



# Commission on Accreditation of Allied Health Education Programs

## Standards and Guidelines *for the Accreditation of Educational Programs in Orthotics and Prosthetics*

Essentials/Standards initially adopted in 1993;  
revised in 2001 and 2006

Adopted by the  
American Academy of Orthotists and Prosthetists  
American Board for Certification in Orthotics and Prosthetics  
National Commission on Orthotic and Prosthetic Education  
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 National Commission on Orthotic and Prosthetic Education (NCOPE).

These accreditation **Standards** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Orthotics and Prosthetics 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 American Academy of Orthotists and Prosthetists, American Board for Certification in Orthotics and Prosthetics and the National Commission on Orthotic and Prosthetic Education cooperate to establish, maintain and promote appropriate standards of quality for educational programs in Orthotics and Prosthetics 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 Orthotic and Prosthetic programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation **Standards**.

### Description of the Profession

Orthotics and prosthetics is a specialized health care profession, which combines a unique blend of clinical and technical skills to care for patients who have neuromuscular and musculoskeletal disorders and/or patients who have a partial or total absence of a limb. Orthotists and prosthetists provide treatment that allows these individuals to lead more active and independent lives by collaborating with other members of the healthcare team. This work requires substantial clinical and technical judgment.

The principles of biomechanics, pathomechanics, gait analysis, kinesiology, anatomy and physiology are crucial to the practitioner's ability to provide comprehensive patient care and a positive clinical outcome. Patient assessment, treatment and education are part of the practitioner's responsibility and require collaborative communication skills.

In addition to performing orthotic and prosthetic procedures, the orthotist and prosthetist are involved in clinical decision-making and patient education. The scope of practice for orthotist and prosthetist includes, but is not limited to:

- Patient Assessment – Perform a comprehensive assessment of the patient to obtain an understanding of the patient’s orthotic/prosthetic needs
- Formulation of the treatment plan – Create a comprehensive orthotic/prosthetic treatment plan to meet the needs and goals of the patient
- Implementation of the treatment plan – Perform the necessary procedures to deliver the appropriate orthotic/prosthetic services, which may include fabrication of the orthosis/prosthesis
- Follow-up treatment plan – Provide continuing patient care and periodic evaluation to assure/maintain/document optimal fit and function of the orthosis/prosthesis
- Practice management – Develop, implement and/or monitor policies and procedures regarding human resource management, physical environment management, business/financial management and organizational management
- Promotion of competency and enhancement of professional practice – Participate in personal and professional development through continuing education, training, research and organizational affiliations.

## I. Sponsorship

### A. Sponsoring Educational Institution

A sponsoring institution 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 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 educational 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 governance and lines of authority.

### C. Responsibilities of 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 program.

*For foreign educated students being admitted to an Orthotics and Prosthetics program, the sponsor should inform these students that certain national certifying agencies require specific translation (i.e., equivalency) by the World Education Service (WES) for determining eligibility for certification.*

## 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.

## **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 sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

## **C. Minimum Expectations**

The program must have the following goal defining minimum expectations: “To prepare competent entry-level Orthotists and/or Prosthetists 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 affiliations, equipment/supplies, computer resources, instructional reference materials, and faculty/staff continuing education.

## **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.

### **1. Program Director**

#### **a. Responsibilities**

The Program Director must be responsible for all aspects of the program, including the organization, administration, continuous review, planning, development, and general effectiveness of the program.

*The Program Director should pursue ongoing formal training designed to maintain and upgrade his/her professional, instructional and administrative capabilities.*

#### **b. Qualifications**

The Program Director must:

- (1) Possess a minimum of a baccalaureate degree;
- (2) Be credentialed in the profession of Orthotics & Prosthetics by a national credentialing organization that is accredited by the National Commission for Certifying Agencies (NCCA) or hold a professional license as is required by the state in which he/she is employed;
- (3) Have a minimum of five years of teaching, clinical and administrative experience in a profession related to orthotics and prosthetics.

*The program director should possess an advanced degree.*

### **2. Faculty and/or Instructional Staff**

#### **a. Responsibilities**

In classrooms, laboratories, and each location where students are assigned for didactic or clinical instruction or supervised practice, there must be (a) qualified individual(s) designated

to provide instruction, supervision, and timely assessments of the students' progress in achieving program requirements.

**b. Qualifications**

Faculty and/or Instructional Staff must:

- (1) Possess a minimum of a baccalaureate degree;
- (2) Be appropriately credentialed or licensed for the content/subject area being taught through professional preparation and experience in their respective academic areas.

*The program faculty should include physicians, physical and occupational therapists, and specialists in the psychosocial areas.*

**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 learning goals, course objectives, and competencies required for graduation.

The program must demonstrate that the curriculum meets or exceeds the content of the latest edition of the *Core Curriculum for Orthotists and Prosthetists*.

**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.

*Other dimensions of the program may merit evaluation as well, such as the admission criteria and process, the curriculum design, and the purpose and productivity of the Advisory Committee.*

*The format for resource assessment documents should include purpose statements, measurements systems, dates of measurement, results, analyses, action plans, and follow-up.*

**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.

*The evaluation system should provide each student and the program with analysis of the student's knowledge, performance-based strengths and areas for improvement, and progress toward attainment of the competencies and objectives stated in the curriculum.*

*Faculty should demonstrate that the evaluation methods chosen are consistent with the competencies and objectives being tested. Methods of assessment should be carefully designed and constructed to measure stated objectives at the appropriate level of difficulty. Methods used to evaluate clinical skills and behaviors should be consistent with stated performance expectations and designed to assess competency attainment accurately and reliably in the cognitive, affective and psychomotor domains.*

*The program should be able to demonstrate inter-rater reliability among those individuals who perform evaluations.*

*In order to ensure their effectiveness, evaluation methods should undergo frequent reappraisal. The program should demonstrate appropriate updating and revision of the methods employed, or in the formulation of more effective methods.*

*Students should have adequate time to correct identified deficiencies in knowledge and/or performance. Guidance should be available: to help students understand course content; to comply with program practices and policies; to provide counseling or referral for problems that may interfere with their progress through the program. Students should be eligible for all services offered by the educational institution.*

## **2. Documentation**

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

*These records should remain on file until after the student has successfully completed all degree or certificate plan requirements for graduation.*

## **B. Outcomes**

### **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: programmatic summative measures, positive placement, employer satisfaction, graduate satisfaction, NCOPE Resident Survey, performance on national certification examinations, and student retention. Programs must meet the outcomes assessment thresholds.

*Programs that have not graduated a class, or have graduated only one class, may not be able to demonstrate compliance with this Standard. However, mechanisms and tools for conducting ongoing program evaluation and outcomes assessment should be in place.*

*Programmatic summative measures should contribute to assessing effectiveness in specific learning domains.*

*In an effort to keep programmatic attrition below the established NCOPE threshold, the program should provide objective, success-related admissions standards, and/or prerequisites, and effective methods of assessing basic academic skills for all prospective students. Prospective students should be admitted to the program after having demonstrated at least a minimum acceptable level of academic skills performance.*

*“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.*

*Programs not meeting the thresholds established by NCOPE will begin a dialogue with NCOPE to develop an appropriate plan of action to respond to the identified shortcomings.*

### **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.

## **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 examinations.
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.

### **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.

**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.

**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.

**E. Substantive Change**

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

1. Significant curriculum revision(s)
2. Admissions policies
3. Mode of delivery

**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:

NCOPE  
330 John Carlyle St., Suite 200  
Alexandria, VA 22314

The “Request for Accreditation Services” form can be obtained from the National Commission on Orthotic and Prosthetic Education (NCOPE), CAAHEP, or the CAAHEP website at [www.caahep.org](http://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 NCOPE. The on-site review will be scheduled in cooperation with the program and NCOPE once the self-study report has been completed, submitted, and accepted by the NCOPE.

##### 2. Applying for Continuing Accreditation

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

NCOPE  
330 John Carlyle St., Suite 200  
Alexandria, VA 22314.

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

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 NCOPE forwarding a recommendation to CAAHEP.

##### 3. Administrative Requirements for Maintaining Accreditation

- a. The program must inform the NCOPE and CAAHEP within a reasonable period of time (as defined by NCOPE 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 NCOPE 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 NCOPE that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a “Request for Transfer of Sponsorship Services” form. The NCOPE 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 NCOPE 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 NCOPE in accordance with its policies and procedures. The time between comprehensive reviews is determined by the NCOPE 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 NCOPE and CAAHEP fees within a reasonable period of time, as determined by the NCOPE 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 NCOPE policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a NCOPE 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 NCOPE.

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 NCOPE 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 NCOPE. The sponsor will be notified by the NCOPE 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 NCOPE 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 NCOPE 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 NCOPE'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 NCOPE 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 NCOPE's reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the NCOPE 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.