



Commission on Accreditation of Allied Health Education Programs

Standards and Guidelines *for the Accreditation of Educational Programs in Cytotechnology*

*Essentials/Standards initially adopted in 1962;
Revised in 1967,1977,1983, 1992,1998 and 2004 by the:*

American Society of Cytopathology

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 Cytotechnology Programs Review Committee (CPRC).

These accreditation **Standards** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Cytotechnology profession. The accreditation **Standards** therefore constitute the minimum requirements to which an accredited program is held accountable.

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

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the American Society of Cytopathology cooperate to establish, maintain and promote appropriate standards of quality for educational programs in Cytotechnology and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These standards are to be used for the development, evaluation, and self-analysis of Cytotechnology programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation **Standards**.

Description of the Profession

Cytotechnology is an allied health specialty that involves the evaluation of cellular material from all body sites. Paramount to the cytotechnologist is the microscopic recognition of normal and abnormal cytology including, but not limited to, malignant neoplasms, precancerous lesions, infectious agents and inflammatory processes in gynecologic, non-gynecologic and fine needle aspiration specimens. The cytotechnologist must possess the technical skills for a wide variety of cytologic laboratory specimen preparations and a basic knowledge of contemporary procedures and technologies.

I. Sponsorship

A. Sponsoring Institution

A sponsoring institution 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 authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a certificate at the completion of the program.
2. A hospital, medical center, or laboratory accredited by an applicable recognized agency, which awards a minimum of a certificate at the completion of the program.

B. Consortium Sponsor

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring institution as described in I.A.
2. The responsibilities of each member of the consortium must be clearly documented as a formal affiliation agreement or memorandum of understanding, which includes the governance and lines of authority.

C. Responsibilities of the Sponsor

1. The Sponsor must assure that the provisions of these **Standards** are met.
2. The Sponsor must assure that the graduates of the program have obtained or will obtain a baccalaureate degree upon completion of the program.

II. Program Goals

A. Program Goals and Outcomes

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program include, but are not limited to, students, graduates, faculty, sponsor administration, employers, physicians, the public, and nationally accepted standards of roles and functions.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with both the mission of the sponsoring institution(s) and the expectations of the communities of interest. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

Needs may be demonstrated by market survey or a meeting of the communities of interest. Based on this needs assessment, a plan should be established to meet market demands, including an expected level of student admissions. The plan should also provide reasonable opportunity for graduates of the program to secure employment.

B. Appropriateness of Goals and Learning Domains

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee, which is representative of these communities of interest, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsoring institutional personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

The program should provide documentation that an Advisory Committee has been established for the required purposes. Documentation should include the Advisory Committee's composition, mission, goals and functions in relation to the program, and findings of the community needs assessment, the conclusions drawn and a plan to implement changes to meet new needs and address complaints, if any.

C. Minimum Expectations

The program must have the following goal defining minimum expectations: "To prepare competent entry-level cytotechnologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

III. Resources

A. Type and Amount

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources include, but are not limited to: faculty, clerical/support staff, curriculum, finances, offices, classroom/laboratory facilities, ancillary student facilities, clinical resources, equipment/supplies, computer resources, instructional reference materials, and faculty/staff continuing education.

Clerical/Support Staff

The number of clerical and support staff should be sufficient to ensure that program officials and faculty are able to have, as their primary focus, the education of students.

Financial

Program officials should have input into the budgetary process.

Facilities

Each student should be provided an assigned desk or study area within a properly ventilated learning area with adequate space to evaluate and study cytologic material; the laboratory area for the preparation and staining of slides should be large enough to accommodate students and designated laboratory personnel; space should be provided for preparation of lectures, storage of student records, private conferences with individual students and other administrative duties.

Equipment/Supplies

Instructional aids should include clinical specimens, records, related reference materials, computer hardware and software, and audio and visual resources.

Adequate equipment/supplies should include one properly functioning microscope per student, a multi-viewer microscopic system, and sufficient numbers of marked (study sets) and unmarked (unknowns) slides of normal and abnormal specimens from all body sites examined by cytologic methods.

Study sets should reflect a diversity of body sites and diagnostic entities in sufficient numbers to provide appropriate exposure to common and unusual malignant and non-malignant processes. Other goals for study sets include appropriate history and clinical information and selected examples of confirmatory histologic material and appropriate supplementary stains. Exposure to a diversity of collection and preparation techniques is also encouraged.

To provide students with an adequate learning experience to meet entry level competencies, the following caseloads are recommended as a minimum: an annual gynecologic caseload of 3,700 cases per student per year with a 5% or greater abnormal rate and an annual non-gynecologic caseload of 250 cases per student per year, of which 20% should be fine needle aspiration (FNA) cases, reflecting a diversity of body sites and diagnostic entities. Programs with caseloads less than any of the above recommendations may achieve a comparable learning experience through the use of adequate numbers of study sets and unknown test slides to supplement current caseload experience. If affiliated laboratories are used, their volume of material may be included for both gynecologic and non-gynecologic specimens.

Faculty/Staff Continuing Education

Professional development may be documented by listing programs attended or presented, giving the titles, sponsor and dates for each program; continuing education credits earned, including in-service programs or academic coursework pursued (or equivalent through recognized agencies recording continuing education); papers published; and research conducted.

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.

Program officials should be able to document that they have sufficient time from other responsibilities to accomplish the day-to-day teaching, educational and administrative duties of their positions. That time may be documented through detailed job descriptions, mutual agreements written and signed by program officials, or other comparable documents.

1. Program Director

a. Responsibilities

The director of the educational program must be responsible for program organization, administration, continuous quality improvement, curriculum planning and development, student assessments, instruction, evaluating and directing other program faculty/staff, and ensuring compliance with accreditation standards.

b. Qualifications

The Program Director must possess, at minimum, the following:

- (1) ASCP certification as a Cytotechnologist with a Masters degree or ASCP certification as a Specialist in Cytotechnology;
- (2) Competence in the area of diagnostic cytopathology with 5 years of professional experience after CT(ASCP) certification; and
- (3) Working knowledge of educational theory or practice; and
- (4) 2 years teaching experience.

Persons approved as **P**rogram **D**irector under previous **S**tandards will continue to be approved in that position at that institution.

Ongoing competence in the area of diagnostic cytopathology may be demonstrated by participation in or presentation of cytopathology diagnostic workshops, or authorship/co-authorship on papers published in medical journals or other professional journals. Working

knowledge of educational theory or practice may be demonstrated by completion of courses or seminars in the principles of education and management or attendance at such courses at the ASC Program Faculty Seminar. Teaching experience should be within the past 5 years and may be demonstrated by preparation and/or presentation of cytopathology workshops, scientific sessions or teleconferences; faculty rank at a university; teaching of residents; preparation and presentation of lectures or in-service seminars; instruction at the microscope; authorship of exams, computer-aided instruction, course objectives or other educational materials.

2. Medical Director(s) or Medical Advisor(s)

a. Responsibilities

The Medical Director(s) or Medical Advisor(s) must actively participate in the program to provide instruction, guidance and support and must ensure that the medical content of the curriculum reflects current practice standards.

b. Qualifications

The Medical Director(s) or Medical Advisor(s) must possess, at minimum, the following:

- (1) License as a physician
- (2) Board certification as an anatomic pathologist;
- (3) Competence in the area of diagnostic cytopathology with 3 years professional experience; and
- (4) Competence in the area of education.

Persons approved as Medical Director or Medical Advisor under previous **Standards** will continue to be approved in that position at that institution.

Active participation in the program includes preparation and delivery of lectures and microscopic review of cases with students. Under the supervision of the Medical Director(s), teaching responsibilities may be assigned to other personnel.

Ongoing competency in cytopathology may be demonstrated by added qualification in cytopathology (highly desirable); participation in or presentation of diagnostic cytopathology workshops, or authorship/co-authorship on papers published in medical journals or other professional publications. Competency in education may be demonstrated by development of instructional modules; completion of courses or seminars in education and management or attendance at such courses at the ASC Program Faculty Seminar; faculty rank at a university and teaching of residents and/or fellows; authorship or co-authorship on papers published in medical journals.

3. Education Coordinator

a. Responsibilities

Under the direction of the Program Director, the **E**ducation **C**oordinator must coordinate and schedule student activities, provide instruction as appropriate, assist in conducting student assessments, coordinate clinical affiliations, and provide day-to-day supervision of students.

b. Qualifications

The Education Coordinator must, at minimum, possess

- (1) Board certification as a cytotechnologist with a baccalaureate degree;
- (2) Competence in the area of diagnostic cytopathology with 3 years of professional experience after certification;

- (3) Working knowledge of educational theory or practice; and
- (4) One year teaching experience.

Persons approved as Education Coordinator under previous **Standards** will continue to be approved in that position at that institution.

The Program Director may also serve as Education Coordinator. The position of Education Coordinator may be shared by more than one person, each meeting the above qualifications.

Ongoing competence in the area of diagnostic cytopathology may be demonstrated by SCT(ASCP) certification (highly desirable); participation in or presentation of diagnostic cytopathology workshops; or authorship or co-authorship on papers published in medical journals or other professional publications. Working knowledge of educational theory or practice may be demonstrated by completion of courses or seminars in the principles of education and management or attendance at such courses at the ASC Program Faculty Seminar. Teaching experience should be within the past 5 years and may be demonstrated by preparation and/or presentation of cytopathology workshops, scientific sessions or teleconferences; faculty rank at a university; teaching of residents; preparation and presentation of lectures or in-service seminars; instruction at the microscope; authorship of exams, computer-aided instruction, course objectives or other educational materials.

4. Faculty and/or Instructional Staff

a. Responsibilities

In each location where a student is assigned for didactic or supervised practical instruction, there must be a qualified individual designated to provide supervision and related frequent assessments of the students' progress in achieving acceptable program requirements.

At minimum, there should be one instructor per two students for the clinical component of the program.

b. Qualifications

The instructors must be knowledgeable in course content and effective in teaching their assigned subjects. For the clinical component of the program, instructors must be certified cytotechnologists or pathologists.

C. Curriculum

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi describing the learning goals, course objectives, and competencies required for graduation.

The program must demonstrate by comparison that the curriculum offered prepares students to meet, or exceed if such is stated in the program goal(s), the entry-level competencies specified in the latest edition of the Curriculum in Cytotechnology as developed by the Cytotechnology Programs Review Committee.

The program should provide education and training to the student in cytotechnology for a career in that field and gainful employment anywhere, without regard to the specific needs of the laboratory or institution providing training.

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these standards. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies 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 competencies and learning domains stated in the curriculum.

2. Documentation

Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

Evaluation systems should include appropriate written, practical and/or oral examinations that are based on course objectives. Evaluation forms based on objective criteria should be used to evaluate the performance of students at the microscope. Records of performance on formal practicals, laboratory exercises and microscopic evaluations of daily specimens should be detailed, complete and available for student review. In addition to indicating students' progress, evaluation methods should serve as a reliable indicator of the effectiveness of course design and instruction. Criteria for pass/fail should be provided to students in writing prior to beginning the particular segment of the curriculum.

B. Outcomes Assessment

1. Outcomes Assessment

The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

Outcomes assessments include, but are not limited to: national credentialing examination performance, program retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, screening performance, and programmatic summative measures. The program must meet the CPRC outcomes assessment thresholds.

Programmatic summative measures, if used, should contribute to assessing effectiveness in specific learning domains. "Positive Placement" means that the graduate is employed full or part-time in a related field; and/or continuing his/her education; and/or serving in the military.

2. Outcomes Reporting

The program must periodically submit its goal(s), learning domains, evaluation systems (including type, cut score, validity, and reliability), outcomes, its analysis of the outcomes and an appropriate action plan based on the analysis.

Cut scores, validity and reliability for mandated CRPC evaluation systems are established by the CPRC.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, address and phone number of the accrediting agencies; admissions policies and practices; policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees, and the eligibility requirements for any national credentialing examination(s).

Information relating to scholarships, education grants, financial assistance awards or loans, or other tuition assistance programs, whether or not related to subsequent employment after completion of the program, should be accurate, published, and available to all applicants and students.

3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and graduation, and policies and processes by which students may perform clinical work while enrolled in the program.

Confidentiality should be maintained in dealing with student grievances. The appeals process should include descriptions of the causes for dismissal, procedures and policies of the institution, and criteria for academic probation. It is desirable that resolution of a problem should include impartial parties, preferably non-program officials, in cases in which a grievance cannot be resolved within the program.

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.

Specific academic and technical standards (i.e., intellectual and physical capabilities) required for completion of the program should be clearly defined and published and readily accessible to prospective students.

C. Safeguards

The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded. All activities required in the program must be educational and students must not be substituted for staff.

The program should establish a procedure for determining that the applicants' or students' health will permit them to meet the technical standards of the program. Applicants admitted to an accredited program should be required to submit evidence of good health. Students may be required to provide their own health insurance coverage. Students should receive instruction in biohazard precautions.

D. Student Records

Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

The following records should be maintained for at least 7 years for each student:

1. *Attendance record*
2. *Records of performance on tests, microscopic evaluations, clinical rotations, and other assignments*
3. *Staff evaluations of students' professional attitude and participation in the program*
4. *Documents of suspension, leaves of absence, probation or withdrawal, if any*
5. *Records of scholarships, awards, or citations, if any*
6. *Record of graduation*

E. Substantive Change

The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/CPRC in a timely manner. Additional substantive change(s) to be reported to CPRC within the time limits prescribed include:

1. Change in institution's legal status or form of control;
2. Change/addition/deletion of courses that represent significant departure in curriculum content;
3. Change in method of curriculum delivery;
4. Change in the degree or credential awarded;
5. Substantial increase/decrease in clock or credit hours for successful completion of a program; and
6. Change in student capacity.

F. Agreements

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

APPENDIX A

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 to:

*American Society of Cytopathology
Cytotechnology Programs Review Committee
Attn: CPRC Coordinator
400 West 9th Street, Suite 201
Wilmington, Delaware 19801
Phone (302)429-8802 / Fax (302)429-8807*

The "Request for Accreditation Services" form can be obtained from *Cytotechnology Programs Review Committee*, CAAHEP, or the CAAHEP website at www.caahep.org.

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 an on-site review.

The self-study instructions and report form are available from the *Cytotechnology Programs Review Committee*. The on-site review will be scheduled in cooperation with the program and *Cytotechnology Programs Review Committee* once the self-study report has been completed, submitted, and accepted by the *Cytotechnology Programs Review Committee*.

2. Applying for Continuing Accreditation

- a. Upon written notice from the *Cytotechnology Programs Review Committee*, the chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form, and returns it to:

*American Society of Cytopathology
Cytotechnology Programs Review Committee
Attn: CPRC Coordinator
400 West 9th Street, Suite 201
Wilmington, Delaware 19801
Phone (302)429-8802 / Fax (302)429-8807*

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the *Cytotechnology Programs Review Committee*.

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

After the on-site review 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 *Cytotechnology Programs Review Committee* forwarding a recommendation to CAAHEP.

3. Administrative Requirements for Maintaining Accreditation

- a. The program must inform the *Cytotechnology Programs Review Committee* 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.
- b. The sponsor must inform CAAHEP and the *Cytotechnology Programs Review Committee* 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 *Cytotechnology Programs Review Committee* that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a “Request for Transfer of Sponsorship Services” form. The *Cytotechnology Programs Review Committee* has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer of accreditation will be granted.
- c. The sponsor must promptly inform CAAHEP and the *Cytotechnology Programs Review Committee* 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 *Cytotechnology Programs Review Committee* in accordance with its policies and procedures. The time between comprehensive reviews is determined by the *Cytotechnology Programs Review Committee* 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 *Cytotechnology Programs Review Committee* and CAAHEP fees within a reasonable period of time, as determined by the *Cytotechnology Programs Review Committee* and CAAHEP respectively.
- f. The sponsor must file all reports in a timely manner (self-study report, progress reports, annual reports, etc.) in accordance with *Cytotechnology Programs Review Committee* policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a *Cytotechnology Programs Review Committee* 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 *Cytotechnology Programs Review Committee*.

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

Voluntary withdrawal of accreditation from CAAHEP may be requested at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating: the last date of student enrollment, the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

5. Requesting Inactive Status of a CAAHEP-Accredited Program

Inactive status may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the *Cytotechnology Programs Review Committee* and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must notify CAAHEP of its intent to do so in writing to both CAAHEP and the *Cytotechnology Programs Review Committee*. The sponsor will be notified by the *Cytotechnology Programs Review Committee* of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a "Voluntary Withdrawal of Accreditation."

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 on-site review report, the *Cytotechnology Programs Review Committee* 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, transfer of sponsorship, probationary accreditation, withhold accreditation, or withdraw 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 *Cytotechnology Programs Review Committee* 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 *Cytotechnology Programs Review Committee'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 *Cytotechnology Programs Review Committee* 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 *Cytotechnology Programs Review Committee* reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the *Cytotechnology Programs Review 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 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**.

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.