Board of Directors.

If a concentration with a subsequent add-on is placed on probationary accreditation or has its accreditation withdrawn, then the add-on is included in that vote for probationary accreditation or withdraw, since the accreditation status originated with the concentration.

Administrative note: there is no need to demonstrate that the add-on track has citations sufficient to support probationary accreditation or withdraw accreditation. The add-on could be on probationary accreditation or have its accreditation withdrawn and this would not automatically impact the underlying concentration. Administratively this would be treated like any other recommendation for an action that requires due process guarantees.

206 Process for Determining Accreditation Recommendations

In order to assure consistency in decision making and quality in the educational programs, there are certain core elements that must be utilized by every CoA in reviewing programs and formulating their recommendations to the CAAHEP Board.

A. Core Elements of CAAHEP Process

1. Program Initiates Accreditation Process through CoA
 - a) [Request for Accreditation Services Form](#) is submitted electronically via the CAAHEP website. The form must contain the signature of the chief executive officer or an officially designated representative of the program sponsor.
 - b) The submission goes directly to the appropriate CoA; the CoA copies to CAAHEP at the time of accreditation recommendation.
 - c) The CoA sends accreditation materials to the program (i.e., self-study template, supporting documents, etc.).

Note: If Continuing Accreditation, the process is initiated by the CoA

2. Submission of Self-Study Report or Other Report
3. Review of Self-Study or Other Report by the CoA

Feedback is provided to the program as needed. Clarification and/or additional documentation may be requested from the program.

4. Site Visit

A site visit is required to be part of the evaluation process at least once every ten (10) years to assist with further determination of compliance with the Standards. Site visitors represent both the CoA and CAAHEP. A site visit may be virtual, blended, or in person.

Initial accreditation site visits for programs outside the U.S. must be conducted in person. A minimum number of three site visitors are recommended. No more than one site visitor can be from the country where the visit occurs.

- a) The evaluation of the program by the site visitors must be based on the standards language of the published *Standards and Guidelines*.
- b) A narrative report of findings from the site visit must be provided to the program following the site visit. The report must include strengths and areas not meeting the *Standards*/potential citations and may include areas needing improvement/points for consideration.
- c) There should be a process in place for the CoA to review the site visit report, in consultation with site visitors, when necessary, to assure findings are clearly written

and align appropriately with identified Standards, prior to distributing the final report to the program.

5. Program's Response to Findings

- a) Programs must be given an opportunity to respond to the report of findings, and the program is to submit a response, which must be taken into consideration when the CoA formulates a recommendation.
- b) CoAs must allow a reasonable period of time after the site visit for programs to resolve areas of non-compliance with *Standards*.

6. CoA Review of Compliance and Accreditation Recommendation Formulation

- a) All CoA recommendations must be based upon the current standards language of the published *Standards and Guidelines*.
- b) CAAHEP's goal for accredited programs is compliance with the Standards, however, recommendations can include areas of non-compliance that require a program to submit a progress report in order to document compliance with the *Standards* over a designated period of time. CoAs must use the Rules for Writing Citations found in Appendix.
- c) CoAs may use policies, interpretive guides, or other tools such as standardized forms to assist in the determination of satisfactory demonstrations of compliance with the *Standards*; however, the rationale for citations included with accreditation recommendations must align with *Standards* language and not supersede the requirement specified in the *Standard*.
- d) Each CoA must have procedures ensuring consistent application of *Standards* and preventing a conflict of interest.
- e) If there is not enough evidence to determine compliance and make a recommendation for accreditation, CoAs may request additional documentation from the program. CoAs must have procedures ensuring programs are given equal opportunities to submit additional evidence of compliance.
- f) Initial accreditation recommendations should not include citations of Standard IV.B. (Outcomes) for which the program has not had sufficient time, due to the formative stage of the program, to collect and assess the data needed to demonstrate compliance. Lack of a system in place to collect and assess the data may result in a citation.
- g) CoA recommendations are due the 15th of the month prior to the CAAHEP meeting at which action will be considered. If the 15th falls on a weekend or holiday, recommendations are due the next business day. CoAs receive bimonthly reminder notifications outlining submission deadlines for each meeting.

7. Special Procedures for Recommendations Requiring Due Process

- a) Recommendations of withhold, withdraw, and probationary accreditation require the CoA to follow due process before forwarding the recommendation to CAAHEP.

Due process requires that the CoA:

- 1) notify the program in writing by certified mail/return receipt requested or by electronic notice with evidence of receipt that a negative decision is being recommended to CAAHEP.
 - 2) inform the program of its right to request reconsideration.
 - 3) describe those areas that are deficient and what program modifications are required to bring the program into compliance with the *Standards*.
 - 4) include a reasonable timeline for requesting reconsideration and responding to the accreditation recommendation and deficiencies, as well as for submitting additional materials if they so choose; and
 - 5) inform the program of its right to voluntarily withdraw its accreditation or application.
- b. Reconsideration: If a program requests reconsideration, then the negative recommendation is not forwarded to CAAHEP until the CoA has reviewed all additional materials (including evidence of corrected deficiencies) and it has been determined that the program is still not in compliance with the Standards. The CoA must notify the program of its decision following reconsideration.
- 1) If a program does not request reconsideration, then the accreditation recommendation is forwarded to CAAHEP as initially voted. In either case, such recommendations to the CAAHEP Board of Directors must be accompanied by the CoA notification sent to the program that confirms the program was notified of its rights and that due process was followed.
- c. Except as otherwise provided in this paragraph, the program must be first placed on probationary accreditation and given sufficient time to come into compliance with the Standards prior to being recommended for withdraw of accreditation. If a CoA believes that there is sufficient reason to recommend withdraw without having first placed the program on probationary accreditation, the CoA must submit a rationale for such action along with the recommendation for withdraw.

8. Accreditation Status Decision by CAAHEP Board of Directors

Letters notifying programs of the CAAHEP Board of Directors decisions are signed by the CAAHEP President and distributed to the CEO of the program sponsor with copies to the Dean and the Program Director. For actions of initial and continuing accreditation, a certificate and informational flyer are included with the mailing.

Award letters are posted in the program listings on the CAAHEP website.

CAAHEP actions of withhold accreditation and withdraw accreditation are appealable by the program sponsor of the program. Information on the appeals process is included with notification letters.

Programs placed on probationary accreditation are monitored by CoAs, with an update provided to CAAHEP no later than two (2) years after the program was initially placed on probation. If a recommendation for a change in accreditation status has not been received from the CoA after two years, the CoA must notify CAAHEP of the status of program review and progress. Probation will remain in place until another status is awarded by CAAHEP.

9. Continuous Quality Review

CoAs are required to continually monitor programs for effective compliance with published criteria. These efforts may include progress reports, annual reports, and focused site visits. The time period for these items is established by the CoAs. Findings based on these reviews may lead the CoA to recommend a change in accreditation status if area(s) of concern is/are identified.

Progress reports submitted in response to citations identified in CAAHEP award letters are reviewed by the CoA. Once the CoA has determined the program has resolved area(s) of non-compliance and is in compliance with all Standards, the CoA should notify CAAHEP of resolution and the award letter posted on the CAAHEP website will be updated to include a watermark stating that citations have been resolved.

B. Action by Other Accrediting Bodies

Upon determination that a program sponsor has had its accreditation withdrawn by its institutional (regional or national) accrediting agency and/or state agency or equivalent, and all appeals have been completed, CAAHEP will notify all of the CAAHEP-accredited programs sponsored by that institution of its intention to forward a recommendation to the Board of Directors to withdraw programmatic accreditation from all of those CAAHEP-accredited programs at that institution.

C. Review Process for Board Consideration of Accreditation Recommendations

1. The CAAHEP Board of Directors meets up to six times each calendar year for the purpose of reviewing accreditation recommendations. The January and July Meetings may be held face-to-face or virtually. The March, May, September, and November meetings are held virtually on the third Friday of each of those months at 3:00 pm Eastern time. The Board reviews accreditation recommendations for the following statuses of public recognition and/or actions:
 - a) Initial
 - b) Continuing
 - c) Probationary Accreditation

- d) Transfer of Sponsorship
- e) Withhold Accreditation
- f) Withdraw Accreditation

Accreditation recommendation materials from the CoAs are due to CAAHEP by the 15th of the month prior to the meeting of the Board of Directors. If the 15th falls on a weekend or holiday, the recommendations are due the next business day.

2. Approximately one month prior to the meeting of the CAAHEP Board of Directors, the Board and all members of the Recommendation Review Committee (RRC) will receive:
 - a) Updated indices of those programs that have voluntarily withdrawn since the previous meeting, are on administrative probation, are currently inactive, and are currently on probation. All indices will indicate the profession, name and location of the program sponsor and the effective date of the change in accreditation status.
 - b) A consent agenda that identifies all programs being recommended for accreditation without citations. Programs are identified by number and profession only.
 - c) Individual agendas for each profession that have accreditation recommendations with citations. Except in the cases of withdraw, withhold, and probation, programs are identified by number and profession only. Citations are presented for these programs for the Board and RRC to review. If the recommendation is for withdraw, withhold, or probation, support documents such as a letter of findings, program response, and CoA correspondence demonstrating due process will also be attached.
3. The RRC and CAAHEP Board will review recommendations according to established expectations to assure that citations submitted with recommendations are clearly written and align with the Standard(s) being cited. The RRC and Board will also review recommendations to verify due process for negative recommendations.
4. Approximately two weeks prior to the CAAHEP meeting, questions and/or necessary revisions resulting from RRC and Board review may be forwarded to CoAs for a written response. CoAs are given approximately one week to provide responses.
5. If the CoA does not provide an adequate response to questions and/or necessary revisions, or if the Board does not agree with any accreditation recommendation, the item may be tabled until the issues can be clarified and resolved, or the recommendation may be referred back to the CoA. If necessary, a vote on any tabled items may be handled via conference call or electronic ballot.

207 Transfer of Sponsorship

Accreditation cannot be transferred from one program to another. However, sponsorship of an accredited program may be transferred from one educational institution to another, and

such transfer may or may not affect the accreditation status of the program. If critical factors such as sufficiency of funding sources, curriculum, faculty, and facilities will remain unchanged, then the request for transfer of sponsorship will be considered without any change in the program's accreditation status.

The following procedures outline the steps for the transfer of program sponsorship from one institution to another.

1. The chief executive officer of the institution relinquishing sponsorship, or an official designee, should provide the appropriate Committee on Accreditation and CAAHEP with written notice of intent to transfer the program.
2. The chief executive officer of the new program sponsor, or an official designee, completes and submits the CAAHEP [Request for Accreditation Services form](#), requesting a Transfer of Sponsorship.
3. The new program sponsor submits the following documentation to the CoA:
 - a) A summary of the pertinent basis for program relocation.
 - b) An organization chart identifying the program's position within the organizational structure and all key personnel by name and title.
 - c) Copy of the consortium agreement, if the new program sponsor is a Consortium.
 - d) Documentation of institutional accreditation for the new program sponsor and state authorization, as required.
 - e) Copy of degree or certificate, or other official evidence of completion of the program that will be provided to graduates.
 - f) Statements and appropriate exhibits fulfilling the following criteria required to be a program sponsor, including reasonable assurances that the Standards will continue to be met:
 - i. The new program sponsor receives and processes applications for admission to the program.
 - ii. The new program sponsor accepts applicants who are then enrolled as full or part-time students with all customary privileges for use of available student services and facilities.
 - Submit documentation of institutional support resources, including those required in the Standards.
 - iii. There is evidence of sound financial support of the educational program on a current and continuing basis.
 - Submit a specific budgetary commitment.
 - iv. Faculty are appointed to the program based on established criteria for eligibility, including professional and academic qualifications.
 - Submit curriculum vita for key personnel identified in the Standards.
 - v. The new program sponsor assumes primary responsibility for curriculum planning and selection of course content, in consultation with representatives of

affiliating institutions, if any.

- Submit a curriculum outline and list of principal faculty and lecturers with qualifications.
- vi. The new program sponsor exercises primary responsibility in the coordination of classroom teaching and supervised clinical experience in simulated as well as in actual clinical facilities.
- Submit a list of clinical or other affiliate teaching facilities along with copies of formal affiliation agreements.

Submit only information and exhibits which reflect updating in materials already on file with the CoA.

The Committee on Accreditation acknowledges receipt of these letters and exhibits. If the materials submitted indicate that the program continues to be in compliance with the Standards, the CoA recommends to CAAHEP approval of the transfer of sponsorship and appropriate accreditation status, with or without a progress report requirement. The CoA determines applicable fees and informs the new sponsor of these fees.

Should the CoA find that the information and exhibits do not document compliance with the Standards, the CoA may:

1. Request additional, clarifying information.
2. Require completion and submission of a Self-Study Report.
3. Require a site visit to be scheduled; and/or
4. Recommend to CAAHEP that the transfer of sponsorship be denied for reasons stated.

208 Actions Not Requiring Board Approval

Change of Name/Change of Ownership, Administrative Probation, Voluntary Withdraw and Inactive Status do not require a vote by the CAAHEP Board of Directors.

A. Change of Name/Change of Ownership

If a program sponsor undergoes a change of name and/or change of controlling ownership, this information must be submitted to CAAHEP and the appropriate Committee(s) on Accreditation. If the CoA determines that such change will have no impact on the accredited program(s), it will notify CAAHEP of that fact and no CAAHEP Board action will be necessary. If the change is more significant and will impact factors mentioned in Policy 207 then it will be considered a Transfer of Sponsorship and should follow the procedure outlined in that section.

B. Administrative Probation

Programs may be placed on administrative probation at the request of a CoA and with the submission of appropriate backup material. Because this is a public status, the notification of

this status must come from CAAHEP. Prior to recommending to CAAHEP that a program be placed on administrative probation, the CoA must first give the program two notices. The two notifications may be in writing or by electronic means such as email or fax, if allowed by the state in which the CoA is incorporated. The second notice must inform the program that they are in danger of being placed on administrative probation if the specified requirements are not met. Generally speaking, a program is placed on administrative probation as a result of the non-payment of fees, failure to submit an annual report or progress report and/or failure to notify the CoA and CAAHEP of changes in program personnel or other significant changes to the program (See Appendix A of the CAAHEP Standards). A program may be also placed on administrative probation for the non-payment of CAAHEP's annual institutional fee. Ultimately, a recommendation to withdraw CAAHEP accreditation may be forwarded to the CAAHEP Board of Directors if the cited administrative concerns are not resolved in a reasonable length of time as defined by CAAHEP and the CoA.

C. Voluntary Withdraw of Accreditation

CAAHEP accreditation is voluntary and a program is considered for accreditation only at the written request of the program sponsor. A program sponsor may also request voluntary withdraw of accreditation at the written request of the chief executive officer of the program sponsor and by completing and submitting the [CAAHEP Request for Voluntary Withdraw Form](#) electronically via the CAAHEP website.

Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program. These students must be provided all the instruction promised by the institution and the institution is expected to maintain the academic integrity of the education program until these students have completed the program.

In all cases of voluntary withdraw, the program sponsor must:

1. pay all CAAHEP and/or Committee on Accreditation (CoA) fees until the effective date of voluntary withdraw;
2. submit all required and requested reports to the appropriate CoA until the effective date;
3. inform all current and potential students of the voluntary withdraw until the effective date;
4. delete all references to and claims of CAAHEP accreditation from websites, catalogs, advertisements, and promotional materials; and
5. provide the location where all records will be kept for students who have completed the program.

As of the effective date of voluntary withdraw of accreditation, the program will no longer appear on the CAAHEP website's listing of accredited programs.

CAAHEP will notify the appropriate CoA of the voluntary withdraw of accreditation. Voluntary withdraw of accreditation does not require approval by the CoA or the CAAHEP Board of

Directors.

The institution must request voluntarily withdraw in conjunction with one of the following criteria:

1. Continued Operation

An institution may request to voluntarily withdraw CAAHEP accreditation from a program even though the program will continue to operate. (If this decision is made in response to notification of a negative recommendation, follow #2 below.)

The institution should indicate the effective date of withdraw, which can be any date within the program's current accreditation cycle. If the date is beyond the current accreditation cycle, the program must submit a plan for the withdraw of accreditation.

The institution must assure that credentialing eligibility for all students enrolled under CAAHEP accreditation is not adversely affected by the voluntary withdraw of accreditation.

2. In Lieu of a Negative Action

An institution may request to voluntarily withdraw of CAAHEP accreditation from a program rather than have a recommendation of probation or withdraw of accreditation be considered by CAAHEP. The effective date of the voluntary withdraw is the same as the date on which the CAAHEP Board would have considered the recommendation for probation or withdraw of accreditation.

3. Planned Closure

An institution may request to voluntarily withdraw CAAHEP accreditation from a program that will be closing or no longer offered by the institution. The institution should set the effective date of the voluntary withdraw as the day after the graduation date of the last class of students. An institution can request the voluntary withdraw to be effective immediately only if it can assure that credentialing eligibility for all students enrolled under CAAHEP accreditation is not adversely affected by the voluntary withdraw.

If CAAHEP becomes aware of a program closure, the CAAHEP Board will vote to withdraw accreditation once appropriate due process has been followed.

D. Voluntary Withdraw of Initial Application

An institution may withdraw its initial application rather than have a recommendation to withhold accreditation be considered by CAAHEP. A written request to withdraw the initial application should be made directly to the appropriate Committee on Accreditation and must be received prior to the date on which the CAAHEP Board would have considered the

recommendation to withhold accreditation. The effective date will be immediate upon receipt of the notification.

E. Inactive Status

Accredited programs may request a period of inactive status by voluntarily submitting a [CAAHEP Request for Inactive Status](#) electronically via the CAAHEP website. During inactive status, no students may be enrolled or matriculating in the program. The program must continue to pay all CoA and CAAHEP fees. A program may remain inactive for up to two years. If additional time is required, the institution shall submit to the CoA for consideration a documented plan with timelines for reactivation of the program.

If a CoA becomes aware that no students have been enrolled in a program for two consecutive years, the program will be considered to have been inactive and will be required to submit for the CoA's consideration a documented plan with timelines for reactivation of the program. If the plan is not satisfactory to the CoA, probation may be recommended.

To reactivate the program, the chief executive officer or an officially designated representative of the program sponsor must provide notice of its intent to do so in writing to both CAAHEP and the appropriate Committee on Accreditation. The program sponsor will be notified by the CoA of additional requirements, if any, that must be met to restore active status. CAAHEP will return the program to active status upon consultation with the CoA.

If a program sponsor has not notified CAAHEP or the CoA of its intent to reactivate the program, request additional time, or voluntarily withdraw by the end of the two-year period, the CoA will recommend that accreditation be withdrawn to the CAAHEP Board of Directors.

209 Instructional Modalities

Instructional modalities must meet the CAAHEP Standards and be consistent with the mission, goals, and objectives of the program.

CAAHEP recognizes the following instructional modalities pertaining to didactic and laboratory instruction.

1. Full Onsite (In-Person) Delivery: method of delivery in which all didactic and laboratory instruction is provided at an approved location (on or off campus), where instructors and students interact simultaneously in the same physical location.
2. Full Distance Education Delivery: method of delivery in which all didactic and laboratory instruction within a program is provided through distance education, meaning that the instructor and student are physically separated and using technology to interact. Instruction may be synchronous or asynchronous.
3. Blended (or Hybrid) Distance Education Delivery: method of delivery in which all didactic

and laboratory instruction is provided using a combination of onsite (in-person) and distance education instruction, which may be synchronous or asynchronous.

Clinical activities are considered supervised practice and separate from didactic and laboratory instructional modalities. Clinical activities may be remote, virtual, or located at affiliated sites, as approved for the given curriculum.

Programs may utilize several instructional modalities within the accredited program. A change in the modality of instruction, including the addition of distance delivery, may be considered a substantive change and should be reported to the applicable Committee on Accreditation to determine application and reporting requirements.

A. Distance Education

CAAHEP recognizes the following United States Department of Education (USDE) definition of distance education. (See: [Federal Register :: Distance Education and Innovation](#))

Distance education means education that uses one or more of the technologies listed in paragraphs (1) through (4) to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include:

- 1) The internet;
- 2) One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
- 3) Audioconferencing; or
- 4) Video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in paragraphs (1) through (3).

For purposes of this definition, an instructor is an individual responsible for delivering course content and who meets the qualifications for instruction established by the institution's accrediting agency.

For purposes of this definition, substantive interaction is engaging students in teaching, learning, and timely assessment; consistent with the content under discussion, and also includes at least two of the following:

- 1) Providing direct instruction;
- 2) Assessing or providing feedback on a student's coursework;
- 3) Providing information or responding to questions about the content of a course or competency;
- 4) Facilitating a group discussion regarding the content of a course or competency; or,
- 5) Other instructional activities approved by the institution's or program's accrediting agency.

An institution ensures regular interaction between a student and an instructor or instructors

by, prior to the student’s completion of a course or competency—

Providing the opportunity for substantive interactions with the student on a predictable and regular basis commensurate with the length of time and the amount of content in the course or competency; and

Monitoring the student’s academic engagement and success and ensuring that an instructor is responsible for promptly and proactively engaging in substantive interaction with the student when needed, on the basis of such monitoring, or upon request by the student. Considerations specific to distance education delivery are identified in the table below and referenced to the applicable Standard. These are intended to provide guidance to CoAs and programs in the evaluation of the distance education delivery modality as a focus and supplement to current Standards.

CAAHEP Standard	Consideration	Evidence
I.A. Program Sponsor	The program sponsor will have appropriate approval(s) to offer distance education - institutional accreditor and state, as applicable	<p>The program provides evidence of approval (state agency website, emails, letters) from institutional accreditor to offer distance education.</p> <p>The program provides documentation of one of the following regarding approvals where students are located or participating in program activities (i.e., clinical/practicum/field experiences):</p> <ol style="list-style-type: none"> 1. state approval(s) 2. state reciprocity 3. state approval(s) not required <p>*State approvals may include, but are not limited to: Departments of Education, Health & Human Services, and State Boards.</p>
I.B. Responsibilities of Sponsor	There is institutional administrative oversight of the instructional modality.	The program demonstrates an institutional commitment to the administrative oversight of the instructional modality.
II.A. Program Goals and Minimum Expectations	The program must assure that the instructional modality is consistent with the mission, goals, and objectives of the program.	The program provides evidence of student learning that is consistent with the program goals/objectives.
III.A.12. Resources- Type and Amount – Information Technology	The program implements a process to uphold academic integrity and honesty consistent with institutional policy.	The program provides evidence of a process that upholds academic integrity and honesty (i.e., an authentication process for verification of student

	<p>The program has adequate information technology resources for students and faculty.</p> <p>The program has technical support for students and faculty.</p> <p>The program has access to instructional design support and/or an experienced individual to develop or assist faculty in development of distance education courses to meet program outcomes.</p> <p>Students are provided an orientation to distance education delivery system(s).</p>	<p>identity).</p> <p>The program clearly identifies information technology resources for teaching and learning, including the LMS used and strategic plan for sustainability.</p> <p>The program demonstrates that technical support is made available to stakeholders, including a published schedule when technical support is available and how to access support.</p> <p>The program demonstrates that an individual(s) with experience and competency in distance education instructional design contributes to the curriculum development.</p> <p>The program demonstrates that students have received instruction on the use of the LMS.</p>
III.A.14. Resources- Type and Amount – Support for Faculty Professional Development	Faculty are provided professional development and training on distance education delivery.	The program demonstrates that faculty receive a distance education orientation and regular professional development on new innovations in instructional methods and delivery platforms.
III.D. Resource Assessment	Faculty are evaluated on their knowledge of and effectiveness in delivery of distance education.	The program provides evidence of regular assessment of the faculty member's knowledge of and effectiveness in delivery of distance education.
V.A.2.I. Information technology requirements	There are clear disclosures regarding information technology requirements and resources to support students.	The program clearly discloses information technology requirements and resources to support students in meeting the program delivery method and outcomes.

B. Directory of Full Distance Education Accredited Programs

When publishing full distance education accredited program listings on the website, CAAHEP uses the following definition of a distance education program.

Full Distance Education Program: Method of delivery in which all instruction within a program is provided through distance education, meaning that the instructor and student are physically separated and using technology to interact. Instruction may be synchronous or asynchronous.

Clinical activities are considered supervised practice and separate from didactic and laboratory instructional modalities. Clinical activities may be remote, virtual, or located at affiliated sites, as approved for the given curriculum.

C. Satellites

Satellite - off-campus location(s) that are advertised or otherwise made known to individuals outside the sponsor. The off-campus location(s) must offer all the professional didactic and laboratory content of the program. Satellite(s) are included in the CAAHEP accreditation of the sponsor and function under the direction of the Key Personnel of the program. Committees on Accreditation may establish additional requirements that are consistent with CAAHEP Standards and policies.

CoAs must inform CAAHEP of the addition of an approved satellite.

210 Naming Specific Certification Credentials, Examinations, or Organizations

Specific certification credentials, examinations, or organizations cannot be referenced within a standard in the CAAHEP *Standards and Guidelines*. Specific certification credentials, examinations, or organizations may be referenced within a *guideline*.

211 International Accreditation

CAAHEP provides oversight and collaborates with its Committees on Accreditation (CoA), approved by the International Accreditation Review Committee (IARC), to recommend programs outside the United States for accreditation. Programs Sponsors located outside the United States seeking consideration for CAAHEP accreditation must have an approved International Eligibility Review Application (IERA).

A. Authorization

Program Sponsors located outside the United States must be authorized by a recognized educational authority or accreditation agency to provide the post-secondary program at the award level required by the CAAHEP profession-specific Standard. As part of the International Eligibility Review Application (IERA), program sponsors outside the United States must submit evidence of authorization from all appropriate agencies. CAAHEP and its CoAs will conduct an accreditation review outside the U.S. only in cases where there is no objection from all applicable education authorities or recognition/ accreditation agencies in that program's country or region.

B. International Eligibility Review Application (IERA)

The CAAHEP IERA is a non-evaluative screening process to determine the program sponsor's understanding of the accreditation process and its eligibility to participate in CAAHEP

accreditation. An IERA is neither a comprehensive review nor a consultation; it is a cursory review solely based on information provided in a program's Eligibility Application. Therefore, feedback/recommendation from the International Accreditation Review Committee is provided "as is"; no further input or discussion is available.

Approval of an International Eligibility Review Application by the IARC is valid for twenty-four (24) months). If, for unexpected reasons, programs need to postpone starting the CAAHEP accreditation cycle beyond twenty-four (24) months, another IERA and fee* must be submitted for approval. An international eligibility review application must be submitted and approved before undergoing an initial or continuing comprehensive review.

International Eligibility Requirements

1. Language. All documents submitted to CAAHEP and its CoAs must be in English.
2. Cover Letter. Applicants must submit a Cover Letter indicating their understanding and willingness to participate in the CAAHEP International Eligibility Review and Accreditation Review Process. The Cover Letter must be on the Program Sponsor's letterhead and include:
 - a) A statement indicating that the Program Sponsor understands the required components of the International Eligibility Review Application and the CAAHEP Accreditation Review process.
 - b) A request by the Program Sponsor CEO and Program Director authorizing CAAHEP to initiate the eligibility review process and, if approved, to participate in the CAAHEP Accreditation Review Process. The request must be signed by the following:
 - i. the chief executive officer of the institution in which the program is located (university president or chancellor, in most cases)
 - ii. the program director (PD)

In the case of a program that is part of a consortium comprised of more than one institution (as defined by CAAHEP and the profession-specific Committee on Accreditation), signatures must be from the leaders of each institution.

3. Costs
 - a) Reimbursement of the Site Visit team's actual travel expenses – Travel expenses include but are not limited to roundtrip airfare, lodging, transportation, meals, international calls, and travel insurance (both medical and security). Please note that CAAHEP and its CoAs permit its volunteers to travel at a minimum in business class when international flights are greater than eight hours in total (layovers included) or if one leg alone is six (6) hours more.
 - b) Additional support for ensuring the safety and security of the CAAHEP or CoA team –

This may include airport pick-up, escort, and daily ground transportation between each of the visit locations (i.e., campuses, hotel, and airport).

- c) Visa or other documentation fees*
 - d) Bank charges
 - e) Remittance of CAAHEP IERA fee, Site Visit Coordination Fee, and CoA international review fees*
 - f) Global Rescue individual membership for CAAHEP and CoA site visitors
4. Safety/Security. The following factors will be considered by CAAHEP and the Committee on Accreditation when considering an International Eligibility Review Application
- a) An assessment of security risks, including terrorism and street crime factors. This assessment is based on reliable information, including State Department information and information obtained from program/school faculty at the location of the proposed travel.
 - b) An assessment of health risks, including documentation of any required or recommended vaccinations.
 - c) Information on visas or other bureaucratic requirements for entry into the country, including the amount of advance time needed for such paperwork.
 - d) Information, if available, on the interest/willingness of specific CAAHEP and CoA staff or volunteers who have explicitly indicated an interest in such travel.

CAAHEP and its CoAs' evaluation of the safety and security must provide reasonable assurance that it will be possible to conduct initial and continuing site visits at the applicant program location. A Committee on Accreditation may cancel a planned site visit(s) at any time due to a lack of available personnel or emerging events in the country that would change the conditions that existed at the time of the Committee on Accreditation's original decision to conduct the visit.

5. Eligibility Review Procedure

- a) Submission to CAAHEP of a completed International Eligibility Review Application (IERA) with all supporting documents and the required IERA fee.*
- b) CAAHEP will forward the IERA to the International Accreditation Review Committee (IARC), which reviews the submission and validates information compared to current policies and requirements. The IARC may request additional information or a revision of the submitted application and materials.

- c) The program sponsor will be notified of the approval status of the IERA by the IARC. If the International Accreditation Review Eligibility Application is approved, the IARC will direct the program to enter the CoA Accreditation or Pre-accreditation process, including submission of the [Request for Accreditation Services \(RAS\) form](#).

*All CAAHEP fees must be paid in U.S. Dollars

300 Policies and Procedures Governing Communications with the Public

301 Public Notification of a Program's Status

CAAHEP provides the public with information about a program's accreditation status through its website directory of accredited programs.

CAAHEP considers a program that has probationary accreditation to retain its status as an accredited program and includes the name of the program in official listings. CAAHEP discloses the probationary status of a program in all reports of Board actions and publishes on its website the Letter of Notification of Probationary Accreditation that has been distributed to the institution. This letter includes the time period for which the program is to remain on probation and citations to the sections of the Standards in which the program is deficient.

302 Public Use of CAAHEP Accreditation Status by Programs and Institutions

CAAHEP requires institutions and programs to be accurate in reporting to the public the program's accreditation status. Publication of a program's accreditation status must include the full name of CAAHEP and a link to the CAAHEP website and may include CAAHEP's mailing address and telephone number.

CAAHEP requires a program to inform all current students and applicants in writing of the program's accreditation status in cases of Probation or Withdrawal (Voluntary and Involuntary).

A. Except for paragraphs 2 and 3 below, if a program has not yet been accredited by CAAHEP and has not yet been scheduled for an initial site visit by the appropriate Committee on Accreditation, no mention of CAAHEP accreditation may be made.

1. Once a site visit has been scheduled by the appropriate Committee on Accreditation, a program should publish the following statement:

"The [name of program] at [institution] has a site visit scheduled for pursuing initial accreditation by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org). This step in the process is neither a status of accreditation nor a guarantee that accreditation will be granted."

There should be no claims of timelines or when accreditation will be achieved.

2. If a program has been issued a Letter of Review by the Committee on Accreditation of educational Programs for the Emergency Medical Services Professions (CoAEMSP) they may publish that fact with the following statement:

“The EMT-Paramedic program at *[institution]* has been issued a Letter of Review by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). This letter is NOT an accreditation status; it is a status signifying that a program seeking initial accreditation has demonstrated sufficient compliance with the accreditation Standards through the Letter of Review Self-Study Report (LSSR) and other documentation. Letter of Review is recognized by the National Registry of Emergency Medical Technicians (NREMT) for eligibility to take the NREMT's Paramedic credentialing examination(s). However, it is NOT a guarantee of eventual accreditation.”

3. If a program has been issued a Letter of Review or Candidacy status by another Committee on Accreditation, it may publish that fact with the following statement:

“The *[name of profession]* program at *[institution]* has been issued a Letter of Review/Candidacy status by the *[name of CoA]*. This is NOT an accreditation status; it is a status signifying that a program seeking initial accreditation has demonstrated sufficient compliance with the accreditation Standards to warrant that status. However, it is NOT a guarantee of eventual accreditation.”

- B. If a program has CAAHEP accreditation, the sponsor must use the following language when referring to that accreditation:

1. In at least one of its comprehensive publications customarily used to officially convey institutional information, it must state:

“The *[name of program]* is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of *[name of Committee on Accreditation]*.”

The program may also include the address and phone number:

9355 - 113th St. N, #7709
Seminole, FL 33775
727-210-2350

2. Provided the requirements of paragraph B.1 have been met, the sponsor may choose, but is not required, to include the program accreditation statement in small publications such as newspaper ads, flyers, pamphlets, etc.

- C. If a program has been placed on Probationary Accreditation by CAAHEP, it must inform all students and applicants in writing, and must disclose this status whenever reference is made to its accreditation status, by including the statement:

“The [Name of program] is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of [name of Committee on Accreditation]. The program has been placed on Probationary Accreditation as of [date of Probation action].”

Since Probationary Accreditation is a temporary status, publications that are published less frequently than once a year (e.g., catalogues) are not required to carry the above wording. However, whenever such publications are distributed to the program’s current students or potential applicants, they must include an insert containing the above language. Any promotional pieces, print advertisements or areas on the program’s website that make reference to an accreditation status must include the above language about Probationary Accreditation.

- D. All CAAHEP accredited programs must maintain, and make available to the public, current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these Standards. Each CoA has adopted a policy about which outcome(s) they require their programs to publish. The program should keep CAAHEP informed of the appropriate URL where the public can find the outcomes(s).

303 Use of CAAHEP Logo by Programs and Program Sponsors

The CAAHEP logo is the exclusive property of CAAHEP. However, CAAHEP allows accredited programs and their program sponsors to use the CAAHEP logo in publications and displays. The following guidelines must be followed.

- A. The logo must be used in its entirety and not modified except that it may be reduced or enlarged to suit the use, but the scale of the elements should be retained.
- B. It may be reproduced in black and white or in darker shades of blue.
- C. The logo may NOT be used by programs that have applied for, but not yet received accreditation.
- D. When programs are included in the publication and/or display that are not accredited by CAAHEP then accompanying text must be included that makes it clear which programs are CAAHEP accredited.
- E. Use of the logo shall be subject at all times to revocation and withdrawal by CAAHEP when, in its sole judgment, its continued use would not serve the best interests of CAAHEP or the public.

400 Standards Adoption and Revision

401 Adoption and Revision of Standards

All CAAHEP accreditation Standards include outcome measures. All accreditation Standards are relevant and, to the extent possible, have been determined to be reliable and valid. The accreditation Standards include a requirement for disclosure with regard to programs' outcome measures.

The accreditation Standards include requirements for fair business practices, ethical standards, due process and fair educational practices. The Standards include a requirement for notification of substantial changes affecting a program.

All CAAHEP accreditation Standards shall conform with the established format. (See Template in Appendices)

A. Standards Template Revisions

The *Standards and Guidelines* template is reviewed periodically by the Standards Committee, and revised as necessary by the following process:

1. Proposed draft template language is submitted to the Board of Directors for review and authorization to proceed.
2. If authorized by the Board of Directors, proposed revised template language is posted to the CAAHEP website for a minimum of 30 days for comment by communities of interest.
3. Comments are reviewed by the Standards Committee. A recommendation for final language is submitted to the Board of Directors for approval.

B. Adoption of New and Revised Standards

1. Committees on Accreditation (CoA) are responsible for developing and periodically revising *Standards and Guidelines* in order to:
 - a) Maintain compliance with CAAHEP policy, including the Standards Template; and
 - b) Maintain congruence between the educational preparation of students and the accepted state of practice for the discipline.
2. Each CoA reviews its profession's current *Standards and Guidelines* at least once every ten (10) years and provides the CAAHEP Board of Directors (BoD) with a written report on the outcome of review.

C. Procedures for revisions to Standards

1. Each CoA is responsible for working with its sponsoring organization(s) to develop progressive drafts over a period of several months. These drafts must comply with the current *Standards Template* (See Appendices). Initial and progressive drafts shall be shared with the CAAHEP Standards Committee for formal review and comment. (*Standards and Guidelines Appendix A* is not subject to review or revision by CoAs.) The CoA reports to CAAHEP the process it used in working with its sponsoring organization(s) to obtain input on successive drafts. The CoA must provide a written rationale to CAAHEP for any variations from the *Standards Template* as to why the variation is necessary for that profession.
2. CoA and sponsoring organization(s) are required to obtain consideration from all applicable communities of interest regarding what should and what should not be included in the *Standards and Guidelines*.
 - a) Communities of interest include practitioners, educators, employers, related professionals, students, institutional administrators (deans and program directors), national societies and agencies, and the public.
 - b) Solicitations may be made via media announcements, correspondence, postings, annual meetings, special hearings, etc.
3. Each CoA incorporates suggestions from communities of interest into proposed *Standards and Guidelines* as it deems appropriate. The CoA reports to CAAHEP the process by which the CoA and sponsoring organization(s) obtained consideration from all applicable communities of interest. The CoA reports to CAAHEP any suggestions from the communities of interest that were not incorporated into the proposed *Standards and Guidelines*, and the rationale for that exclusion.
4. CAAHEP Staff forwards the proposed *Standards and Guidelines* drafts to the CAAHEP Standards Committee.
 - a) Standards Committee reviews proposed *Standards and Guidelines* drafts for consistency with the current *Standards Template*.
 - b) Standards Committee reviews proposed wording variations from the *Standards Template* along with the CoA's written rationale to determine if an exception is warranted.
 - c) Standards Committee reviews proposed *Standards and Guidelines* drafts for consistency with CAAHEP policy and philosophy and adherence to due process.
 - d) If Standard III.C references a curriculum document, the contents of that curriculum document are incorporated into the *Standards and Guidelines* as Appendix B and is reviewed by the Standards Committee.

5. Each CoA submits proposed drafts of new or revised *Standards and Guidelines* to the appropriate CAAHEP staff person and requests a formal review by the CAAHEP Standards Committee. These reviews should take place before the final draft is presented to the sponsoring organization(s).
6. Once the Standards Committee has reviewed and approved the “Open Hearing” draft, it must be sent to all of the CoA’s sponsoring organization(s) for endorsement. The endorsement letter must be signed by the chief elected official or designated representative of the sponsoring organization.
 - a) CAAHEP allows invoking a time limit for endorsement by the sponsoring organization(s), provided each sponsoring organization has at least 60 days to take action.
 - b) The CoA may set the time limit for sponsoring organization action to be longer than 60 days, provided it is the same period for all sponsoring organizations.
 - c) If the CoA invokes a time limit for endorsement by its sponsoring organizations, it must include the following statement in its written request to each sponsoring organization:

The CAAHEP Standards revision process requires endorsement of proposed Standards by each sponsoring organization of the *[name of CoA]*. In the event the *[name of sponsoring organization]* does not provide written consent or written objection to the proposed Standards within *[fill in # of days, but not fewer than 60]* days after receipt of this written notification and the attached proposed *Standards and Guidelines* document, the proposed Standards are deemed endorsed.

7. The CoA submits the completed “Request for a CAAHEP Open Hearing on Proposed *Standards and Guidelines*” form, along with the endorsement letters from each Sponsoring organization (or documentation of the elapsed time limit endorsement) to the CAAHEP office. CAAHEP then schedules a public Open Hearing on the proposed *Standards and Guidelines*.
 - a) Time and place of the hearing are determined by CAAHEP. Hearings may be held in every month except December. When possible, open hearings will coincide with a face-to-face meeting of the CAAHEP Board of Directors. All hearings will include the option of teleconference participation for those who are unable to be physically present.
 - b) CAAHEP provides at least thirty (30) days’ notice of the public Open Hearing to the appropriate communities of interest. Notice is posted on the CAAHEP website.
 - c) All notices identify the date, time and location of the hearing, and specify the mailing address, email address, and date by which written comments must be received in the CAAHEP office.
 - d) The hearing is conducted by a three-person panel, composed of members of the Standards Committee or designee(s).

8. Immediately following the hearing, the panel meets in executive session to assess testimony and comments to determine which, if any, should be incorporated into the *Standards and Guidelines*.
9. The CAAHEP Standards Committee, following consultation with the CoA chair and senior staff, formulates a recommendation based on the outcome of the Open Hearing and forwards it to the BoD.
10. BoD takes action on the *Standards and Guidelines* at its next regularly scheduled meeting *and* notifies the CoA of its decision.
11. Upon approval by the BoD, CAAHEP adds Appendix A to the document and adds the year in which the approval occurs to the beginning of the document as “revised yyyy”.

D. For incorporating Template wording revisions only

1. If after the completion of the CoA review and Standards Committee review (see Section 401, B), incorporating Template wording revisions are the only changes:
 - a) CAAHEP provides the CoA with draft *Standards and Guidelines* that include changes to incorporate the current Template language.
 - b) Within 120 days after receiving the draft from CAAHEP, the CoA, after consultation with its sponsoring organizations, may provide a rationale to the Standards Committee as to why Template language may not apply to that profession.
 - c) Once the Standards Committee has approved the final draft, it will be posted to the CAAHEP web site for a minimum of 30 days.
 - d) CAAHEP does not require endorsement by the CoA’s sponsoring organization(s), provided there has been sufficient consultation with the organization(s) by the CoA.
 - e) After reviewing the comments received during the minimum 30-day posting, the Standards Committee will determine whether or not an Open Hearing is desirable. If an Open Hearing is to be conducted, Sections 401B, 7-8 are followed.
2. If no Open Hearing is conducted, the Standards Committee formulates a recommendation and forwards it to the Board of Directors (BoD).
3. BoD takes action on the *Standards and Guidelines* at its next regularly scheduled meeting *and* notifies the CoA of its decision.
4. Upon approval by the BoD, CAAHEP adds Appendix A to the document and adds the year in which the approval occurs to the beginning of the document as “revised yyyy.”

E. For Review of Standards with no Revisions

If after the completion of the CoA review and Standards Committee review (see Section

401B), the CoA notifies CAAHEP that no revisions are deemed necessary, and the current *Standards and Guidelines* match the Template:

- a) The Standards Committee reports that notification to the Board of Directors (BoD).
- b) The BoD takes action on that notification and the year in which the action occurs is added to the beginning of the document as “reviewed yyyy.”

F. For revisions to Appendix B without changes to the *Standards and Guidelines*

1. If after completion of the CoA and Standards Committee reviews (see Section 401, B), incorporating changes to the curriculum document referenced in Standard III.C (Appendix B) are the only changes:
 - a) The CoA submits revised draft of Appendix B to the Standards Committee for review, along with description of CoA’s process by which consideration was obtained from all applicable communities of interest and from CoA’s sponsoring organization(s).
 - b) CAAHEP does not require endorsement by the CoA’s sponsoring organization(s), provided there has been sufficient consultation with the organization(s) by the CoA.
 - c) The Standards Committee reviews the Appendix B document and CoA’s consideration process to assure consistency with CAAHEP policy and adherence to due process, language is consistent with the state of the profession, and due consideration was given by the CoA to all comments received from its communities of interest.
 - d) Once the Standards Committee has approved the final draft, it will be posted to the CAAHEP web site for a minimum of 30 days.
 - e) The Standards Committee will forward the comments received to the CoA for response.
 - f) After reviewing the comments received during the minimum 30-day posting and the CoA’s response, the Standards Committee will determine whether or not an Open Hearing is desirable. If an Open Hearing is to be conducted, Section 401B, 7-8 is followed.
2. If an Open Hearing is not conducted, the Standards Committee formulates a recommendation and forwards it to the Board of Directors (BoD).
3. BoD takes action on the *Standards and Guidelines* at its next regularly scheduled meeting and notifies the CoA of its decision.
4. Upon approval by the BoD, CAAHEP adds Appendix A and B to the *Standards and Guidelines* and adds the year in which the approval occurs to the beginning of the document as “revised yyyy.”

G. For changes to Guideline language only

1. If after CoA and Standards Committee reviews, the only changes are to Guideline language:
 - a) Draft(s) with the proposed wording is/are submitted to the CAAHEP Executive Office.
 - b) Once the Standards Committee has approved the final draft, it formulates a recommendation to the CAAHEP Board of Directors (BoD).
 - c) The BoD takes action on the *Standards and Guidelines* at its next regularly scheduled meeting *and* notifies the CoA of its decision. Upon approval by the BoD, the year in which the approval occurs is added to the beginning of the document as “revised yyyy.”

500 CAAHEP Structure and Governance

501 Membership in CAAHEP

CAAHEP Bylaws provide for three categories of organizational membership. These categories are: Sponsoring Organizations, Committees on Accreditation and Associate Organizations.

502 Sponsoring Organizations

Sponsoring organization members are organizations or agencies that establish or support one or more Committees on Accreditation and support the CAAHEP accreditation system.

A. Joining CAAHEP as a Sponsoring Member

When a national professional organization believes that its membership has legitimate concerns about, and responsibilities for, the quality of personnel prepared in educational programs accredited by CAAHEP, the organization may petition the particular CoA for approval to join them as a sponsoring organization. Each CoA shall establish policies and procedures for the addition of such sponsoring organizations. If the CoA determines that it wishes to recommend an organization for sponsoring membership, it shall convey that recommendation to CAAHEP for a vote by the full Commission pursuant to Article IV, Section 2 of the CAAHEP Bylaws. Such vote shall be placed on the next Annual Meeting agenda. Any organization wishing to sponsor a CoA must also be approved as a sponsoring member of CAAHEP.

B. Voluntary Termination of Sponsoring Membership

Any sponsoring organization may voluntarily terminate its membership in CAAHEP. Such termination will also result in withdrawal of the organization as a sponsor of the CoA. As required in Article IV, Section 4 of the CAAHEP Bylaws, any organization wishing to terminate its sponsoring membership shall be obligated to pay dues for the fiscal year in which it terminates its membership.

C. Involuntary Termination of Sponsoring Membership

CoAs should establish policies and procedures for the involuntary termination of sponsoring organization members. Any such recommendation for termination shall be forwarded by the CoA to the CAAHEP Board of Directors for their consideration and further action.

Pursuant to Article IV, Section 5 of the CAAHEP Bylaws, if a CoA wishes to terminate the membership of a sponsoring organization, they must provide that organization with a full statement of the reasons for such termination. The organization will then be afforded the opportunity of a hearing to be conducted by the Board of Directors. If the Board

determines that involuntary termination of sponsoring membership is justified, it shall make a recommendation to the full Commission. A two-thirds vote of the Commission is required for the involuntary termination of sponsoring memberships.

503 Committees on Accreditation

Each health science discipline wishing to have educational programs accredited by CAAHEP must be represented by a Committee on Accreditation (CoA) that is approved as a member of CAAHEP. Only one CoA for any health science profession qualifies as a member of CAAHEP.

Member CoAs commit to observe CAAHEP's policies and procedures and to assure that the CoA's policies and procedures, when developed, will be consistent with those of CAAHEP.

A. Criteria for CoAs affiliated with CAAHEP

1. The discipline for which accreditation is being awarded has been voted eligible to participate in CAAHEP [see 505A on page 43].
2. The CoA is sponsored by at least one (1) sponsoring organization during its initial and ongoing affiliation with CAAHEP.
3. Mission of the CoA is consistent with CAAHEP's purpose and mission.
4. The CoA commits to the development of policies and procedures that are consistent with CAAHEP's policies and procedures within six months, if possible, of the vote to become a CAAHEP CoA.
5. The CoA has a plan in place to become financially viable.
6. There is demonstrated need for the CoA.
7. Diverse communities of interest, beyond the discipline for which accreditation is being awarded, participate collaboratively in all accreditation activities. Examples of communities of interest include educators, employers, related professionals, the public, and consumers of health science education programs.

The proposed CoA must submit all of the information and materials required by the Application for Committee on Accreditation Membership.

The BoD may request additional information and/or may solicit comments to arrive at a fair and equitable decision.

If the BoD approves the membership of a CoA, it will forward a recommendation to the Commission. Final membership must be approved by a majority vote of the Commission.

B. CoA International Review Requirements and Application Process

Committees on Accreditation seeking the ability to recommend programs for accreditation outside of the United States must have the capacity and competence to engage in international accreditation activities.

1. Requirements for CoAs to Conduct Reviews Outside the U.S.

- a) Policies. The CoA has the following information made known to the public and program sponsors regarding reviewing programs outside the United States. *Policies must be published in the CoA policy manual and accessible via the CAAHEP or CoA website.*
 - i. Scope of program review for program sponsors outside the U.S.
 - ii. CoA application of standards that are substantially comparable to U.S. institutions and programs.
 - iii. Published process for readiness review, including CoA-specific requirements. Any alterations for programs outside of the United States must be disclosed.
 - iv. English Language requirements for all documents
 - v. Site visit requirements for initial and continuing accreditation (i.e., virtual, face-to-face, hybrid, number of visitors, length of visit, managing travel requirements)
 - vi. The role of and approval of translators
 - vii. Notification that the program sponsor bears the responsibility for all costs (including but not limited to visas, passports, airfare, food, hotel, translation, and ground transport) associated with the review process.
 - viii. CoA administrative fees for the review of programs outside the U.S.*
- b) Standards. The *Standards and Guidelines* for Committees on Accreditation requesting the ability to review programs outside the United States must include international program sponsors and authorizing agencies.
- c) Resources. CoAs participating in the review of programs outside the U.S. must demonstrate they have the necessary resources for effective international engagement. CoA international review resources include staff, familiarity with international post-secondary education, qualified site visitors, and operational procedures to maintain ongoing accreditation reviews outside the U.S.

2. Procedure for CoA Application to Participate in International Review

The CAAHEP International Accreditation Review Committee is responsible for the review and approval of its Committees on Accreditation's ability to participate in the review of programs outside the U.S.

- a) CoA submits a completed CoA International Review Application (CIRA) and supporting evidence.
- b) IARC reviews the CIRA according to established policies and requirements for CoA competence and capacity to review programs outside the U.S.
- c) A representative of the CoA attends the meeting of the IARC to validate information on the application and clarify questions related to CoA competence and capacity for international review.
- d) The IARC can approve the CIRA or table it until the CoA meets all requirements. The

IARC will inform the CAAHEP Board of Directors of CoA approvals to review programs outside the U.S. and listed on the CAAHEP website.

*All CAAHEP fees must be paid in U.S. Dollars

C. Voluntary Withdrawal of Membership as a Committee on Accreditation

Any CoA wishing to withdraw from the CAAHEP system shall give written notice of such intention at least six months prior to the desired date of withdrawal. As specified in Article IV, Section 4 of the CAAHEP Bylaws, any CoA wishing to withdraw will be obligated to pay dues for the fiscal year in which it terminates its membership. The written notice should outline the reasons for withdrawal; the intended timeline to be followed; and detailed plans for notification of all affected programs and other communities of interest.

The CAAHEP Board of Directors will accept all new accreditation recommendations from a CoA that has given notice of its intent to withdraw from membership in CAAHEP.

If the CoA has any programs that find themselves in a CAAHEP appeals process after the CoA has terminated its membership in CAAHEP, that CoA will reimburse CAAHEP 100% of the cost of the appeals process and will comply with the findings of the CAAHEP Appeals Panel.

Because all CAAHEP Educational Standards belong to CAAHEP, the CoA must have a plan for the development of its own Standards. There may be an interim period during which the CoA licenses the right to continue using CAAHEP Standards.

D. Termination of Membership of a Committee on Accreditation

A Committee on Accreditation may have its membership terminated for failing to observe CAAHEP's mission, values, policies and procedures, or for ceasing to meet the established membership criteria.

If the BoD feels that a CoA is in violation of CAAHEP's mission, values, policies, procedures or membership criteria, a letter shall be sent to the Chair and Staff executive of that CoA outlining the areas in which they are believed to be out of compliance. The CoA shall have the opportunity to respond, and the BoD shall hold a hearing pursuant to Article IV, Section 5 of the CAAHEP Bylaws. If the BoD determines that there is just cause for termination of the CoA's membership, a recommendation will be sent to the full Commission. The Commission will vote at its next Annual Meeting and a two-thirds approval vote is required.

When a CoA no longer has a sponsoring organization, it has twelve (12) months to find another. The CAAHEP Board of Directors will terminate the CoA's membership unless there are extenuating circumstances.

504 Associate Member Organizations

National organizations that request of the Commission the addition of a health science discipline to the CAAHEP system and are working toward formation of a new Committee on Accreditation will join CAAHEP as associate members.

505 Eligibility of Health Science Disciplines

CAAHEP determines eligibility of health science disciplines for the purpose of participating in accreditation activities within its system.

A. Criteria for Eligibility of Health Science Disciplines

1. The health science discipline must represent a distinct and well-defined field.
2. There must be a demonstrated need for the health science occupation and for accreditation of educational programs which prepare persons to enter the field.
3. Educational programs for the health science occupation should not duplicate educational programs for already existing health science occupations.
4. Organizations seeking eligibility of the health science occupation must be national in scope and have legitimate concerns about and responsibilities for the quality of practitioners prepared by the educational programs. Petitioning organizations, if not already members of CAAHEP, must join as an associate member organization prior to consideration of their petition.
5. A health science occupation consisting exclusively of on-the-job training will not be considered for recognition.
6. Educational programs should be no shorter than one academic year (two semesters). Programs must comply with established standards and submit documentation that graduates have gained the required skills and knowledge to obtain entry-level positions within the occupation.
7. To be eligible for participation, the health science occupation must have at least three programs with enrolled students.

The petitioning organization should file all of the information and materials required by the Application for Eligibility (see page 85). Once the CAAHEP Office has established that the health science discipline meets the above eligibility criteria, a vote on eligibility will be placed on the agenda of the next annual business meeting of the Commission. An announcement of such vote will be mailed to all Commissioners and placed on the CAAHEP website at least 30 days in advance of the annual meeting.

B. Related Health Science Disciplines

When an existing CAAHEP Committee on Accreditation and one or more of its sponsoring organizations wish to develop Standards for a new discipline that is related to their area of expertise, they shall submit a petition to the CAAHEP Board of Directors, outlining how the

new discipline meets the above eligibility criteria. In the case of paragraph A.7. above, the requirement for already existing programs may be waived if the CoA can demonstrate a need for programs in this related discipline. Notice of their intent to develop Standards in the discipline shall be provided to the relevant communities of interest and shall be placed on the CAAHEP website at least 30 days in advance of the Board vote.

506 Public Representatives

The public interest in the accreditation of health science education programs is represented in the governance of CAAHEP and also in the accreditation function.

Pursuant to CAAHEP's Bylaws, there shall be two Commissioners appointed to represent the general public. Both of these Commissioners also shall serve on the Board of Directors.

A. Selection and Appointment of Public Members

1. The Public Members are elected by the Board of Directors for the purpose of giving special attention to the public interest, though all members of CAAHEP and the CoAs have the duty to protect that interest.
2. CAAHEP's Public Members are selected based on the following qualifications:
 - a) An informed person with a broad, community point of view who can contribute an outside perspective on accreditation issues.
 - b) While those from many non-health professional career areas may prove likely candidates for public representation, those from educational administration, health related organizations, and the accreditation community need not be excluded.
 - c) A Public Member cannot be a current or past member of a profession whose educational programs are accredited by CAAHEP. Practitioner representation is valuable and may well be in the public interest, but public membership per se derives from different objectives.
 - d) A Public Member cannot be affiliated in any capacity with a CAAHEP-accredited program (e.g., faculty, staff or administration in or overseeing a CAAHEP accredited program).

B. Role and Responsibility of Public Member on BoD

1. Monitors accreditation actions with particular attention to due process issues.
2. Participates in BoD/COA quality assurance processes.
3. Serves on the committee reviewing applications for the membership of a new Committee on Accreditation.
4. Serves on the panel for Open Hearings on Standards.

C. Roles and Responsibilities of Public Member as Commissioner

1. Attends CAAHEP Annual Meeting

2. Participates in the business of the Commission, including such activities as electing the CAAHEP Board of Directors, amending CAAHEP Bylaws, changing CAAHEP mission and vision statements, approving new organizations for membership; recognizing health science disciplines and monitoring the Board of Directors to ensure quality and equity within the CAAHEP system.
3. Brings to the attention of the Commission educational concerns that impact on the accreditation of academic programs, especially concerns of the general public.
4. Participates as an observer in a CAAHEP accreditation site visit(s).

D. Election and Notification Process

1. In January of any year in which there will be a vacancy for a Public Member Commissioner, the CAAHEP Office will advertise a request for nominations to be submitted, along with a resume and the names and contact information for three references. Nominations are due by March 1st for consideration by the Board of Directors at their March meeting.
2. The Executive Director may contact the references provided by the nominees and request a letter of recommendation.
3. Nominees will be reviewed by the Board of Directors.
4. The President will notify the person elected and discuss the responsibilities with him/her.

E. Term of Office

The term of office of Public Member Commissioners shall be three years and they are eligible to serve two consecutive terms.

F. Expenses

Expenses incurred by Public Members in attending the CAAHEP Annual Meeting and Board meetings will be paid by CAAHEP. Expense reimbursement requests must be submitted within 60 days of the event.

G. Public Member on CoAs

In the spirit of transparency and public accountability, each CoA is encouraged to have at least one (1) public member on its final decision-making body.

507 Representative of Students

The interests of students in the accreditation of health science education programs are represented in the governance of CAAHEP by a recent graduate of a CAAHEP-accredited program. "Recent graduate" is someone who has graduated no more than three years prior to being elected.

A. Qualifications

The Recent Graduate Commissioner:

1. Is a graduate of a CAAHEP accredited program within the last three years.
2. Understands and is willing to represent on the Commission the interests of students enrolled in health science education programs.
3. Is currently working in the health science field for which he/she was trained.
4. Demonstrates active involvement in his/her health science field.

B. Roles and Responsibilities of Recent Graduate as Commissioner

1. Attends CAAHEP Annual Meeting
2. Participates in the business of the Commission, including such activities as electing the CAAHEP Board of Directors, amending CAAHEP Bylaws, changing CAAHEP mission and vision statements, approving new organizations for membership; recognizing health science disciplines and monitoring the Board of Directors to ensure quality and equity within the CAAHEP system.
3. Brings to the attention of the Commission educational concerns that impact on the accreditation of academic programs, especially concerns of students and alumni.
4. May address the Commission at the Annual Business Meeting on a topic of her/his choice.
5. Chairs an advisory committee composed of current students or other recent graduates to identify issues of concern to students and report these to the Board of Directors.

C. Selection and Notification Process

1. In January of any year in which there will be a vacancy for a Recent Graduate Member Commissioner, the CAAHEP Office will advertise a request for nominations to be submitted, along with a resume and the names and contact information for three references. Nominations are due by February 15th and will be reviewed by a special task force with recommendations relayed to the Board of Directors for consideration at their March meeting.
2. The Executive Director may contact the references on the Nominations form and request a letter of recommendation.
3. The President will notify the person selected and discuss the responsibilities with him/her.

D. Term of Office

The term of the Recent Graduate Commissioner will be three years; he/she is ineligible for reappointment.

E. Expenses

Expenses incurred by the Recent Graduate Commissioner in attending the CAAHEP Annual Meeting will be paid by CAAHEP. Expense reimbursement requests must be submitted within 60 days of the event.

508 Governance – Board of Directors

The Board of Directors is the final decision-making authority for accreditation actions as well as the administrative body that implements the mission and vision adopted by the Commission.

A. Orientation of Board Members

In order to assure knowledgeable and effective governance by Board members, any newly- elected/appointed Board member who has never attended a meeting of a Committee on Accreditation or been involved in a site visit, shall attend one or the other at CAAHEP's expense as soon as is feasible.

Upon election to the BoD, new members shall receive an orientation packet which includes:

1. CAAHEP Bylaws and Strategic Plan
2. CAAHEP Policy Compilation
3. BoD meeting minutes of previous year
4. List of commonly used acronyms
5. The Communiqués from the last two years
6. List of the names, addresses, phone numbers, fax numbers and e-mail address of:
 - a) Board of Directors Members
 - b) CoA Chairs
 - c) CoA Executive staff
 - d) CAAHEP Staff members with titles and responsibilities

B. Board Meetings

All business meetings of the CAAHEP Board of Directors are open to any interested persons. The Board packet for accreditation actions shall include:

1. A summary of administrative actions such as administrative probation since the last BoD meeting.
2. A list of programs declaring inactive status since the last BoD meeting.
3. A list of programs voluntarily withdrawing from CAAHEP accreditation since the last BoD meeting.

To maintain confidentiality, programs will be identified by numbers in the agenda materials and during discussions. Votes will be “batched” by profession and by recommended actions and voted on as groups, wherever feasible, unless actions for withdrawal, withhold or probationary accreditation are being considered.

C. BoD-CoA Liaison – Role and Responsibility

CAAHEP utilizes a “liaison” function as one means of ensuring quality and consistency in its accreditation decisions and with CAAHEP’s policies and procedures.

Definition: A BoD-CoA Liaison is a current or past member of the Board of Directors who serves as a designated liaison between the BoD and a specific Committee on Accreditation (CoA).

1. Selection and Assignment of Liaisons to CoAs
 - a) The liaison will be assigned by the president in consultation with the executive director; however, the CoA may request a change in the assigned liaison.
 - b) To avoid potential conflicts of interest, no liaison serves on the CoA representing the specialty of his or her health science discipline.
 - c) The selection of a Liaison is based on the following criteria:
 - i. The liaison must be either a current Board Member and completed the first year of their first term or have served as a member of the CAAHEP Board.
 - ii. A non-Board liaison may be appointed immediately after his/her term on the
 - iii. Board, even if they did not serve as liaison while on the Board.
 - iv. A non-Board liaison may be appointed only up to one year after the conclusion of his/her term on the Board.
2. Term of Office
 - a) Liaison shall be appointed for three-year terms and may serve a maximum of two terms with the same CoA.
 - b) Members who are rotating off the Board may continue in their existing liaison role but only for up to the maximum two 3-year terms.
 - c) If an individual has left the Board, he/she may be appointed as a liaison only in the first year after the conclusion of his/her term on the Board, and he/she may serve for a maximum of two 3-year terms.
3. Liaison Role and Responsibilities
 - a) Remain familiar with current CAAHEP Policies and Procedures;
 - b) Assist the CoA in developing or amending its policies and procedures so that they are consistent with those of CAAHEP;
 - c) Assist the CoA with application and compliance with its own policies and procedures;
 - d) Assist with orientation of new CoA members to CAAHEP;
 - e) Serve as a resource for CAAHEP’s accreditation process and Standards review

process;

- f) Update the CoA of changes to CAAHEP policies and procedures;
- g) Develop a working familiarity with the CoA and serve as a direct link to the CAAHEP Board;
- h) Assist and guide the CoA with the implementation process of Standards;
- i) Provide formal reports of CoA activities to the Performance Oversight Committee of the BoD.

When a liaison is appointed to a specific CoA, the CAAHEP Office shall notify the chair and executive director of the CoA; and request that the liaison be placed on the CoA's mailing list to receive copies of the CoA newsletter, meeting agenda and minutes. In addition, the CAAHEP office shall supply the liaison with a copy of the Standards and complete contact information for the staff and chair of the CoA.

4. Liaison Review of CoA's Recommendations for Program Accreditation

Each liaison reviews accreditation recommendations submitted by the CoAs for which he/she is a liaison to:

- a) determine consistency and equitability of recommendations
- b) verify that citations are based only on noncompliance with Standards
- c) verify that due process has been followed
- d) conduct on a periodic basis, but no less than biennial, a "document audit" of a CoA recommendation, reviewing the self-study, all correspondence, site visit report, and any other documents that led to the CoA's recommendation. A CAAHEP Liaison Accreditation Process Audit Checklist should be used during the document audit, and the completed form should be submitted to the CAAHEP office at the end of the site visit audit.
- e) conduct, either as part of the document audit or as a separate action, a site visit audit (as an observer at CAAHEP's expense) at least once every five years if a site visit has occurred. A CAAHEP Site Visit Audit Checklist should be completed during the process, and the completed form should be submitted to the CAAHEP office at the end of the site visit audit.

5. Liaison's Role as a Support to the CoA

- a) Prior to any meeting of the BoD, liaisons should:
 - i. determine whether there are any issues that the CoA would like to discuss with the BoD; and
 - ii. if the CoA has recommendations on the agenda or has identified an issue to bring forward, and the liaison is not a current Board member, he/she shall participate in the CAAHEP Board meeting.
- b) Whenever possible, the liaison shall attend all meetings of the CoA
 - i. attendance may be in person or by teleconference.
 - ii. expenses will be paid by CAAHEP, following receipt of the liaison's

report. Expense reimbursement requests must be submitted within 60 days of the event.

iii. each liaison should have attended at least one BoD accreditation action session prior to serving as a liaison.

c) When a new CoA is being developed, a liaison shall be appointed to provide advice and guidance on the preparation of the CoA application.

6. Guidelines for attending CoA meeting

a) The liaison should receive, if reasonable, the same documentation for accreditation decisions as other members of the CoA. This documentation should include the CoA's policies and procedures as well as any specific procedures used by the CoA for making accreditation decisions, e.g., guidelines for deciding on recommendations for the number of years until the next comprehensive review, etc.

b) The liaison is a representative of CAAHEP (not a representative of his or her specific discipline).

c) The liaison should participate in the meeting to the extent required to ensure that CoA discussion and decision making are in accordance with all CAAHEP policies.

d) The liaison may act as a resource on policies. However, he or she should not otherwise take an active part in the CoA accreditation discussions

e) When requested, the liaison may offer methods used by others which may assist the CoA in their deliberations. However, the liaison should not imply that any one discipline or CoA has the only correct methods.

7. Report of the liaison following the meeting

a) Liaison will prepare a written review of the CoA meeting, according to a standardized format. This is in addition to any oral report given directly to the CoA at the meeting.

b) This written report will be sent to the CoA and shared with the members of the BoD.

509 CAAHEP Awards

The CAAHEP Board of Directors has established two awards: the William W. Goding Award for Exceptional Service and the President's Citation.

A. William W. Goding Award for Exceptional Service

The *William W. Goding Award for Exceptional Service* is the highest honor awarded by CAAHEP. It is reserved for those who are or have been Commissioners. It recognizes an individual who has served the Commission in word and deed, i.e., has spoken with conviction about the work of the Commission, advanced its purposes, and actively

participated in the Commission's activities at a high level for a sustained period of time. The recipient is someone who is respected by other Commissioners but is not currently a Board member.

The criteria for the award are as follows:

1. Advancing CAAHEP's mission and goals
2. Assuming leadership responsibilities within CAAHEP (e.g., chairing committees and task forces, serving as an officer, assuming responsibility for CAAHEP special programs, etc.)
3. Exhibiting notable participation in one or more CAAHEP activities and/or programs
4. Advancing ideas and/or new strategies to benefit the organization

Nomination: Any Commissioner may nominate someone to be considered for this award. The nomination will be written and will address each of the criteria. Nominations will be solicited by November 1 of the prior year in which the award is to be given.

Selection: The President and three of the longest-serving members of the Board of Directors will serve as the Award Selection Committee. The Committee will review nominations and may select no more than two to be submitted to the full Board of Directors on a ballot. Each member of the Board will have one vote and the nominee receiving the majority of votes will receive the award.

Frequency: The *William W. Goding Award for Exceptional Service* will be given when, in the opinion of the Awards Selection Committee, a nominee meets the criteria. In some years, no award may be given.

Presentation: The *William W. Goding Award for Exceptional Service* will be presented at CAAHEP's Annual Meeting. The recipient will be invited to attend as CAAHEP's guest.

B. CAAHEP President's Citation

In recognition that the CAAHEP President must depend on others for assistance in accomplishing the work of the organization, CAAHEP has established the President's Citation. This award is given to a volunteer who has been especially instrumental in helping the President during his/her term of office. The decision to give the citation, and the selection of a recipient is entirely within the discretion of the President.

Criteria for this award include the following:

1. Membership and active participation on a task force, committee or other body of the organization;
2. Assistance to the President directly and indirectly in achieving his/her goals and objectives on behalf of CAAHEP;
3. Support for helping the President advance accreditation in allied health education.

The President's Citation shall be presented during the CAAHEP Annual Meeting.

510 Selection of Officers

Pursuant to CAAHEP Bylaws (Article VI, Section 14) the Board of Directors (BOD) shall elect a President, Vice-President, Secretary, and Treasurer.

- A. All officers shall serve a one-year term and are eligible for multiple terms as long as they remain a member of the BOD during the officer term to which they are elected. All terms will begin on July 1 following election and end on June 30 the following year.
- B. All members of the BOD who have served at least one year are eligible to serve as an officer.
- C. The President shall appoint a BOD advisory committee (Article VII, Section 6) for the purpose of identifying officer candidates.
 - 1. The Officer Candidate Advisory Committee (OCAC) shall be appointed each year at the January BOD meeting.
 - a) The OCAC shall consist of three appointees.
 - b) Appointees to the OCAC shall have served at least one full (three year) term on the BOD but need not be an incumbent Board member.
 - c) The Chair of the OCAC shall be appointed from among its members by the President with approval of the Board.
 - 2. The OCAC will seek nominations for and identify one or more qualified candidates each for President, Vice-President, Secretary, and Treasurer.
 - 3. The OCAC will present the candidates for President, Vice-President, Secretary, and Treasurer for consideration by the BOD with the distribution of the May BOD meeting agenda. Any qualified Board member may also be nominated from the floor at that BOD meeting.
- D. Election of officers shall be the first item of new business on the agenda for the May BOD meeting.
 - 1. When there is a single candidate for a particular office, voting shall be by voice.
 - 2. When there is more than one candidate for a particular office, a written vote that may be tallied by electronic means (i.e., e-mail if the meeting is via telephone or web conferencing) for that office.
 - 3. The candidate receiving a majority of votes by those current members (subject to Article VI, Section 11) of the Board present will be elected.
 - 4. If no candidate receives a majority of votes, the two candidates receiving the most votes will proceed to a second round of voting as described in section E.3. and E.4.

600 Appeals and Complaints

601 Appeals of Adverse Accreditation Actions

The Commission on Accreditation of Allied Health Education Programs provides a program sponsor the mechanism to appeal an accreditation decision to withhold or withdraw accreditation from a program.

A. Definitions

Accreditation Record: All written materials available to the Committee on Accreditation when it formulated its status of public recognition recommendation to CAAHEP and through Reconsideration of that recommendation.

Accreditation Standards: A qualitative measure used in assessing a health science education program's compliance with established national norms as described in a document called *Standards*.

Adverse Accreditation Decision: A CAAHEP action of Withhold Accreditation or Withdraw Accreditation.

Appeal Panel Member: an individual, recommended by the sponsor(s) of the Committee on Accreditation, who has knowledge of the relevant profession, is familiar with accreditation process, has a working knowledge of the appropriate *Standards* as well as the type of institution sponsoring the health science education program, and has no relationship past or present with the program sponsor or the accreditation process leading to the decision being appealed.

Basis of Appeal: The program sponsor must show that regarding CAAHEP's decision:

- 1) the record does not support the decision; and/or
- 2) due process and proper procedure were not followed.

Committee on Accreditation (CoA): the committee that evaluated the health science education program and submitted the adverse accreditation recommendation upon which CAAHEP action was taken.

Day: a calendar day.

Executive Office: CAAHEP, 9355 - 113th St. N, #7709, Seminole, FL 33775; 727-210-2350; fax 727-210-2354.

Notice of Appeal: A letter addressed to the President of CAAHEP from the Chief Executive Officer of the program sponsor requesting an appeal of an adverse accreditation decision by CAAHEP.

Program Sponsor: The entity that requested the accreditation services for the program on which the CAAHEP adverse accreditation action was taken.

Proper Notice: All correspondences, notices, and other materials exchanged between the participants of an appeal shall be by Certified Mail-Return Receipt Requested or by next day delivery.

Reconsideration: A Committee on Accreditation's second consideration of a status of public recognition recommendation, based on the conditions that existed when the Committee on Accreditation formulated its original recommendation and on subsequent documented evidence of corrected deficiencies at the time of the second consideration. Reconsideration is available when a CoA recommends probationary, withhold, and withdraw accreditation.

Sponsor of Committee on Accreditation: an organization that establishes or supports the Committee on Accreditation that submitted the adverse accreditation recommendation.

Statement of Appeal: The substance of the appeal by a program sponsor comprised of the entire, point-by-point basis upon which the institution believes the CAAHEP action should be reversed.

Type of Institution: The level of institution and/or the degree level awarded at completion of the program (e.g., Associate, Baccalaureate, non-degree Certificate).

B. Procedure

1. CAAHEP's letter of adverse accreditation action shall be sent to the Chief Executive Officer of a program sponsor via Certified-Return Receipt Requested or next day delivery. The Chief Executive Officer of the program sponsor may file a Notice of Appeal of a CAAHEP action of Withhold or Withdraw Accreditation. Such Notice must be accompanied by a non-refundable deposit of \$5,000 made payable to CAAHEP, and mailed to the CAAHEP Office, addressed to the CAAHEP President. The Notice of Appeal must be postmarked within 15 days of the receipt of CAAHEP's letter of adverse accreditation action, which said letter shall be sent by CAAHEP Certified-Return Receipt Requested or next day delivery.
2. At any time prior to the hearing date, the program sponsor may inform CAAHEP in writing that it waives the hearing and chooses to have the appeal decided on the written materials only. Under this circumstance: The Appeal Panel shall meet within 45 days of the completion of Steps 3 through 8; only the Appeal Panel, its legal advisor, and staff to maintain the record shall be present; the Appeal Panel shall complete its responsibilities in Step 11 within 20 days of its meeting; Steps 12 through 15 shall be completed as stated; and expenses incurred shall be apportioned as described in Step 9.

3. Upon receipt of the Notice of Appeal, CAAHEP shall immediately reinstate the status of public recognition held prior to the decision being appealed, that is accredited programs remain accredited and unaccredited programs remain unaccredited.
4. Within 5 days of receipt of the program sponsor's Notice of Appeal, CAAHEP shall notify the appropriate CoA that an appeal has been filed and request that the CoA submit one (1) copy of the complete accreditation record for the sponsor's health science program upon which the CoA based its recommendation to CAAHEP. The CoA shall provide the record within 30 days of the postmark of the Notice of Appeal.
5. Within 30 days of the postmark of the Notice of Appeal, the program sponsor shall submit six (6) copies of its Statement of Appeal. This Statement shall indicate the basis for the appeal as 1) that the record does not support the decision; and/or 2) that due process and proper procedure were not followed. The Statement of Appeal shall present point-by-point all aspects of the decision that the program sponsor believes warrant reversal and the complete rationale for the program sponsor's position(s).
6. Within 45 days of the postmark of the Notice of Appeal, CAAHEP shall send to the program sponsor the names of at least five (5) individuals who meet the requirements of an Appeal Panel member. The list shall be prepared from recommendations submitted to CAAHEP by the organization(s) that sponsor(s) the CoA that submitted the accreditation recommendation to CAAHEP.
7. Within 10 days of receipt of the list, the institution shall designate to CAAHEP three (3) of the individuals listed who shall become the members of the Appeal Panel. In the event the institution does not respond by the deadline or fails to designate three individuals, the President of CAAHEP shall appoint, within 5 days after the institution's deadline, from the list as many members as are needed to create a three (3) member Appeal Panel. The President shall designate one of the members to be the Chairperson.
8. Within 10 days after constituting the Appeal Panel, each Appeal Panel member shall be provided with the complete accreditation record that existed at the time of the CoA's recommendation to CAAHEP, the Statement of Appeal submitted by the program sponsor, and any correspondence between CAAHEP and the program sponsor. A list of all materials comprising the complete record shall be made and provided to the program sponsor.
9. Within 15 days after constituting the Appeal Panel, a hearing shall be scheduled to be conducted as soon as feasible, preferably within 45 days after the Appeal Panel is constituted. Once scheduled, notice of the date, time, and location of the hearing shall be sent to the members of the Appeal Panel and the program sponsor, with copies of the notice sent to the CAAHEP President as well as the Chair and Executive Director of the CoA. Expenses incurred in the development and presentation of the

program sponsor's portion of the appeal, including its witnesses, shall be borne by the program sponsor. Expenses incurred in the selection of the Appeal Panel, the arrangements for the hearing, and the expenses of witnesses requested by the Appeal Panel shall be borne by CAAHEP. All reasonable and customary expenses incurred by the Appeal Panel directly associated with conducting the hearing (e.g., copying, postage, travel, meals, lodging, hearing transcript) shall be borne equally by the program sponsor and by CAAHEP.

10. The hearing shall be conducted by the Chair according to the "CAAHEP Hearing Format", shall have a written transcript and shall provide an opportunity for the program sponsor representative(s) to present oral argument in person or by telephone conference in support of the appeal; for a CAAHEP representative to present oral argument in person or by telephone conference in support of CAAHEP's decision; and for the Appeal Panel to ask questions of the program sponsor, the CAAHEP representative, or any other witness(es) it deems appropriate. The Chair of the CoA and/or designee(s) may be present in person or by telephone conference as bystander(s), or participant(s) at the request of CAAHEP. The Appeal Panel may request the services of a legal advisor. Brief executive sessions may be called by the Appeal Panel to insure its complete understanding of the information. Only facts known at the time of the CoA's recommendation to CAAHEP and after reconsideration of that recommendation, if any, shall be accepted. The Appeal Panel may request that the program sponsor file additional written materials to support its oral argument. Six (6) copies of the additional materials shall be sent to the CAAHEP Executive Office and shall be postmarked within 10 days of the adjournment of the hearing. At the conclusion of oral arguments and questioning, the hearing shall be adjourned.
11. Within 20 days of the adjournment of the hearing or the receipt of additional written materials from the institution within the 10-day limit, whichever is later, the Appeal Panel shall prepare its report and submit it to the President of CAAHEP. The panel shall address each point raised by the program sponsor in its Statement of Appeal and shall recommend to the CAAHEP Board of Directors either to "deny the appeal" or "grant the appeal."
12. Within 5 days after receiving the Appeal Panel report, the President shall forward a copy of the Appeal Panel report to each member of the Board of Directors and designate the manner in which the Board of Directors will arrive at its decision (regular meeting, mail ballot, conference call). Within 20 days of the President's receipt of the Appeal Panel report the Board of Directors shall make its decision.
13. If the Board of Directors' decision is to "deny the appeal," then the status of public recognition shall immediately be changed to that which was originally decided by CAAHEP. If the Board of Directors' decision is to "grant the appeal," the Board of Directors shall determine the status of public recognition for the program.

14. Within 5 days after the decision of the Board of Directors, the President shall notify the program sponsor and the CoA of that decision.

15. The decision of the Board of Directors shall be final and is not subject to further appeal.

C. CAAHEP Hearing Format

1. Hearing Called to Order

2. Introduction of Appeal Panel Members and Other Attendees

3. Chairperson's Opening Statement and Reading of the Confidentiality Statement

4. Review of Hearing Ground Rules

- a) Only information about the conditions of the program available to the Committee on Accreditation when it formulated its recommendation to CAAHEP and that submitted through Reconsideration of that recommendation is relevant.
- b) The institution may not present new, revised, or updated information that was not available to the Committee on Accreditation for its recommendation or reconsideration of that recommendation.
- c) The Appeal Panel determines the relevance of information presented.
- d) The purpose of the hearing is to determine whether the record supports the CAAHEP decision and/or whether due process and proper procedure were followed. The hearing is not to be defensive or confrontational.

5. Appellant's Oral Presentation (not to exceed 20 minutes)

6. Panel's Clarification of Appellant's Presentation

7. CAAHEP's Oral Presentation (not to exceed 20 minutes)

8. Panel's Clarification of CAAHEP's Presentation

9. Witness(es) Presentation (as requested by the Appeal Panel)

10. Panel's Clarification of Witness(es) Presentation

11. Recess for Panel Executive Session to Review Material Presented

12. Additional Clarification from Attendees, if needed

13. Review of Timetable of Remaining Steps in Appeal

14. Chairperson's Concluding Remarks

15. Hearing Adjourned

602 Complaints Regarding Accredited Programs

When CAAHEP accredits a program, it expects the program to remain in compliance with all CAAHEP Standards for accreditation throughout the accreditation period granted.

Therefore, one of CAAHEP's principal concerns when it receives a complaint about an accredited program is whether the program is in compliance with the published Standards. The burden rests with the program and its Sponsor to prove that it is meeting CAAHEP's Accreditation Standards and policies at all times. In addition, CAAHEP expects programs to monitor and promptly address all complaints they receive through an established student grievance procedure.

Definition of Complaint: A complaint is a written and signed grievance involving an alleged violation of the Accreditation Standards or policies established by CAAHEP and its Committees on Accreditation (CoAs).

A. Required elements of an Accredited Program Complaint:

1. signed
2. names an individual(s) or program over which CAAHEP has authority
3. sets forth allegations related to CAAHEP standards and accreditation policies
4. identifies program volunteers or staff involved in the event
5. describes efforts to resolve the complaint at the program level (if a current student, evidence should include results from the submission of concerns according to the institutional grievance policy)
6. supported by available documentation
7. describes events that occurred within a reasonable period of submitting the complaint, generally within one year, permitting the facts to be ascertained through an investigation by CAAHEP
8. includes the complainant's consent to this complaint process and permits the disclosure of all information related to the complaint to CAAHEP, its representatives, CAAHEP CoAs, their representatives, and the respondent (program sponsor).

If a complaint is unsigned or the complainant does not consent to the complaint process or disclosures outlined in this Complaint Policy, CAAHEP will review the complaint but may, in its exclusive discretion and with notice to the complainant, elect not to process the complaint.

CAAHEP emphasizes that neither CAAHEP nor its CoAs will intervene in personnel matters nor review an institution's internal administrative decisions in matters such as admissions, honor code or code of conduct violations, disputes concerning the assignment of grades, or similar issues unless the context of an allegation suggests that unethical or unprofessional conduct or action may have occurred that might call into

question the program's compliance with accreditation Standards or policies.

B. Procedure for Filing a Program Complaint

CAAHEP and its CoAs follow due process procedures when written and signed complaints are received by the Commission alleging that an accredited program is not following CAAHEP Accreditation Standards or policies.

All documents and communication indicated in the complaint procedure are digital unless noted otherwise. The complainant, the Program (and its Sponsor), and CAAHEP must provide an accurate email address and respond to items according to the policy timeline.

Complaints or inquiries about filing complaints are directed to the CAAHEP Executive Director (ED) at:

CAAHEP
9355 – 113t St. N., #7709
Seminole, FL 33775
ExecutiveDirector@caahep.org

1. Complaints must be submitted using the [CAAHEP Complaint Form](#) found on the CAAHEP website. If a complaint is not submitted to CAAHEP or the CoA via the Complaint Form, CAAHEP or CoA staff will contact the complainant and request this be done if reasonably possible. The Complaint Policy, forms, and other policy materials are available through the CAAHEP website.
2. The complaint should include a narrative not exceeding ten (10) pages in length with supporting documentation to substantiate the allegations. Every effort should be made to avoid the submission of duplicate information. Complaints that do not contain the required information will be returned to the complainant with an explanation of why the complaint is being returned. Returned complaints may be resubmitted within one year of the events giving rise to the complaint.
3. The signed consent on the Complaint Form authorizes CAAHEP and its CoAs to forward a copy of the complaint, including the identification of the complainant, to the respondent (program sponsor).

C. CAAHEP Procedure for Review and Action on Program Complaints

1. Once it is determined that the complaint has all the required elements, CAAHEP staff will send a written response to the complainant acknowledging receipt of the complaint and transmit a copy of the complaint and any submitted documentation to the appropriate CoA leadership and staff within five working days. CAAHEP will be included in all communication between the CoA and the program Sponsor regarding

the complaint.

2. Following consultation between the CoA and CAAHEP, the CoA will conduct an initial review of the complaint to determine whether it sets forth information or allegations that suggest that a program may not be in compliance with the Standards or accreditation policies established by CAAHEP and its CoAs. If additional information or clarification is required, the CoA will send a request to the complainant. If the requested information is not received within 15 days, the CoA will understand that to mean that the complainant no longer intends to pursue the complaint, and it may not be investigated by the CoA or CAAHEP.
3. If the CoA determines after the initial review of the complaint that the information or allegations do not demonstrate that a program is out of compliance with accreditation Standards or policies established by CAAHEP and its CoAs, the complaint may be closed. The complainant will be notified accordingly within twenty working days after receipt of the complaint by the CoA. A copy of the correspondence will be shared with CAAHEP.
4. Within thirty (30) days of receiving all requested information from the complainant, a Notice of Complaint will be provided from the CoA to the program director and the chief executive officer of the Program Sponsor, summarizing the allegations and requesting a preliminary investigation. During the investigation, the CoA may request information or material relative to the complaint from the complaining party, the program, or other relevant sources. The CoA will provide copies of such correspondence to CAAHEP.
5. The CoA will review the complaint, the results of the investigation, and the program's compliance with the CAAHEP Standards or accreditation policies.
6. If the CoA concludes that the allegations do not establish that there has been a violation of CAAHEP Standards or accreditation policies, the complaint will be closed, and no further action will be required. The program and complainant will be notified of this decision within ten (10) days of the completion of the investigation.
7. If the CoA concludes that the allegations may establish that there has been a violation of CAAHEP Standards or accreditation policies, the CoA may take one of the following actions, notifying the program and complainant within ten (10) days of its planned course of action:
 - a. Postpone the final action on the complaint for a period not to exceed 60 days if there is evidence that the program is progressing toward addressing any violations of CAAHEP Standards or accreditation policies.
 - b. Notify the program and its Sponsor that, based on the information provided, the CoA has determined that the program is failing to meet CAAHEP Standards or accreditation policies and that the CoA is taking appropriate action. Such action

may require the program to take specific corrective action, report to the CoA, or host a special complaint-related (focused) site visit as soon as reasonably feasible, but not more than sixty (60) days following this determination. The complaint-related site visit shall be limited to investigating the complaint and how it affects compliance with the Standards or accreditation policies. The CoA and program shall equally share the travel costs for site visitors for the complaint-related site visit.

D. CoA Determination

Based on the evidence received during the investigation, postponement period, submitted documentation, and/or focused site visit, the CoA may make one of the following determinations:

1. Find the program remains in compliance with the Standards and accreditation policies. The program, its Sponsor, and the complaining party shall be notified of this assessment and include information about the program's current accreditation status and that it is unaffected by the complaint.
2. Find that the program is not in compliance with the Standards and accreditation policies. The CoA may require a progress report or recommend a change in accreditation status, including probationary accreditation (Section 200 of the CAAHEP Policy Manual). If the CoA submits a recommendation for probationary accreditation to CAAHEP, it must include the complete complaint record, including all information regarding the complaint, a full report of the CoA's Investigation, and reasons supporting the CoA's recommendation.

In all instances, the CoA will notify the complainant and the program regarding their determination within ten (10) days of the CoA decision. Notifications will include any required progress reporting or recommendations to change the program's accreditation status.

Note: The failure of the institution to provide either a response to the complaint or any additional information as requested by the CoA or CAAHEP within the specified time frames will be considered a violation of the CAAHEP's policy on complaints and will be referred to CAAHEP for consideration and action (Section 200 of this Policies and Procedures document).

E. Review by CAAHEP

Either the complainant or the program may request a review of the CoA's determination of the complaint by submitting a written request for review to the CAAHEP Executive Director. The request for review must specify and document the basis for the request, which may include that the CoA did not follow published procedures or did not consider or give sufficient weight to information provided by the complainant or the program in reaching its final determination. If a review is requested, CAAHEP may request from the

CoA a copy of all documents and evidence related to the complaint.

F. Records of Complaints

1. CAAHEP maintains records of all complaints. Complaints against applicants and accredited programs and their resolution are kept for five years, and CAAHEP summaries of complaints are provided to the CoAs associated with the program listed in the complaint upon request. The CoAs may consider the frequency, pattern, and seriousness of complaints about an accredited program in recommending a program's application for initial or continuing accreditation.
2. A log of complaints filed is tabulated, summarized, and presented at least annually to the CAAHEP Board of Directors. The summary provides an analysis of any unresolved complaints, categories of complaints by nature and source, and any other information the Board of Directors requests regarding complaints received by CAAHEP and its CoAs.

603 Complaints Against CAAHEP or its Committees on Accreditation (CoAs)

Any person may file a signed complaint about CAAHEP or its Committees on Accreditation (CoAs). Complaints about CAAHEP or its Committees on Accreditation, alleging violations of CAAHEP or CoA policies, procedures, and codes of conduct by board members, staff, or volunteers, will be considered by CAAHEP.

Anonymity will be honored only for good cause and at CAAHEP's discretion in these cases. The person against whom the complaint is lodged will not participate in any review, investigation, or decision related to the complaint. The Governance Committee of CAAHEP is responsible for reviewing such complaints. It will fairly and equitably review and apply unbiased judgment to any complaint and take follow-up action, as appropriate, based on the results of its review.

CAAHEP and its CoAs follow due process procedures when written and signed complaints are received by the Commission or a CoA alleging that either organization may be in violation of CAAHEP or CoA policies.

A. Required elements of a Complaint against CAAHEP or its CoAs

1. submitted in writing and signed by the complainant
2. sets forth allegations related to CAAHEP or its CoAs
3. identifies volunteers or staff involved
4. includes any available information regarding efforts to resolve the complaint
5. sets forth and clearly describes the specific nature of the complaint
6. describes the latest event(s) relevant to the complaint, which must have occurred within 120 days of the date the complaint is filed

7. Includes supporting documentation to support the allegations, which must be submitted independently of any other documentation submitted to CAAHEP
8. identifies the complainant, includes the complainant's consent to participate in the CAAHEP complaint process and permits the disclosure of all information related to the complaint to CAAHEP, its representatives, CAAHEP CoAs, their representatives, and the respondent(s)

If a complaint is unsigned or if the complainant does not consent to the complaint process or disclosures outlined in this Complaint Policy, CAAHEP will review the complaint but may, at its discretion and with notice to the complainant, elect not to process the complaint. In the case of directors, officers, and employees who report violations or suspected violations according to the CAAHEP Whistleblower policy (published in the CAAHEP Employee Handbook), violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

B. Procedure for Filing a Complaint against CAAHEP or its CoAs

1. Complaints or inquiries about filing complaints are directed to the CAAHEP Executive Director (ED) at:

CAAHEP
9355 – 113t St. N., #7709
Seminole, FL 33775
ExecutiveDirector@caahep.org

All complaint and policy materials are available through the CAAHEP website.

2. The complaint should be submitted on the [CAAHEP/CoA Complaint Form](#) found on the CAAHEP website. If a complaint is not submitted via the Complaint Form, CAAHEP staff will contact the complainant and request this be done if possible. The complaint should include a narrative not exceeding ten (10) pages in length with documentation to substantiate the complaint allegations. Every effort should be made to avoid the submission of duplicate information.
3. The signed consent on the Complaint Form authorizes CAAHEP to forward a copy of the complaint, including the identification of the complainant, to the subject of the complaint (subject).

C. CAAHEP Procedure for Review and Action of CAAHEP or CoA Complaints

1. Once it is determined that the complaint has all the required elements, CAAHEP staff will acknowledge receipt of the complaint within ten working days. Receipt and

processing of a complaint against CAAHEP or its CoAs will not result in suspending any accreditation activities that may be in progress.

2. In all cases except complaints against CAAHEP staff, the executive director will collect additional information, if necessary, and conduct an initial investigation to determine whether the complaint falls within CAAHEP policy and is sufficiently well supported to be referred to CAAHEP. The executive director will complete this initial review within forty-five (45) days of receipt of the complaint.
3. The initial review of the complaint will determine whether it sets forth information or allegations that suggest that a CAAHEP or its CoAs may not be violating policies established by CAAHEP and its CoAs. If additional information or clarification is required, CAAHEP will send a request to the complainant. If the requested information is not received from the complainant within 15 days, CAAHEP will understand that to mean that the complainant no longer intends to pursue the complaint, and it may not be investigated by CAAHEP.
4. If CAAHEP determines after the initial review of the complaint that the information or allegations do not demonstrate that CAAHEP or its CoAs are in violation of policies established by CAAHEP or its CoAs the complaint may be closed. The complainant will be notified accordingly within twenty working days after receipt of the complaint by CAAHEP.
5. If CAAHEP determines after the initial review of the complaint that the information or allegations suggest but do not provide enough information to ascertain that CAAHEP or its CoA may be violating policies established by CAAHEP or its CoAs, the subject of the complaint (CAAHEP or CoA) will receive a Notice of Complaint. The notice of complaint will summarize the allegations and notify the subject that an investigation into the matter will occur.

During the investigation, CAAHEP may request information or material relative to the complaint from the complaining party, the subject (CAAHEP or CoA), or other relevant sources.

6. If the complaint is related to a CoA, the executive director will share the investigation results with the CAAHEP Governance Committee. The Governance Committee will meet within 30 days of the conclusion of the investigation to determine if the information suggests that a CoA (including volunteers) may be in violation of CAAHEP standards or policies.
 - a. If the Governance Committee concludes that the allegations do not establish that there has been a violation of CAAHEP policies, the complaint will be closed, and no further action will be required. The CoA and complainant will be notified of this decision within ten (10) days of the completion of the investigation.

7. If the complaint is related to CAAHEP, the executive director will share the investigation results with a Special Panel of Commissioners appointed by the Governance Committee. The Special Panel will meet within 30 days to determine if the information suggests that CAAHEP may be in violation of its standards or policies, procedures, and codes of conduct by board members, staff, or volunteer.
 - a. If the Special Panel determines that the evidence substantiates the allegations of the complaint, a notice of a receipt of the complaint will be provided to the subject, summarizing the allegations, requiring CAAHEP to respond to the findings within thirty (30) days of receipt of the complaint.
 - b. After the response from the subject is received, the Special Panel of Commissioners will make the final determination which will be communicated to the parties within 45 days.
8. If the complaint is against the CAAHEP staff, the complaint will be referred to the Executive Director and Governance Committee for review and determination as to whether the complaint falls within the authority of CAAHEP. The Executive Director and Governance Committee will conduct an investigation of the complaint and may request additional information from the complainant and other parties. If the Executive Director is the subject of the complaint, the Executive Director will not participate in the review or investigation of the complaint, and the complaint will be submitted directly to the Governance Committee for consideration.
 - a. If the subject matter of the complaint is not within the authority of CAAHEP, the complainant will be notified immediately.
 - b. If the subject matter of the complaint is within the authority of CAAHEP, a Governance Committee meeting will be convened to consider the complaint within 60 days of receipt of the complaint and supporting documentation. The Governance Committee will determine whether the allegations of the complaint are substantiated. If the complaint is valid, a copy of the complaint will be submitted to the subject, who will be given thirty (30) days to respond.
 - c. After the response from the subject is received, the CAAHEP Board of Directors will make the final determination. The CAAHEP Board of Directors will determine what appropriate measures (remedial or otherwise) are to be taken. The decision of the CAAHEP Board of Directors is final and will be communicated to all parties within four (4) months of receipt of the complaint.

700 CAAHEP and CoA Fees

701 CAAHEP Fees

CAAHEP assesses dues and fees that are necessary and reasonable. CAAHEP maintains a list of its current fees and billing cycles on its website. All fees are approved by the CAAHEP Board of Directors and published on the CAAHEP website at least three months prior to the effective date for the fee changes.

A. Sponsoring and Associate Members

Each CAAHEP Sponsoring Organization is assessed an annual due of \$3000.00 set by the Board of Directors. As defined by the Bylaws, organizational members are obligated to pay all dues, assessments, and any other indebtedness to CAAHEP to maintain their membership.

If a Sponsoring or Associate member does not submit its full dues within the payment deadline, the organization will be notified and given 30 days from the date of notification to remit the required fee. If payment is not received within thirty days past notification, the organization's membership will be considered for membership termination at the Commission's next meeting.

B. Committees on Accreditation Members

Each CAAHEP Committee on Accreditation is assessed an annual due of \$3000.00 set by the Board of Directors. As defined by the Bylaws, CoA members are obligated to pay all dues, assessments, and any other indebtedness to CAAHEP to maintain their membership.

No fee will be assessed until the CAAHEP fiscal year beginning three years after the CoA's initial Standards are approved by the Board.

1. If a Committee on Accreditation member is unable to pay the total CAAHEP member due, it may request to make partial payments over one fiscal year equal to the full membership due or pay a reduced amount equal to \$500 per accredited program for a maximum of two fiscal years (July 1- June 30). Request for a due reduction will be submitted and reviewed by the Audit/Finance Committee, who will present a recommendation to the Board of Directors for final action. The request for a due reduction must include a plan for CoA growth and financial sustainability. A request for a due reduction will only be approved once for a CoA.
2. If a Committee on Accreditation does not submit its dues within the payment deadline, it will be notified and given 30 days to remit the required fee. If payment is not received within thirty days past notification, the CoA will be considered by the BOD to be in violation of CAAHEP's policies and procedures for ceasing to meet the established

membership criteria and will be considered for membership termination (Bylaws: Article IV, Section 5; Policies & Procedures: 503, D).

C. International Eligibility Review Application and Site Visit Coordination Fees*

The CAAHEP Board of Directors approves all fees associated with the review of programs outside the United States. Fees are published on the CAAHEP website. Additional policies regarding the cost of international accreditation are located in this document in section 211.B.

1. International Eligibility Review Application Fee

- a) Programs outside the United States must submit a fee for consideration of an International Eligibility Review Application (IERA). Submission of an eligibility review application and fee does not ensure application advancement or entry into the accreditation review process. The IERA fee is due when the completed form is submitted.
- b) CoAs may have additional fees and costs related to the accreditation review of programs outside the United States.

2. Site Visit Coordination Fee

- a) A fee for coordinating site visits to programs outside the United States and Canada is assessed by CAAHEP after the CoA approves the program's readiness for a site visit. After receiving the coordination fee from the program, CAAHEP staff will work directly with site visitors, the program, and the CoA to coordinate site visit travel.

D. CAAHEP Accredited Program Fee*

1. Each CAAHEP accredited program is assessed an annual Accredited Program Fee set by the Board of Directors. The Accredited Program Fee is discounted, based on the number of CAAHEP accredited programs at a program sponsor location (campus).
2. The Accreditation Program Fees are billed to the program sponsor location (campus) based on the number of CAAHEP accredited programs at that location. Programs reviewed under different CAAHEP Standards are counted as unique programs. Programs with multiple learning concentrations or award levels for the same profession (defined as being evaluated under the same CAAHEP Standards) will be considered one program and assessed one Accredited Program Fee. Satellites or alternate locations are not billed a CAAHEP Accredited Program Fee.

*All CAAHEP Fees must be paid in U.S. Dollars.

E. Procedures for Invoicing CAAHEP Accredited Program Fees

1. Institutions with a single location (campus) that sponsors one CAAHEP accredited program: the CAAHEP Accredited Program Fee invoice will be emailed to the Program Director (or designated recipient). The invoice will be sent electronically no later than June 1, indicating that payment is due by August 1. If paid after that date, an additional fee of \$200 will be due.
2. Institutions with multiple locations (campuses) or more than one CAAHEP accredited program: the CAAHEP Accredited Program Fee invoice will be emailed to the Dean (or equivalent). If the programs report to different deans, the letter and invoice will go to the institution's President/CEO. Invoices will be sent electronically no later than June 1, with payments due by August 1. If paid after that date, an additional fee of \$200 will be added to the original invoice and due upon receipt.
3. A second invoice will be sent on August 6 to all institutions that have not yet paid. The second letter notifies sponsors that the Accreditation fee payment is past due, and if not received by September 15 the program will be placed on administrative probation.

F. Procedures for Those Programs Failing to Pay by September 15

1. Program sponsors that do not respond to either the first or second invoices and remain unpaid as of September 15 will receive a third invoice for the Accredited Program Fee due plus a required additional fee of \$200.
 - a) A letter notifying the sponsor that the programs with unpaid Accredited Program Fees will be placed on administrative probation for failure to comply with the administrative responsibilities for payment of the CAAHEP Accredited Program Fee.
 - b) This letter will be addressed to the CEO of the program sponsor with copies to the Dean and Program Director(s). This letter will also inform the institution that they will face potential involuntary withdrawal of accreditation of all programs with unpaid Program Accreditation Fees if payment is not received by November 1. CoAs will receive a list of the programs placed on administrative probation for failing to pay the CAAHEP Accredited Program Fee.
2. Upon payment of the fee, prompt notice of removal of the administrative probation will be sent to the program sponsor's CEO with copies to the Dean, Program Director(s), and CoA.
3. Failure to pay the Accredited Program Fee by November 1 may result in a recommendation to the CAAHEP Board of Directors that accreditation be involuntarily withdrawn for all programs with unpaid Program Accreditation Fees. These recommendations will be considered at the Board's January meeting. Such involuntary withdrawals are not appealable.

G. Administrative Fees

Administrative fees are assessed for specific activities completed by CAAHEP according to an approved Administrative Fee Schedule set by the Board of Directors and published on the CAAHEP website. Program Sponsors will be responsible for paying the administrative fee when the request for action is submitted to CAAHEP. The administrative action requested will not be processed by CAAHEP until the payment is received.

702 Information About Fees Charged to Programs by a Committee on Accreditation

CAAHEP requires its collaborating CoAs to inform the Board of Directors in advance of any plans to increase the fees charged to programs. A CoA makes an appropriate announcement of a change in its fee structure in advance of implementation.

Procedure

- A. Any CoA wishing to implement increases in the fees it charges to programs should inform the CAAHEP Board of Directors of those plans in advance of any public announcement of such increases. The notice to the CAAHEP Board should include information on current fees as well as the proposed increases.
- B. The CoA also should describe the timetable for announcement and implementation of the fee increase to educational institutions and provide sample letters and/or notices to be sent to the educational institutions that would announce the proposed fee increase.

703 CAAHEP Audit/Finance Committee

The Audit Committee is responsible for the oversight of the CAAHEP financial reporting and monitoring process on behalf of the Board of Directors. The Committee will select the independent auditors, review the financial statements and the management letter from the independent auditors and meet with the auditors without staff present, if necessary, so that any issues and/or concerns can be discussed openly with someone other than management. In addition, this Committee will oversee the investment portfolio, meet with the investment adviser as needed and advise on budget development.

A. Membership

The Committee shall be comprised of at least two members of the Board of Directors, the Treasurer, and, if needed, one additional person with financial expertise.

- 1. The Audit/Finance Committee will be appointed annually by the Board of Directors and chaired by the Treasurer. In making appointments, the Board will make every effort to assure continuity among members of the Committee.

2. If the person with financial expertise is not a Board member, they shall be appointed for a term of three years.

B. Role and Responsibilities of the Audit/Finance Committee

The following are the principal duties of the Committee in carrying out its oversight responsibilities. This list is intended as a guide and may be supplemented as the Board of Directors directs.

1. The Committee shall advise the Board of Directors relative to long-term financial planning.
2. The Audit/Finance Committee is directly responsible for appointing and overseeing the external auditors.
3. Upon completion of the audit, the Committee will conduct a review with the auditors to determine if there were any problems or difficulties encountered during the course of the audit work. The Committee will discuss with the auditors the adequacy and effectiveness of internal control of financial reporting.
4. The Committee will recommend the approval or modification of the completed audit to the full Board.
5. The Committee will review and approve external non-audit services such as selection of and meeting with an investment manager.
6. The Committee will oversee the reserves and monitor compliance with the reserves policy.
7. The Committee will work with the Treasurer and executive director to develop the annual budget, make changes as needed and recommend a final draft to the Board of Directors for approval.
8. The Committee will receive quarterly financial reports and monitor actual versus budgeted revenue and expense figures.
9. The Committee will regularly review CAAHEP's financial policies and fee structure, suggesting revisions to the Board of Directors for approval.

704 ASPA Scholarships

The CAAHEP Board of Directors is committed to supporting the Committees on Accreditation and providing them with opportunities to improve their knowledge and practices. In furtherance of that commitment the Board has established the "ASPA Scholarship Fund." This shall be an annually budgeted amount of \$8,000 to support attendance at the professional development meetings of the Association for Specialized and Professional Accreditors (ASPA).

- A. A notice of the scholarship opportunity will be sent to all CoAs as well as the CAAHEP Board of Directors as soon as information is made available by ASPA. Attendees will be selected on a first-come, first-served basis with priority given to any CoA nominee who has not attended an ASPA meeting within the previous three years.
- B. CAAHEP will pay the registration fee for all attendees and will pay up to \$1,000 per person for travel and lodging.

- C. ASPA conducts two meetings per year, one each Spring and one each Fall. CAAHEP will fund no more than three people to any one meeting.

705 Reserves Policy

The establishment and maintenance of a funded Board-Designated Operating Reserve is a high priority. This will enable CAAHEP to support strategic business practices to manage cash flow interruptions; allow time to adjust budgets if the need arises and assure the continued generation of investment income.

Procedures

- A. The Operating Reserve assets will be invested consistent with policies approved by the Finance/Audit Committee and the Board of Directors.
- B. The Operating Reserve goal will be to maintain between 6 and 12 months of program funding and operating expenses, contingent on circumstances.
- C. The procedure for approving use of the Operating Reserve Funds will be as follows:
 - 1. A request shall be submitted to the Finance/Audit Committee.
 - 2. The Finance/Audit Committee will make a recommendation to the Board of Directors.
 - 3. The Board of Directors will take action on the recommendation.
- D. The status of the funded Board-Designated Operating Reserve will be calculated at the end of each fiscal year based upon audited financial results. The Operating Reserve calculation will be presented to the Board at the meeting following approval of the financial audit results by the Finance/Audit Committee. The Committee will consider the adequacy of the Operating Reserve amount and will recommend any changes as deemed necessary.
- E. This policy will be reviewed every three years by the Finance/Audit Committee or sooner if conditions warrant. Any changes thereto will be reviewed and approved by the Board of Director.

APPENDICES



**Standards and Guidelines
for the Accreditation of Educational Programs in
[Name of the Profession]**

**Essentials/Standards initially adopted in xxxx; revised in xxxx; and effective xx/xxxx.
(Instruction to CoA: If the CoA did not previously have Essentials, Essentials should not be
referenced.)**

**Developed by
(CoA)**

**Endorsed by
(CoA Sponsors)**

and

**Approved by the
Commission on Accreditation of Allied Health Education Programs**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the [Name of Committee on Accreditation].

These accreditation **Standards** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the [name of the profession] profession. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines are printed in italic typeface.*

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), [name of CoA], and [names of CoA's sponsoring organizations] cooperate to establish, maintain and promote appropriate standards of quality for educational programs in [name of profession] and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines for the Accreditation of Educational Programs**. CAAHEP encourages

innovation and quality education programs throughout the CAAHEP accreditation process, consistent with the CAAHEP policy on institutional autonomy. These **Standards and Guidelines** are designed to ensure the integrity of the CAAHEP accreditation process. Directories of accredited programs are published for the information of students, employers, educational institutions and organizations, credentialing bodies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of [name of profession] programs. Site visit teams assist in the evaluation of a program's compliance with the accreditation standards.

Description of the Profession

(Instruction to CoA: Provide brief description of the profession.)

I. Sponsorship

A. Program Sponsor

A program sponsor must be a post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a (insert degree/certificate) at the completion of the program.

(Instruction to CoA: The Alternative Wording for Sponsorship may be substituted for the above paragraph if the CoA accepts additional program sponsor types – see Attachment 1)

B. Responsibilities of Program Sponsor

The program sponsor must

1. Ensure that the program meets the Standards;
2. Award academic credit for the program or have an articulation agreement with an accredited post-secondary institution; and
3. Have a preparedness plan in place that assures continuity of education services in the event of an unanticipated interruption.

Examples of unanticipated interruptions may include unexpected departure of key personnel, natural disaster, public health crisis, fire, flood, power failure, failure of information technology services, or other events that may lead to inaccessibility of educational services.

II. Program Goals

A. Program Goals and Minimum Expectations

The program must have the following minimum expectations statement: “To prepare (*insert name/title of professional*) who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.”

Programs that adopt educational goals beyond the minimum expectations statement must provide evidence that all students have achieved those goals prior to entry into the field.

Program goals must be compatible with the mission of the program sponsor(s), the expectations of the communities of interest, and accepted standards of roles and functions of a (*insert name/title of professional*). Goals are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program. Program goals must be written referencing one or more of the learning domains.

The program must assess its goals at least annually and respond to changes in the needs and expectations of its communities of interest.

B. Program Advisory Committee

The program advisory committee must include at least one representative of each community of interest and must meet annually. Communities of interest served by the program include, but are not limited to, students, graduates, faculty members, sponsor administrators, employers, physicians, and the public.

The program advisory committee advises the program regarding revisions to curriculum and program goals based on the changing needs and expectations of the program's communities of interest, and an assessment of program effectiveness, including the outcomes specified in these Standards.

Program advisory committee meetings may be conducted using synchronous electronic means.

(Instruction to CoA: Other healthcare providers may be substituted for physicians if physicians do not play a role in providing care to patients/clients in the profession. A guideline providing examples of other health professional providers should be added.)

III. Resources

A. Type and Amount

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to

1. Faculty;
2. Administrative and support staff;

3. Curriculum;
4. Finances;
5. Faculty and staff workspace;
6. Space for confidential interactions;
7. Classroom and laboratory (physical or virtual);
8. Ancillary student facilities;
9. Clinical affiliates;
10. Equipment;
11. Supplies;
12. Information technology;
13. Instructional materials; and
14. Support for faculty professional development.

(Instruction to CoA: Clinical affiliates may be substituted with supervised practice experiences if clinical affiliates are not applicable to the profession. The term laboratory may be substituted with a more profession specific term.)

B. Personnel

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

At a minimum, the following positions are required.

(Instruction to CoA: The positions, responsibilities, and qualifications listed below are required positions. The CoA may specify additional responsibilities and qualifications such as a professional credential for these positions. The CoA may also specify additional required position(s), responsibilities and qualifications. If program personnel may serve in more than one position provided the qualifications of each position are met, then there must also be an associated guideline to that effect. See Attachment 2 for suggested language for optional positions.)

(Instruction to CoA: For non-U.S. based programs, the CoA must follow CAAHEP's policy and guidance relating to non-U.S. based sponsors.)

1. Program Director

a. Responsibilities

The program director must be responsible for all aspects of the program, including but not

limited to

- 1) Administration, organization, supervision of the program;
- 2) Continuous quality review and improvement of the program; and
- 3) Academic oversight, including curriculum planning and development.

b. Qualifications

The program director must

- 1) Possess a minimum of *(insert certificate/degree)* or the equivalent; and
- 2) Have documented education or experience in instructional methodology.

2. Faculty/Instructional Staff

a. Responsibilities

For all didactic, laboratory, and clinical instruction to which a student is assigned, there must be a qualified individual(s) clearly designated by the program to provide instruction, supervision, and timely assessments of the student's progress in meeting program requirements.

b. Qualifications

Faculty/instructional staff must be effective in teaching and knowledgeable in subject matter as documented by appropriate professional credential(s)/certification(s), education, and experience in the designated content area.

C. Curriculum

The curriculum content must ensure that the program goals are achieved. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation. Instruction must be delivered in an appropriate sequence of classroom, laboratory, and clinical activities.

The program must demonstrate that the curriculum offered meets or exceeds the (CoA determines 'content' or 'competencies') listed in Appendix B of these **Standards**.

(Instruction to CoA: Clinical activities may be substituted with supervised practice experiences if clinical affiliates are not applicable to the profession)

CAAHEP supports and encourages innovation in the development and delivery of the curriculum.

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**. The results of the resource assessment must be the basis for ongoing planning and change. An action plan must be developed when needed improvements are identified in the program resources. Implementation of the action plan must be documented, and results measured by ongoing resource assessment.

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and purpose

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the curriculum competencies in the required learning domains.

Validity means that the evaluation methods chosen are consistent with the learning and performance objectives being tested.

2. Documentation

Student evaluations must be maintained in sufficient detail to document learning progress and achievements.

B. Outcomes

The program must meet the established outcomes thresholds.

1. Assessment

The program must periodically assess its effectiveness in achieving established outcomes. The results of this assessment must be reflected in the review and timely revision of the program.

Outcomes assessments must include but are not limited to national credentialing examination(s) performance, programmatic retention, graduate satisfaction, employer

satisfaction, and placement in full or part-time employment in the profession or in a related profession.

A related profession is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

Graduates pursuing academic education related to progressing in health professions or serving in the military may be counted as placed.

(Instruction to CoA: For non-U.S. based programs, the CoA must follow CAAHEP's policy and guidance relating to non-U.S. based sponsors.)

(Instruction to CoA: Programmatic summative measures may be a required outcome if appropriate for that CoA.)

(Instruction to CoA: National credentialing examination(s) performance may be excluded from template language if the CoA can document that the profession does not have a national credentialing examination that is accredited by the National Commission for Certifying Agencies (NCCA), American National Standards Institute (ANSI) or under International Organization for Standardization (ISO).)

A national certification examination program should be accredited by the National Commission for Certifying Agencies (NCCA), American National Standards Institute (ANSI), or under International Organization for Standardization (ISO).)

Results from an alternative examination may be accepted as an outcome, if designated as equivalent by the organization whose credentialing examination is so accredited.

2. Reporting

At least annually, the program must submit to the [Name of CoA] the program goal(s), outcomes assessment results, and an analysis of the results.

If established outcomes thresholds are not met, the program must participate in a dialogue with and submit an action plan to the [Name of CoA] that responds to the identified deficiency(ies). The action plan must include an analysis of any deficiencies, corrective steps, and timeline for implementation. The program must assess the effectiveness of the corrective steps.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, advertising, and websites must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students
 - a. Sponsor's institutional and programmatic accreditation status;
 - b. Name and website address of CAAHEP;

- c. Admissions policies and practices;
 - d. Technical standards;
 - e. Occupational risks;
 - f. Policies on advanced placement, transfer of credits and credits for experiential learning;
 - g. Number of credits required for completion of the program;
 - h. Availability of articulation agreements for transfer of credits;
 - i. Tuition/fees and other costs required to complete the program;
 - j. Policies and processes for withdrawal and for refunds of tuition/fees; and
 - k. Policies and processes for assignment of clinical experiences.
3. At least the following must be made known to all students
- a. Academic calendar;
 - b. Student grievance procedure;
 - c. Appeals process;
 - d. Criteria for successful completion of each segment of the curriculum and for graduation; and
 - e. Policies by which students may perform clinical work while enrolled in the program.
4. The sponsor must maintain and make accessible to the public on its website a current and consistent summary of student/graduate achievement that includes one or more of these program outcomes: national credentialing examination(s), programmatic retention, and placement in full or part-time employment in the profession or a related profession as established by the *[Name of CoA]*.

B. Lawful and Non-discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

(Instruction to CoA: For non-U.S. based programs, the CoA must follow CAAHEP's policy and guidance relating to non-U.S. based sponsors.)

C. Safeguards

The health and safety of patients/clients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded. *[Name of profession]* students must be readily identifiable as students.

All activities required in the program must be educational and students must not be substituted for staff.

D. Student Records

Grades and credits for courses must be recorded on the student transcript and permanently maintained by the program sponsor in an accessible and secure location. Students and graduates must be given direction on how to access their records. Records must be maintained for student admission, advisement, and counseling while the student is enrolled in the program.

E. Substantive Change

The sponsor must report substantive change(s) as described in Appendix A to *[Name of CoA]* in a timely manner. Additional substantive changes to be reported to *[Name of CoA]* within the time limits prescribed include:

(Instruction to CoA: Substantive changes are those for which the CoA may need to take immediate action. List specific substantive changes to be reported, if any. CoAs are not required to list additional substantive changes. If there are no additional substantive changes to be reported, do NOT include the statement: "Additional substantive changes to be reported to [CoA] within the time limits prescribed.")

F. Agreements

There must be a formal affiliation agreement or memorandum of understanding between the program sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the program sponsor and that entity.

APPENDIX A

*(This Appendix will be added by CAAHEP after final approval of the **Standards and Guidelines** document.)*

Application, Maintenance and Administration of Accreditation

A. Program and Sponsor Responsibilities

1. Applying for Initial Accreditation

- a. The chief executive officer or an officially designated representative of the sponsor completes a "[Request for Accreditation Services](#)" form and returns it electronically or by mail to:

[CoA Name and Address]

The “[Request for Accreditation Services](#)” form can be obtained from the [CAAHEP website](#).

Note: There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

- b. The program undergoes a comprehensive review, which includes a written self-study report and a site visit, either virtual or in person at the school's location.

The self-study instructions and report form are available from the [CoA]. The site visit will be scheduled in cooperation with the program and [CoA] once the self-study report has been completed, submitted, and accepted by the [CoA].

2. Applying for Continuing Accreditation

- a. Upon written notice from the [CoA], the chief executive officer or an officially designated representative of the sponsor completes a “[Request for Accreditation Services](#)” form, and returns it electronically or by mail to:

[CoA Name and Address]

The “[Request for Accreditation Services](#)” form can be obtained from the [CAAHEP website](#).

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the [CoA].

If it is determined that there were significant concerns with the conduct of the site visit team, the sponsor may request a second site visit with a different team.

After the site visit team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the [CoA] forwarding a recommendation to CAAHEP.

3. Administrative Requirements for Maintaining Accreditation

- a. The program must inform the [CoA] and CAAHEP within a reasonable period of time (as defined by the committee on accreditation and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel (Refer to Standard III.B.).
- b. The sponsor must inform CAAHEP and the [CoA] of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the [CoA] that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a “Request for Transfer of Sponsorship Services” form. The [CoA] has the discretion of requesting a new self-study report with or without a site visit. Applying for a transfer of sponsorship does not guarantee that the transfer will be granted.

- c. The sponsor must promptly inform CAAHEP and the [CoA] of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).
- d. Comprehensive reviews are scheduled by the [CoA] in accordance with its policies and procedures. The time between comprehensive reviews is determined by the [CoA] and based on the program's on-going compliance with the Standards, however, all programs must undergo a comprehensive review at least once every ten years.
- e. The program and the sponsor must pay [CoA] and CAAHEP fees within a reasonable period of time, as determined by the [CoA] and CAAHEP respectively.
- f. The sponsor must file all reports in a timely manner (self-study report, progress reports, probation reports, annual reports, etc.) in accordance with [CoA] policy.
- g. The sponsor must agree to a reasonable site visit date that provides sufficient time for CAAHEP to act on an [CoA] accreditation recommendation prior to the "next comprehensive review" period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the [CoA].

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

4. Voluntary Withdrawal of a CAAHEP- Accredited Program

A sponsor may voluntarily withdraw a program from the CAAHEP system of accreditation for one of two reasons:

- Voluntary Withdrawal of Accreditation occurs when a sponsoring institution requests that its program(s) be removed from the CAAHEP system of accreditation.
- Voluntary Withdrawal in Lieu of a Negative Action is when a program chooses to voluntarily withdraw rather than have a recommendation sent to CAAHEP for probationary accreditation or withdrawal of accreditation.

Both types of withdrawal must be made by submitting to [CAAHEP Request for Voluntary Withdrawal](#) template letter, found on the CAAHEP website, and signed by the CEO or officially designated individual of the sponsor.

5. Requesting Inactive Status of a CAAHEP- Accredited Program

Accredited programs may request a period of inactive status. A program may remain inactive for up to two years. During this time the program is required to pay all CoA and CAAHEP fees. No students may be enrolled or matriculating in the program during the time period in which the program is inactive. To request an inactive status a program must submit the appropriate [CAAHEP Request for Inactive Status Form](#) found on the CAAHEP website.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must provide notice of its intent to do so in writing to both CAAHEP and the appropriate Committee on Accreditation. If additional time is required, the institution shall submit to the CoA for consideration a documented plan with timelines for reactivation of the program. The sponsor will be notified by the CoA of additional requirements, if any, that must be met to restore active status.

If a sponsor has not notified CAAHEP or the CoA of its intent to re-activate, request additional time, or voluntarily withdraw by the end of the two-year period, the CoA will recommend withdrawal of accreditation to the CAAHEP Board of Directors.

If a CoA becomes aware that no students have been enrolled in a program for two consecutive years, the program will be considered to have been inactive and will be required to submit for the CoA's consideration a documented plan with timelines for reactivation. If the plan is not satisfactory to the CoA or no plan is submitted, withdrawal of accreditation will be recommended.

B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process

1. After a program has had the opportunity to comment in writing and to correct factual errors on the site visit report, the [CoA] forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, probationary accreditation, withhold of accreditation, or withdrawal of accreditation.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the [CoA] forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The [CoA]'s reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to confer probationary accreditation is not subject to appeal.

3. Before the [CoA] forwards a recommendation to CAAHEP that a program's accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The [CoA]'s reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the [CoA] arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP "Appeal of Adverse Accreditation Actions" is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor's Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation Standards.

Note: Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.

APPENDIX B

Curriculum [Competencies/Content] for Educational Programs in [Name of profession]

(Instruction to CoAs: Appendix B must be stated as educational objectives and competencies that clearly identify the cognitive, psychomotor and affective learning domains. Appendix B may also specify curriculum content.

Simulated learning experiences are acceptable as determined by the CoA. For professions that require non-simulated patient/client/consumer (select term that best fits your profession) contact, the CoA must identify which terminal competencies/objectives must be performed on patients/clients rather than through simulation.

Appendix B is a continuation of standard III.C. and must be written in number/letter format as a continuation of III.C.)

ATTACHMENT 1 – Alternative Wording for Sponsorship

(Instruction to CoA: I.A.1. is required; other sponsor types are optional. If the CoA elects to include other sponsor types, the following template language must be used for the selected sponsor type(s).)

I. Sponsorship

A. Program Sponsor

A program sponsor must be at least one of the following

1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a (insert degree/certificate) at the completion of the program.
2. A post-secondary academic institution outside of the United States and its territories that is authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of (insert degree/certificate) or equivalent at the completion of the program.

(Instruction to CoA: CoAs must follow CAAHEP's policy and guidance relating to non-U.S. based sponsors.)
3. A hospital, clinic or medical center accredited by a healthcare accrediting agency that is recognized by the U.S. Department of Health and Human Services, and authorized under applicable law to provide healthcare, and authorized under applicable law to provide the post-secondary program, which awards a minimum of a (insert degree/certificate) at the completion of the program.
4. A branch of the United States Armed Forces, or a federal or state governmental agency, which awards a minimum of a (insert degree/certificate) at the completion of the program.
5. A consortium, which is a group made up of two or more education providers, that operate an educational program through a written agreement that outlines the expectations and responsibilities of each of the partners. At least one of the consortium partners must meet the requirements of a program sponsor set forth in I.A.1.- I.A.4.

Consortium does not refer to clinical affiliation agreements with the program sponsor.

(Instruction to CoA: I.A.1.-I.A.4. may change based on which sponsorship type(s) are selected by the CoA.)

ATTACHMENT 2 – Alternative wording for III.B. Personnel > Additional required positions

(Instruction to CoA: Required personnel include Program Director and Faculty/Instructional Staff. If the CoA elects to include other personnel types, at the minimum, the following template language must be listed for the additional personnel.)

(Instruction to CoA: These are minimum responsibilities and qualifications that must be listed for these positions. The CoA may list additional responsibilities and qualifications as applicable. The CoA may substitute a different title for these positions as appropriate.)

(Instruction to CoA: The CoA may insert Standards language that allows for program personnel to serve in multiple roles provided they meet the qualifications of all the assigned roles.)

Medical Director/Advisor

a. Responsibilities

The medical director/advisor must

- 1) provide the input necessary to ensure that the medical components of the curriculum, both didactic and supervised practice, meets current standards of medical practice; and
- 2) engage in cooperative involvement with the program director.

b. Qualifications

The medical director/advisor must

- 1) be a physician currently licensed and board certified in (insert area(s) of practice/specialty if determined by the CoA);
- 2) have the requisite knowledge and skills to advise the program leadership about the clinical/academic aspects of the program; and
- 3) be knowledgeable in teaching the subjects assigned, when applicable.

(Instruction to CoA: The CoA should select either Medical Director or Medical Advisor as the title for this position.)

Clinical Coordinator

a. Responsibilities

The clinical coordinator must

- 1) coordinate clinical education;
- 2) ensure documentation of the evaluation and progression of clinical performance;
- 3) ensure orientation to the program's requirements of the personnel who supervise or instruct students at clinical sites; and
- 4) coordinate the assignment of students to clinical sites.

b. Qualifications

The clinical coordinator must

- 1) have documented experience in (*as determined by the CoA*);
- 2) possess knowledge of the curriculum; and
- 3) possess knowledge about the program's evaluation of student learning and performance.

(Instruction to CoA: Additional options for qualifications for clinical coordinator might include the following language:

- 1) possess an academic degree at least equal to that for which the graduates are being prepared;*
- 2) possess the appropriate practice credential(s);*
- 3) have documented experience in supervision, instruction, evaluation, student guidance and educational theories and techniques.)*

RULES FOR WRITING CITATIONS

A citation is an area of non-compliance with the Standards that has been identified by a Committee on Accreditation (CoA), forwarded to CAAHEP with an accreditation recommendation, and acted on by CAAHEP through acceptance of the recommendation. Recommendations are limited only to Standards that are in non-compliance; guidelines and CoA policies cannot be cited.

CoAs must follow all necessary steps of a program review, which typically include an analysis of a program self-study, site visit, official notification of site visit findings to the program, and review of the program's response to site visit findings. The CoA must allow the program the opportunity to respond in writing to site visit findings, including areas of non-compliance, and the program's response must be taken into consideration during the formulation of a recommendation. CoAs are required to give the program the opportunity to submit documentation of resolution of areas of non-compliance identified during the site visit, in conjunction with its response to site visit findings.

Once the program has responded in writing and the CoA is ready to formulate a recommendation, any areas of non-compliance that have been resolved should not be forwarded with the recommendation. Any Standards for which the program remains out of compliance are forwarded with the accreditation recommendation and require a progress report to be submitted to the CoA to document resolution.

It is ultimately the responsibility of the CoA to assure that language used to present areas of non-compliance in the final site visit findings to programs (and any subsequent communications), as well as the language used when formulating potential citations to be forwarded with accreditation recommendations, provides clear and accurate information. When developing language to be submitted with recommendations, the CoA does not necessarily have to use the exact language submitted by the site visitors when writing the potential citation; the CoA makes the final determination based on findings in the self-study, of the site visit, and any additional documentation the program provides in its response to the site visit findings.

Citations identify the applicable Standard(s) not being met and include a Rationale and Requested Documentation component. CoAs should follow the Rules for Rationale and Required Documentation Development when writing potential citations that are submitted with accreditation recommendations. The CAAHEP Board and Recommendation Review Committee review submissions according to these rules, which, if not followed, may result in questions to the CoA for clarification or request to revise language. Any questions or issues raised by the RRC or CAAHEP Board that cannot be adequately explained or amended by the CoA may lead to the CAAHEP Board tabling the recommendation and, ultimately, to a delay in CAAHEP voting on the accreditation recommendation.

Rules for Rationale and Requested Documentation Development

Rationale statements identify the specific part of the Standard not met and area of non-compliance. It is important to remember that language included in the Rationale is ultimately included in the CAAHEP award letters, which are posted within program listings on CAAHEP's website.

The Rationale must:

- identify the specific area of non-compliance
- establish a clear connection to the Standard's requirement, as it is written
- include specific evidence examined to substantiate the area of non-compliance
- be written in grammatically correct complete sentences
- spell out acronyms (acronyms in parentheses may follow spelled out names where appropriate based on profession or industry practice)
- avoid the use of abbreviations
- avoid the use of "etc." or "included but not limited to" (consider using "at a minimum")
- avoid using personal pronouns or other personally identifying information

The Rationale must NOT:

- cite Guidelines
- cite CoA interpretation guides
- cite CoA policy
- supersede the Standard

Requested Documentation identifies documentation the program must submit in a progress report to document compliance with the area(s) of non-compliance stated in the Rationale.

Requested Documentation must:

- specify documentation required for evidence of compliance
- align with Rationale
- allow the program to develop its resolution, to the extent possible

Requested Documentation may:

- require completion of standardized, CoA-developed forms
- include general instructional statements
- reference CoA policy/review guidelines



Commission on Accreditation of Allied Health Education Programs

Appeal Panel Cover Page

Program/Institution Appealing:

Date of Appeal Hearing:

Location of Appeal Hearing:

Starting Time of Appeal Hearing:

Name and Sponsoring Organization of Appeal Panel Members (indicate the Chair)

1.

2.

3.

Names and Titles of Individuals Representing the Program/Institution:

Names and Titles of Individuals Representing CAAHEP:

Names and Titles of CAAHEP Staff Present:

Names and Titles of Other Individuals Present:

Ending Time of Appeal Hearing:



Commission on Accreditation of Allied Health Education Programs

Appeal Panel Report/Recommendation Form

Part I: Due Process

A. Is the program alleging a violation of due process?

- ☐ Yes – proceed through Part I
☐ No – proceed to Part II

B. Were each of the following steps properly executed by the CoA?

1. Was the program properly notified of the CoAs adverse recommendation?

- ☐ Yes ☐ No

If No, describe:

2. Was the program informed of its right to request voluntary withdrawal of accreditation?

- ☐ Yes ☐ No

If No, describe:

3. Was the program informed of their right to reconsideration?

- ☐ Yes ☐ No

If No, describe:

4. Did the program request reconsideration?

- ☐ Yes ☐ No

5. If Reconsideration was requested by the program, did the CoA consider additional material in accordance with CAAHEP's definition of "Reconsideration" in the Appeal Procedure?

- ☐ Yes ☐ No

If No, describe:

C. Were each of the following steps properly executed by CAAHEP?

1. Was the program properly notified of CAAHEP's adverse action?

- ☐ Yes ☐ No

If No, describe:

2. Was the program informed of their right to appeal and the deadline to file that appeal?

☐ Yes ☐ No

If No, describe:

3. Were the steps of the Appeal Procedure followed?

☐ Yes ☐ No

If No, describe:

D. Was the program afforded adequate due process?

☐ Yes ☐ No

If No, recommended restitution in order to return the program to the due process step that was not followed:

Part II: Citations

A. Is the program contesting citation(s)?

☐ Yes – proceed through Part II

☐ No – proceed to Part III

B. For each citation contested by the program, complete the following:

1. Citation Reference: _____

Did the record support this citation? ☐ Yes

☐ No

If No, provide rationale:

2. Citation Reference: _____

Did the record support this citation? ☐ Yes

☐ No

If No, provide rationale:

3. Citation Reference: _____

Did the record support this citation? ☐ Yes

☐ No

If No, provide rationale:

4. Citation Reference: _____

Did the record support this citation? ☐ Yes ☐ No

If No, provide rationale:

(Repeat the above Citation information as needed to accommodate all contested citations.)

Considering all citations above for which the answer is “Yes” as well as all uncontested citations, do they collectively warrant a decision of Withhold/Withdraw (whichever is applicable)?

☐ Yes = Deny the Appeal

☐ No = Grant the Appeal

Part III: Signatures

This form constitutes the report of the Appeal Panel and its recommendation to the Board of Directors in accordance with Step 11 of the procedure for CAAHEP appeals.

Signed: _____

Date: _____

Signed: _____

Date: _____

Signed: _____

Date: _____

CAAHEP Policy Changes Index

Date	Policy Number	Brief Summary of change	Notes (optional)
5/15/2020	302	<p>Public Use of CAAHEP Accreditation Status by Programs and Institutions</p> <p><i>Publication of a program's accreditation status must include the full name of CAAHEP and a link to the CAAHEP website, and may include CAAHEP's mailing address and telephone number.</i></p> <p>302.A.3. If a program has been issued a Letter of Review or Candidacy status by another Committee on Accreditation, it may publish that fact with the following statement:</p> <p>"The [name of profession] program at [institution] has been issued a Letter of Review/Candidacy status by the [name of CoA]. This is NOT an accreditation status; it is a status signifying that a program seeking initial accreditation has demonstrated sufficient compliance with the accreditation Standards to warrant that status. However, it is NOT a guarantee of eventual accreditation."</p>	<p>Highlighted text was changed to reflect common website practices.</p> <p>302.A.3. Clarifications to LoR policy were made (highlighted in yellow).</p>
5/15/2020	507	Representative of Student section was changed to reflect the changes made to the Bylaws (April 2020) indicating the Recent Graduate Commissioner will no longer serve on the Board of Directors.	
7/17/2020	401.C.6.	"Once the Standards Committee has reviewed and approved the "Open Hearing" draft, it must be sent to all of the CoA's sponsoring organization(s) for endorsement. The endorsement letter must be signed by the chief official <u>or designated representative</u> of the sponsoring organization."	Underscored text added. Change stemmed from Standards Committee and confusion from CoA submitting letters of endorsement from others than the chief official.
1/15/2021	103	Prior to accepting a self-study report for a program from an international-based program sponsor, the CoA must submit the Intent to Consider International Program form for	Change was made with the adoption of the new International Accreditation policies

		<p>review to the CAAHEP International Accreditation Review Committee. The CoA must receive approval to proceed with accepting the self-study report. The CoA must submit the Intent to Consider International Program form for each international program.</p> <p>When the self-study report is submitted, and just prior to the site visit, the CoA must verify responses to standardized vetting questions in the Intent to Consider International Accreditation form to assure that circumstances remain unchanged.</p> <p>International program applicants must demonstrate that English is the primary language for providing instruction and conducting business. If a CoA wishes to consider programs for which English is not the primary language, the CoA must demonstrate the ability to review and assess the program in the primary language used by that program.</p>	
1/15/2021	115	<p>B. Characteristics of an International-based Program sponsor</p> <p>In addition to meeting the characteristics listed above, an international-based program sponsor is considered to be authorized to provide post-secondary education and acceptable to CAAHEP if recognized as a member by an international accreditation or quality assurance organization listed in the Appendix of the CAAHEP Policies and Procedures.</p>	New section with the adoption of the International Accreditation policies.
1/1/2022	Section 200	Added policy 210, edited all of policies to reflect the change to program sponsor from sponsoring institution, changes to inactive status, updates to 208 voluntary withdraw, and 209 Alternative Models of Education.	
5/20/2022		Approved the policies and procedures for International Eligibility Review and CoA participation in the review of programs outside the U.S. Effective 1/1/2023	
1/31/2023		Revisions to Policies 101, 115.C., 603, 701	
1/15/2023		Revisions to 600	