Commission on Accreditation of Allied Health Education Programs

20th Annual Meeting

“Celebrating 20 Years of Excellence”

April 27-28, 2014
Hyatt Regency Riverwalk
San Antonio, Texas
# Table of Contents

- Annual Meeting Agenda ........................................................................................................... 1
- Member Organizations and their Commissioners ................................................................. 3
- CAAHEP Board of Directors 2013-2014 .................................................................................. 7
- CAAHEP Committees ............................................................................................................. 8
- Committees on Accreditation .................................................................................................. 9
- Nominating and Elections Committee Report ........................................................................ 12
- Annual Business Meeting Agenda ......................................................................................... 20
- 2013 Annual Business Meeting Minutes .............................................................................. 21
- Treasurer’s Report .................................................................................................................. 23
- Application for a new Committee on Accreditation ........................................................... 25
  Committee on Accreditation of Academic Programs in Clinical Research
- Approval as a Sponsoring Organization ............................................................................... 27
  Consortium of Academic Programs in Clinical Research
- Request for Eligibility to Participate in CAAHEP, Application for a new CoA, and Approval of Sponsoring Organization for Medical Scribe Specialists ...................................................... 28
Sunday – April 27th

12:00 – 1:15 PM  Welcome Luncheon  
*Introductions and Preliminary Nominating and Elections Report*

1:30 – 2:15 PM  Keynote Address  
*William M. Roberts MD MBA*
*Rear Admiral, Medical Corps, U. S. Navy*
*Acting Director, Education and Training, Defense Health Agency*
*Commandant, Medical Education and Training Campus*

2:15 – 2:45 PM  “The Adventures of Alice in CAAHEP: Creating an Accreditation Wonderland”  
*John E. Trufant, EdD, Retired Dean, College of Health Sciences, Rush University*

2:45 – 3:15 PM  Thoughts on the History and Progress of CAAHEP – a Conversation led by CAAHEP’s First President, William Teutsch, joined by two Past Presidents: Sondra Flemming and LaCheeta McPherson

3:15 – 3:30 PM  Break

3:30 – 4:15 PM  Washington Update  
*Elise Scanlon, Elise Scanlon Law Group, Washington, DC*

4:15 – 5:15 PM  Spotlight on Professions  
*Here’s your chance to learn about other professions: what do they do and what are the “hot button” issues in their field? We will hear from three of CAAHEP’s professions:*
  - Emergency Medical Services
  - Neurodiagnostic Technology
  - Intraoperative Neurophysiologic Monitoring

5:15 – 7:00 PM  Welcome Reception

Monday, April 28th

8:30 – 10:30 AM  Tour of the Medical Education and Training Campus at Fort Sam Houston (METC) (bus will board at 8:30 promptly!)

9:00 – 10:30 AM  Concurrent Sessions  
1) *Question and Answers with representatives from two CoAs: Diagnostic Medical Sonography and Surgical Technology*

2) *Re-Imagining CAAHEP and the Role of Commissioners*
10:30 – 10:45 AM  
**Break**

10:45 – 11:45 AM  
**Spotlight on Our Sponsors**  
Accreditation would not be possible without the partnership with our Sponsoring Organizations – here’s a chance to learn about who they are and what they do.  
- American College of Sports Medicine  
- American Council on Exercise

12:00 – 2:30 PM  
**Awards Luncheon and Commission Business Meeting**

2:30 – 3:30 PM  
**Concurrent Sessions:**  
1) Questions and Answers with representatives from two CoAs: Emergency Medical Services and Medical Assisting  
2) Re-Imagining CAAHEP and the Role of Commissioners  
3) Congress and Federal Policy Making: the Real Deal and How to Have Your Voice Heard, with Ilisa Halpern Paul, MPP, President, District Policy Group, Drinker Biddle & Reath, Washington, DC

3:30 – 4:15 PM  
**Beyond the Politics and Hype: What will the Affordable Care Act Really Mean for the Future of Health Care, the Health Care Workforce, and Health Professions Education?**  
Ilisa Halpern Paul, MPP, President, District Policy Group, Drinker Biddle & Reath, Washington, DC

4:15 PM  
**Adjourn**
<table>
<thead>
<tr>
<th>Organization</th>
<th>Commissioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>AABB</td>
<td>Brenda Barnes</td>
</tr>
<tr>
<td>Accreditation Committee-Perfusion Education</td>
<td>Linda Cantu</td>
</tr>
<tr>
<td>Accreditation Review Committee for the Anesthesiologist Assistant</td>
<td>Shane Angus</td>
</tr>
<tr>
<td>Accreditation Review Committee for the Medical Illustrator</td>
<td>Kathleen Jung</td>
</tr>
<tr>
<td>Accreditation Review Council on Educ in Surgical Technology</td>
<td>Tony Makin, Elizabeth Slagle (alternate)</td>
</tr>
<tr>
<td>American Academy of Anesthesiologist Assts</td>
<td>Claire Chandler</td>
</tr>
<tr>
<td>American Academy of Cardiovascular Perfusion</td>
<td>Linda Mongero</td>
</tr>
<tr>
<td>American Academy of Neurology</td>
<td>George Lee, III</td>
</tr>
<tr>
<td>American Academy of Orthotists &amp; Prosthetists, Inc.</td>
<td>Michelle Hall</td>
</tr>
<tr>
<td>American Academy of Pediatrics</td>
<td>Susan Fuchs</td>
</tr>
<tr>
<td>American Ambulance Association</td>
<td>Ron Thackery</td>
</tr>
<tr>
<td>American Assn of Sleep Technologists</td>
<td>Rose Ann Zumstein</td>
</tr>
<tr>
<td>American Assoc for Thoracic Surgery</td>
<td>Daniel Goldstein</td>
</tr>
<tr>
<td>American Assoc of Medical Assistants</td>
<td>Donald Balasa, Sarah Marino (alternate)</td>
</tr>
<tr>
<td>American Board for Certification in Orthotics and Prosthetics, Inc.</td>
<td>Catherine Carter</td>
</tr>
<tr>
<td>American Board of Cardiovascular Perfusion</td>
<td>Brad Kulat, David Palmer (alternate)</td>
</tr>
<tr>
<td>American Clinical Neurophysiology Society</td>
<td>William Nowack</td>
</tr>
<tr>
<td>American College of Cardiology</td>
<td>Vacant</td>
</tr>
<tr>
<td>American College of Emergency Physicians</td>
<td>Jeff Beeson</td>
</tr>
<tr>
<td>American College of Obstetricians &amp; Gynecologists</td>
<td>Rebecca McAlister</td>
</tr>
<tr>
<td>American College of Osteopathic Emergency Physicians</td>
<td>Murry Sturkie</td>
</tr>
<tr>
<td>American College of Radiology</td>
<td>Kate Feinstein</td>
</tr>
<tr>
<td>American College of Sports Medicine</td>
<td>Richard Cotton</td>
</tr>
<tr>
<td>American College of Surgeons</td>
<td>Constantine Godellas</td>
</tr>
<tr>
<td>Organization</td>
<td>Name</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>American Council on Exercise</td>
<td>Graham Melstrand</td>
</tr>
<tr>
<td>American Institute of Ultrasound in Medicine</td>
<td>Marie De Lange</td>
</tr>
<tr>
<td>American Kinesiotherapy Assoc</td>
<td>Melissa Fuller Ziegler</td>
</tr>
<tr>
<td>American Medical Assn</td>
<td>Darlyne Menscer</td>
</tr>
<tr>
<td>American Society for Clinical Pathology</td>
<td>Amber Donnelly</td>
</tr>
<tr>
<td>American Society for Cytotechnology</td>
<td>Maria Friedlander</td>
</tr>
<tr>
<td>American Society of Anesthesia Technologists and Technicians</td>
<td>Victoria Reyes</td>
</tr>
<tr>
<td>American Society of Anesthesiologists</td>
<td>David Varlotta</td>
</tr>
<tr>
<td>American Society of Cytopathology</td>
<td>Nancy Smith</td>
</tr>
<tr>
<td>American Society of Echocardiography</td>
<td>Carol Mitchell</td>
</tr>
<tr>
<td>American Society of ExtraCorporeal Technology</td>
<td>Craig Vocelka</td>
</tr>
<tr>
<td>American Society of Neurophysiological Monitoring</td>
<td>Bernard Cohen</td>
</tr>
<tr>
<td>American Society of Neurophysiological Monitoring</td>
<td>Barbara Tetzlaff (alternate)</td>
</tr>
<tr>
<td>American Society of Radiologic Technologists</td>
<td>Myke Kudlas</td>
</tr>
<tr>
<td>American Therapeutic Recreation Assn</td>
<td>Tim Passmore</td>
</tr>
<tr>
<td>American Thoracic Society</td>
<td>Vacant</td>
</tr>
<tr>
<td>ASET - The Neurodiagnostic Society</td>
<td>Faye McNall</td>
</tr>
<tr>
<td>Assn of Medical Illustrators</td>
<td>Leila Lax</td>
</tr>
<tr>
<td>Assn of Schools of Allied Health Professions</td>
<td>Hugh Bonner</td>
</tr>
<tr>
<td>Assn of Schools of Allied Health Professions</td>
<td>Barry Eckert</td>
</tr>
<tr>
<td>Assn of Schools of Allied Health Professions</td>
<td>Julie Maillet</td>
</tr>
<tr>
<td>Assn of Schools of Allied Health Professions</td>
<td>David Shelledy</td>
</tr>
<tr>
<td>Assn of Schools of Allied Health Professions</td>
<td>Yasmen Simonian</td>
</tr>
<tr>
<td>Assn of Surgical Technologists</td>
<td>Margaret Rodriguez</td>
</tr>
<tr>
<td>At-Large - Educational Institutions</td>
<td>Linda Kerwin</td>
</tr>
<tr>
<td>At-Large - Educational Institutions</td>
<td>Keith Monosky</td>
</tr>
<tr>
<td>Board of Registered Polysomnographic Technologists</td>
<td>Cameron Harris</td>
</tr>
<tr>
<td>College of American Pathologists</td>
<td>David Wilbur</td>
</tr>
<tr>
<td>Committee on Accreditation for Anesthesia Technologist Education</td>
<td>Victoria Reyes</td>
</tr>
<tr>
<td>Committee on Accreditation for Educ in Advanced Cardiovascular Sonography</td>
<td>Michelle Bierig</td>
</tr>
<tr>
<td>Committee Name</td>
<td>Member</td>
</tr>
<tr>
<td>--------------------------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Committee on Accreditation for Educ in Neurodiagnostic</td>
<td>Jackie Long-Goding</td>
</tr>
<tr>
<td>Committee on Accreditation for Educ in the Exercise Sciences</td>
<td>Susan Muller</td>
</tr>
<tr>
<td>Committee on Accreditation for Polysomnographic</td>
<td>Donald Samples</td>
</tr>
<tr>
<td>Committee on Accreditation of Educ Programs for</td>
<td>Jerry Purvis</td>
</tr>
<tr>
<td>Committee on Accreditation of Educ Programs in the EMS</td>
<td>James Atkins</td>
</tr>
<tr>
<td></td>
<td>Doug York (designate)</td>
</tr>
<tr>
<td>Committee on Accreditation of Recreational Therapy</td>
<td>Thomas Skalko</td>
</tr>
<tr>
<td>Committee on Accreditation of Specialist in Blood Bank Tech</td>
<td>Marian Fortmann</td>
</tr>
<tr>
<td>Cooper Institute (The)</td>
<td>Gina Cortese Shipley</td>
</tr>
<tr>
<td>Cytotechnology Programs Review Committee</td>
<td>Kalyani Naik</td>
</tr>
<tr>
<td></td>
<td>Robert Goulart (alternate)</td>
</tr>
<tr>
<td>Hospital Based Programs</td>
<td>Cheryl Oliver</td>
</tr>
<tr>
<td>Intl Association of Fire Chiefs</td>
<td>David Becker</td>
</tr>
<tr>
<td>Intl Association of Fire Fighters</td>
<td>Vacant</td>
</tr>
<tr>
<td>Intl Board of Lactation Consultant Examiners</td>
<td>Anna Utter</td>
</tr>
<tr>
<td>Intl Lactation Consultant Association</td>
<td>Judi Lauwers</td>
</tr>
<tr>
<td>Joint Review Committee on Educ in Cardiovascular Technology</td>
<td>David Hunter</td>
</tr>
<tr>
<td>Joint Review Committee on Educ in Diagnostic Medical Sonography</td>
<td>Kerry Weinberg</td>
</tr>
<tr>
<td>Lactation Education Accreditation and Approval Review</td>
<td>Maeve Howett</td>
</tr>
<tr>
<td>Medical Assisting Education Review Board</td>
<td>Tina Broderick</td>
</tr>
<tr>
<td>National Academy of Sports Medicine</td>
<td>David Van Daff</td>
</tr>
<tr>
<td>National Assn of Emergency Medical Technicians</td>
<td>Douglas York</td>
</tr>
<tr>
<td>National Assn of Emergency Medical Services Educators</td>
<td>Debra Cason</td>
</tr>
<tr>
<td>National Assn of Emergency Medical Services Physicians</td>
<td>Debra Cason</td>
</tr>
<tr>
<td>National Assn of State EMS Officials</td>
<td>Donna Tidwell</td>
</tr>
<tr>
<td>National Commission on Orthotic and Prosthetic Education</td>
<td>Robin Seabrook</td>
</tr>
</tbody>
</table>
National Network of Health Career Programs in 2-Year Colleges
   Gregory Ferenchak
   Marianne Krismer
   Anne Loochtan
   Carolyn O'Daniel
   Lois Simmons

National Registry of Emergency Medical Technicians
   Rob Wagoner

National Surgical Assistant Association
   Clint Crews

Perfusion Program Directors Council
   Bruce Searles

Proprietary Institutions
   John Padgett, Jr.

Public Members
   Pauletta Bracy
   Calvin Harris

Recent Graduate
   Katie Lukovich

Society for Vascular Surgery
   R. Eugene Zierler

Society for Vascular Ultrasound
   Eileen French-Sherry

Society of Cardiovascular Anesthesiologists
   Michael D'Ambra

Society of Diagnostic Medical Sonography
   Katie Kuntz

Society of Invasive Cardiovascular Professionals
   Jeff Davis

Society of Thoracic Surgeons
   Thomas MacGillivray

U.S. Department of Defense Programs
   Janice Morrison

Vocational-Technical Programs
   Richard Hernandez
President
Cameron Harris, RPSGT
200 1st St. SW
Rochester, MN  55905
Email:  harris.cameron@mayo.edu

Vice President
Kerry Weinberg, MA, MPA, RT(R), RDMS, RDCS
Chair, Associate Professor, School of Health Professions, Diagnostic Medical Sonography
Long Island University – Brooklyn Campus
1 University Plaza – HS 247
Brooklyn, NY 11201
Email: Kerry.weinberg@liu.edu

Treasurer
Calvin Harris, EdD
1621 Young Avenue
Clearwater, FL  33756
Email:  harris116052588@aol.com

Secretary
Susan Fuchs, MD
Ann and Robert H. Lurie Children's Hospital of Chicago
225 East Chicago Avenue, Box 62
Chicago, IL  60611
Email:  sfuchs@lunechildrens.org

MEMBERS:
Pauletta Brown Bracy, PhD, MLS
901 Chevoit Avenue
Durham, NC  27707
Email:  pbracy@nccu.edu

Claire Chandler-AAC
1253 Citadel Drive, NE
Atlanta, GA  30324
Email:  Claire.chandler@gmail.com

Bernard Allan Cohen, PhD, FASNM
Neurological Monitoring Associates, LLC
333 West Brown Deer Road, MS #240
Milwaukee, WI 53217
Email:  Bernie.NeuroMonAssoc@gmail.com

Barry S. Eckert, PhD., FASAHP
Dean, School of Health Professions
Long Island University - Brooklyn
1 University Plaza
Brooklyn, NY 11201
Email:  Barry.Eckert@liu.edu

Gregory Ferenchak, EdD, RT(R)(QM)
Dean, Health Sciences
Broward College
1000 Coconut Creek Blvd.
Coconut Creek, FL 33066
Email:  gferench@broward.edu

Katie Lukovich, CST/CSFA
6039 Cottonwood
Clarkston, MI 48346
Email:  bowek00@yahoo.com

Arthur “Tony” Makin, CST, BS, FAST
3978 Flannery Lane
High Point NC 27265
Email:  Aam91955@hotmail.com

Kalyani A. Naik, MS, SCT(ASCP)
2857 Windside Court
Ann Arbor, MI 48103
Email:  knaik@med.umich.edu

Carolyn O’Daniel, EdD, RRT
4316 Southern Parkway
Louisville, KY 40214
Email:  carolyn.odaniel@kctcs.edu

John H. Padgett, Jr., PhD
Vice President of Institutional Advancement
City College
2000 West Commercial Blvd., Suite 200
Fort Lauderdale, FL 33309
Email:  jpadgett@CITYCOLLEGE.EDU

Yasmen Simonian, PhD, MLS(ASCP)CM
Dean & Presidential Distinguished Professor
Dr. Ezekiel R. Dumke College of Health Professions
Weber State University
3901 University Circle
Ogden, Utah 84408-3901
Email:  ysimonian@weber.edu

Thomas K. Skalko, PhD, LRT/CTRS
Professor
East Carolina University
College of Health and Human Performance
Belk 1409
Greenville, NC  27858-4353
Email:  skalkot@ecu.edu
CAAHEP Committees – 2013-2014

Audit Committee
Calvin Harris, Chair
Bernie Cohen
Barry Eckert
Kerry Weinberg

Governance Committee
Cameron Harris, President
Claire Chandler, Chair – Planning and Development Committee
Bernard Cohen, Chair, Performance Oversight Committee
Susan Fuchs, Secretary
Calvin Harris, Treasurer
Kerry Weinberg, Vice President

Nominating and Elections Committee
John Padgett, Chair
Shane Angus
Kate Feinstein
Carol Mitchell

Performance Oversight Committee
Bernard Cohen, Chair
Barry Eckert
Greg Ferenchak
John Padgett
Yasmen Simonian

Planning & Development
Claire Chandler, Chair
Susan Fuchs
Calvin Harris
Katie Lukovich
Thom Skalko

Recommendation Review Committee
Kalyani Naik, Chair
Pauletta Brown Bracy
Tony Makin
Carolyn O’Daniel
Kerry Weinberg

Standards Committee
William Goding, Chair
Kalyani Naik, Vice Chair
Hugh Bonner
Kate Feinstein
Jennifer Anderson Warwick

And Special Thanks to the Annual Meeting Program Planning Committee
Greg Ferenchak, Chair
Michelle Bierig
Susan Fuchs
Janice Morrison
William Nowack
CoA Staff and Chair Roster
2/4/2014

Advanced Cardiovascular Sonography – Committee on Accreditation for Education in Advanced Cardiovascular Sonography
Chair - Michelle Bierig
Email: michelle.bierig@leememorial.org

Staff - Mary Alice Dilday
CoA-ACS Staff
2100 Gateway Centre Boulevard, Ste. 310
Morrisville, NC  27560
Phone: 919-465-9020 / Fax: 919 - 882-9900
Email: MADilday@ASEcho.org

Anesthesia Technologists/Technicians – Committee on Accreditation for Anesthesia Technologist/ Technician Education
Chair- Victoria A. Reyes
Email: Victoria.A.Reyes@kp.org

Staff-Theresa Sisneros
Executive Director
6663 South Sycamore Street
Littleton, CO 80120
Phone: 303-794-6283/Fax: 303-738-3223
Email: Theresa@caahep.org

Anesthesiologist Assistant - Accreditation Review Committee for the Anesthesiologist Assistant
Chair – Shane Angus, AA-C
Email: shaneangus1@me.com

Cardiovascular Technologist - Joint Review Committee on Education in Cardiovascular Technology (www.jrccvt.org)
Chair – David Hunter, MD (ACR)
E-mail: hunte001@umn.edu

Staff - William Goding, MEd, RRT
Executive Director
1449 Hill Street
Whitinsville, MA 01588
Phone: 978-456-5594 / Fax: 978-927-1214
E-mail: office@jrccvt.org

Cytotechnologist - Cytotechnology Programs Review Committee (www.cytopathology.org)
Chair – Donald Schnitzler, BS, CT(ASCP)
Email: schnitzler.donald@marshfieldclinic.org

Staff - Debby MacIntyre Sheldon
CPRC Coordinator, Editorial Assistant
American Society of Cytopathology
100 West 10th Street, Suite 605
Wilmington, DE 19801
Phone: 302-543-6583 / Fax: 302-543-6597
Email: dmacintyre@cytopathology.org

Diagnostic Medical Sonographer - Joint Review Committee on Education in Diagnostic Medical Sonography (www.jrcdms.org)
Chair – Sheryl E. Goss, MS, RT(R), RDMS, RDCS, RVT
Email: sgoss@misericordia.edu

Staff – Cindy Weiland, RVT, RRT
Director of Accreditation/QA Monitor
6021 University Blvd, Suite 500
Ellicott City, MD 21043
Phone: 443-973-3251
Email: weiland@intersocietal.org

Emergency Medical Technician - Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (www.coaemsp.org)
Chair – Douglas K. York, NREMT-P, PS, (NAEMT)
Email: douglas-york@uiowa.edu

Staff - George W. Hatch, Jr., EdD, LP, EMT-P
CoAEMSP Executive Director
8301 Lakeview Parkway, Suite 111-312
Rowlett, TX 75088
Phone: 214-703-8445Fax: 214-703-8992
Email: george@coaemsp.org

Exercise Sciences - Committee on Accreditation for the Exercise Sciences (www.coaes.org)
Chair - Susan Muller, PhD
Email: smuller1@murraystate.edu

Staff - Traci Sue Rush, BA, ACSM HFI
American College of Sports Medicine
401 W. Michigan Street
Indianapolis, IN 46202
Phone 317-637-9200, ext. 147/Fax 317-634-7817
E-mail: trush@acsm.org
Kinesiotherapist – Committee on Accreditation for Education Programs for Kinesiotherapy (www.akta.org)

Chair - Jerry W Purvis
Email: Jerry.Purvis@usm.edu

Staff – Loralee Hansen
Administrative Officer
2117 NE Ainsworth St.
Portland, OR 97211
Phone: 503-249-8381
E-mail: hansen1271@gmail.com

Lactation Consultants - Lactation Education Accreditation and Approval Review Committee (www.aarclactation.org)

Chair – Cheryl Benn, IBCLC
Email: cherylbenn@paradise.net.nz

Staff - Judith Lauwers, BA, IBCLC
Education Coordinator
International Lactation Consultant Association
c/o 228 Park Lane
Chalfont PA 18914
Phone: 919-459-6106 / Fax: 919-459-2075
Email: judil@imiae.com

Medical Assisting - Medical Assisting Education Review Board (www.maerb.org)

Chair - Jennifer L. Spegal, CMA (AAMA), MT, MEd
Email: jennifer.spegal@sinclair.edu

Staff – Sarah Marino, PhD
Director of Accreditation
Medical Assisting Education Review Board
20 N. Wacker Dr., Suite 1575
Chicago, IL 60606
Phone: 800-228-2262 / Fax: 312-899-1259
Email: smarino@maerb.org
Accreditation Case Manager: Irene Lau
Email: ilau@maerb.org

Medical Illustration - Accreditation Review Committee for the Medical Illustrator

Chair - Kathleen Jung
Email: kijung@aol.com

No Staff

Neurodiagnostic Technology - Committee on Accreditation for Education in Neurodiagnostic Technology (www.coa-ndt.org)

Chair – Elizabeth Meng, BA, R EEG/EP T
Email: emeng@abrazohealth.com

Staff - Jackie L. Long-Goding, PhD, RRT-NPS
Executive Director
1449 Hill Street
Whitinsville, MA 01588
Phone: 978-338-6300/Fax: 978-832-2638
Email: office@coa-ndt.org

Orthotic/Prosthetic - National Commission on Orthotic and Prosthetic Education (www.ncope.org)

Chair - Arlene Gillis, M.Ed., CP, LPO, FAAOP
E-mail: Gillis.Arlene@spcollege.edu

Staff - Robin Seabrook
Executive Director
NCOPE
330 John Carlyle St., Suite 200
Alexandria, VA 22314
Phone: 703-836-7114 / Fax 703-836-0838
E-mail: rseabrook@ncope.org

Perfusion - Accreditation Committee-Perfusion Education (www.ac-pe.org)

Chair – Linda Cantu, CCP
Email: lgcantu@pixius.net

Staff - Theresa Sisneros
Executive Director
6663 South Sycamore Street
Littleton, CO 80120
Phone: 303-794-6283/Fax: 303-738-3223
Email: office@ac-pe.org

Polysomnographic Technology - Committee on Accreditation for Polysomnographic Technologist Education

President - Auburne Overton, MHA, RPSGT
Email: aoverto1@uncc.edu

Staff – Karen Monarchy Rowe, BS AAS RPSGT
Executive Director
1711 Frank Avenue
New Bern, NC 28560
Phone: 252-626-3238
Email: office@coapsg.org
Recreational Therapists - Committee on Accreditation of Recreational Therapy Education (CARTE)

Chair - Thomas K. Skalko, Ph.D., LRT/CTRS
Phone: 252-328-0018
Email: skalkot@ecu.edu

No Staff

Specialist in Blood Banking Technology/Transfusion Medicine - Committee on Accreditation of Specialist in Blood Bank Technology Schools

Chair – Marian Fortmann MS, MT(ASCP)SBB
Email: marian.fortmann@carolinashealthcare.org

Staff – Anne Chenoweth
Manager, Accreditation Programs
American Association of Blood Banks
8101 Glenbrook Road
Bethesda, MD 20814-2749
Phone: 301-215-6586 /Fax:301-951-3729
E-mail: achenoweth@aabb.org

Surgical Technology - Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA) (http://www.arcstsa.org)

President - Betsy Slagle, MS, RN, CST
Email: eslagle@sf.edu

Staff - Keith Orloff, CST, FAST
Executive Director
6 West Dry Creek Circle, Suite 110
Littleton, CO 80120
Phone: 303-694-9262 / Fax 303-741-3655
Email: keith.orloff@arcstsa.org
The 2014 annual election for CAAHEP is for the following elected positions:

Three 3-year positions on the Board of Directors

The Nominating and Elections Committee received a total of five nominations in response to the Call for Nominations which set a deadline of March 14, 2014. Nominations also will be accepted from the floor during the Annual Meeting in San Antonio. In considering candidates for floor nominees, be advised that the eligibility criteria for candidates to these positions, as specified in the CAAHEP Bylaws are:

A. Must be a Commissioner or a Commissioner-Designate.
B. Must continue as a Commissioner during the term of office to which elected; the sponsoring organization must verify the candidate will continue as their Commissioner for the full term of office (2 years or 3 years).
C. Commissioner can only hold one office at a time.
D. The Board of Directors has a limit of two consecutive terms for which a Commissioner can serve.

NOMINATIONS FROM THE FLOOR AT THE CAAHEP MEETING:

Additional nominations will be accepted from the floor during the opening luncheon on Sunday, April 27, 2014. Such nominees must be able to present the full documentation necessary to the Chair of the Nominating and Elections Committee no later than 8:00 am Monday, April 29, 2014. For the convenience of any potential candidates, this section includes copies of the Consent to Nomination and Verification of Commissioner Status forms that will be required.

INTRODUCTION OF NOMINEES AT THE CAAHEP MEETING:

The Nominating and Elections Committee will formally present the preliminary slate of nominees to the Commission at the Luncheon on Sunday, April 28th. Nominees will be asked to stand for visual identification. This introduction will provide the Commissioners the opportunity to individually discuss issues and concerns with the nominees during the Sunday afternoon break and reception as well as the Monday morning breakfast and break.

ELECTION PROCESS AT THE CAAHEP MEETING:

The election of Commissioners to positions on the Board of Directors and the Nominating and Elections Committee is scheduled during the Business Meeting on Monday, April 29, 2014. Ballots will be distributed to and collected from Commissioners in attendance during the 15-minute period.

The Bylaws require a 50% + 1 majority for election to the Board. If runoff elections are required to meet this provision, ballots for the runoff will be distributed to the Commissioners at the end of the business meeting, and collected from the Commissioners during the afternoon break.
NOMINATIONS RECEIVED BY THE MARCH 14, 2014 DEADLINE

NOMINATIONS FOR THE BOARD OF DIRECTORS (THREE POSITIONS OPEN):

<table>
<thead>
<tr>
<th>NAME OF NOMINEE</th>
<th>ORGANIZATION</th>
<th>CATEGORY</th>
<th>CURRENT INCUMBENT?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bernard Cohen</td>
<td>American Academy of Pediatrics</td>
<td>Sponsoring Organization</td>
<td>Yes</td>
</tr>
<tr>
<td>Kate Feinstein</td>
<td>American College of Radiology</td>
<td>Sponsoring Organization</td>
<td>No</td>
</tr>
<tr>
<td>William Nowack</td>
<td>American Clinical Neurophysiology Society</td>
<td>Sponsoring Organization</td>
<td>No</td>
</tr>
<tr>
<td>Barry Eckert</td>
<td>Assn of Schools of Allied Health Professions</td>
<td>ASAHP/Four year deans</td>
<td>Yes</td>
</tr>
<tr>
<td>Douglas York</td>
<td>CoA for Emergency Medical Services Professions</td>
<td>Committee on Accreditation</td>
<td>No</td>
</tr>
</tbody>
</table>
PERSONAL STATEMENTS AND ACTIVITY REPORTS FOR NOMINEES OF SPONSORING ORGANIZATIONS (one seat open)

Name: Bernard Allan Cohen, PhD, FASNM, FACNS
CAAEHP Commissioner for: American Society of Neurophysiological Monitoring
Current Position Title: Founder and Managing Director, Neurological Monitoring Associates, LLC

We dealt with difficult and challenging issues recently as an accrediting agency. To achieve continuity in our efforts and effectively deal with the challenges, the Board requires experience, flexibility and attention to detail. I have many years of service to professional societies documenting a proven track record of getting things done. My tenure in CoA-END has targeted bringing together the diversity in our field which makes us strong and unique. I have made every effort to do exactly the same while a Board member for CAAHEP. I hope to continue our efforts with the CAAHEP Board on: 1) defining exactly who/what CAAHEP is and does for our sponsors, 2) improving relations between CAAHEP and the CoAs and CAAHEP and sponsoring organizations, 3) developing CAAHEP programs specifically directed to accredited programs, 4) developing standardization between CoA programmatic themes to the extent possible, 5) encouraging new programs accreditation and existing programs’ renewal accreditation, 6) helping programs obtain better outcome and follow-up statistics. Each of these items was part of my efforts in my first term on the Board and we made substantial progress but we are not done yet. I hope to continue on the Board to promote the completion of these efforts as well as new ones.

Relevant experience:
Board Member, CAAHEP
Chair, Performance Oversight Committee
Liaison, Consortium of Academic Programs in Clinical Research
Commissioner for six years to CAAHEP from CoA-NDT
Vice Chairman of CoA-NDT
Participation in CAAHEP Summer Workshops and Winter Leadership Trainings
Participation in CAAHEP Generalist Site Visitor Training
Attendee at five prior CAAHEP Annual Meetings
Site Visitor to Numerous NDT Programs

Name: Kate A. Feinstein, MD
CAAEHP Commissioner for: The American College of Radiology
Current Position Title: Medicine/Chief, Section of Pediatric Radiology, The University of Chicago

Graduates of CAAHEP-accredited programs enter the demanding, constantly changing profession of allied health care knowing that they have received a quality education. CAAHEP Standards ensure that educational programs fulfill requisites for quality and safety, protecting the public and the students. On a daily basis, I depend on diagnostic medical sonographers to assist me in caring for critically ill patients. My experience with recent DMS graduates has been that they are equipped to start a career and continue learning while building on a solid knowledge base. As a consumer, accreditation makes me feel secure that my family’s health care needs are addressed by competent and skilled professionals. If elected, I would like to increase physician awareness of CAAHEP. Physician members of Sponsoring Organizations may be bereft of knowledge concerning CAAHEP programmatic accreditation. As leaders, they can influence policy and opinions.

Relevant experience:
CAAEHP Commissioner from ACR
CAAEHP Annual Meeting Planning Committee
CAAEHP Appeal Panel
CAAEHP Nominating and Elections Committee
CAAEHP Standards Committee
JRC/DMS Member Board of Directors (representative from ACR), JRC/DMS Secretary/Treasurer
JRC/DMS Self-study reviewer, Site visitor
Name: William J. Nowack  
CAAHEP Commissioner for: American Clinical Neurophysiology Society  
Current Position Title: Associate Professor of Neurology, Kansas University School of Medicine  
The individuals trained and educated in CAHEEP certified educational institutions have a key role in the delivery of health care. In order to ensure the quality of that care, their training and education should meet high standards. The standards for CAHEEP programmatic certification should therefore assure the quality of those educational programs and formalize the methodology for assuring quality. The sponsoring organizations can make important contributions to CAHEEP related to those quality standards but at present the contributions they can make seem insufficiently defined. I think that inviting the contributions they can make and delineating the future role of the sponsoring organizations in ensuring the quality of educational programs in the Health Sciences is one of the contributions I would like to make.

Relevant experience:  
Commissioner to CAAHEP from the American Clinical Neurophysiology Society  
Member, Board of Directors, CoA-Neurodiagnostic Technology  
Member, two self assessment panels for LCME accreditation  
Site visitor for CAHEA (predecessor to CoA-NDT)  
Trained as site visitor for CoA-NDT
Personal Statement and Activity Report for Nominee for ASAHP/Four Year Deans

Name: Barry S. Eckert  
CAAHEP Commissioner for: ASAHP  
Current Position Title: Dean, School of Health Professions, Long Island University-Brooklyn

CAAHEP is responsible for the accreditation of many allied health programs and therefore, is critical for quality education in allied health. I oversee Diagnostic Medical Sonography in the School of Health Professions, as well as PT, OT, Athletic Training, Social Work, Respiratory Therapy and Public Health, which are accredited by other agencies.

Relevant experience:
Current CAAHEP Board Member (One term)  
ASAHP Board Member  
ASAHP Accreditation Committee

Personal Statement and Activity Report for Nominee for CoA Representative

Name: Douglas K. York  
CAAHEP Commissioner for: CoAEMSP  
Current Position Title: Director, EMSLRC, EMS Learning Resources Center, University of Iowa Hospitals and Clinics

During the years that I have been working with the CoAEMSP, I have been made aware of just how valuable CAAHEP truly is to the allied health world. Not only is CAAHEP a resource for accredited Programs, CAAHEP is a respected leader of the various CoA’s that fall under the CAAHEP umbrella. One of my goals if elected to the CAAHEP Board, is to continue making Accredited Programs and CoA’s cognizant of the resources of CAAHEP and that they should feel free to avail themselves of those resources. Goal number 2 is to ensure that CoA Board members are made aware of their obligations and responsibilities as Board members. This goal could include the development of training programs that could be accessed by CoA Board members.

Relevant experience:
First appointed to the CoAEMSP Board in 2002  
Served 4 years as Vice-Chair  
Served a 4 year term as Chair of the CoAEMSP  
Member of the CAAHEP Sub-committee that developed the Site Visitor’s Quiz
## Current Board of Directors – 2013-2014

<table>
<thead>
<tr>
<th>Commissioner</th>
<th>Represents</th>
<th>Term: 1st or 2nd</th>
<th>Current Term Ends</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SPONSORING ORGANIZATIONS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cameron Harris</td>
<td>Board of Registered Polysomnographic Technologists</td>
<td>2nd</td>
<td>2016</td>
</tr>
<tr>
<td>Bernard Cohen</td>
<td>Amer Society of Neurophysiological Monitoring</td>
<td>1st</td>
<td>2014</td>
</tr>
<tr>
<td>Susan Fuchs</td>
<td>American Academy of Pediatrics</td>
<td>1st</td>
<td>2015</td>
</tr>
<tr>
<td>Claire Chandler</td>
<td>Amer. Academy of Anesthesiologist Assistants</td>
<td>2nd</td>
<td>2016</td>
</tr>
<tr>
<td><strong>EDUCATIONAL PROGRAMS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carolyn O’Daniel</td>
<td>National Network</td>
<td>1st</td>
<td>2015</td>
</tr>
<tr>
<td>Gregory Ferenchak</td>
<td>National Network</td>
<td>1st</td>
<td>2016</td>
</tr>
<tr>
<td>Barry Eckert</td>
<td>ASAHP</td>
<td>1st</td>
<td>2014</td>
</tr>
<tr>
<td>Yasmen Simonian</td>
<td>ASAHP</td>
<td>1st</td>
<td>2015</td>
</tr>
<tr>
<td><strong>COMMITTEES ON ACCREDITATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tony Makin</td>
<td>Accreditation Review Council- ST/SA</td>
<td>1st</td>
<td>2016</td>
</tr>
<tr>
<td>Kalyani Naik</td>
<td>CPRC (Cytotechnology)</td>
<td>2nd</td>
<td>2015</td>
</tr>
<tr>
<td>Thomas Skalko</td>
<td>CARTE</td>
<td>1st</td>
<td>2015</td>
</tr>
<tr>
<td>Kerry Weinberg</td>
<td>Joint Review Committee – Diagnostic Medical Sonography</td>
<td>2nd</td>
<td>2014</td>
</tr>
<tr>
<td><strong>PUBLIC MEMBERS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calvin Harris</td>
<td></td>
<td>2nd</td>
<td>2014</td>
</tr>
<tr>
<td>Pauletta Brown Bracy</td>
<td></td>
<td>1st</td>
<td>2015</td>
</tr>
<tr>
<td><strong>AT-LARGE EDUCATOR</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>John Padgett</td>
<td>Proprietary Institutions</td>
<td>2nd</td>
<td>2016</td>
</tr>
</tbody>
</table>
CONSENT TO NOMINATION

Commission on Accreditation of Allied Health Education Programs

Attn: Nominating and Elections Committee
1361 Park Street
Clearwater, FL 33756

Dear Nominating and Elections Committee:

I have been nominated for an elected position for the Commission on Accreditation of Allied Health Educational Programs Board of Directors

I verify that I accept the nomination.

I am a Commissioner (or Commissioner-designate) to CAAHEP, representing
________________________________________________________________ which is a:

_____ Sponsoring Organization

_____ Committee on Accreditation

(Signature)

(Print or Type Name)

(Street Address)

(City, State and Zip Code)

(Phone, Fax and E-mail)
VERIFICATION OF COMMISSIONER STATUS

Commission on Accreditation of Allied Health Education Programs

Attn: Nominating and Elections Committee
1361 Park Street
Clearwater, FL  33756

Dear Nominating and Elections Committee:

As either a Sponsoring Organization or a Committee on Accreditation of the Commission on Accreditation of Allied Health Educational Programs (CAAHEP), we verify that __________________________ is our current Commissioner to CAAHEP, or has been designated to become our Commissioner, effective July 1, 2014.

We acknowledge that the above-named Commissioner has been nominated for an elected position and that, if elected, the Commissioner must continue to represent our organization during the term of office.

We confirm that the candidate will continue as our Commissioner to CAAHEP for a period that will coincide with the term of office, if elected.

(Signature)

(Print or Type Name)

(Title)

(Organization/Institution)

(Street Address)

(City, State and Zip Code)

(Phone, Fax and E-mail)
Call to Order – Cameron Harris, President

Review and Approval of Minutes from 2013 Annual Meeting

Treasurer’s Report – Calvin Harris

Final Report of Nominating and Elections Committee – John Padgett, Chair

Distribution of Ballots

Special Commissioner Reports

Other Business:

Request from the Consortium of Academic Programs in Clinical Research for Approval of a new Committee on Accreditation: Committee on Accreditation of Academic Programs in Clinical Research (CAAPCR)

Request from the Consortium of Academic Programs in Clinical Research for Approval as a Sponsoring Organization

Request from American College of Medical Scribe Specialists (ACMSS) for Eligibility of Medical Scribe Specialists to participate in CAAHEP

Request from ACMSS for Approval of a new Committee on Accreditation: CoA for Medical Scribe Specialist Education with ACMSS as its Sponsoring Organization

Open Forum for Discussion of Issues of Concern to Commissioners

Announcement of Election Results

Adjourn
Meeting called to order by President Cameron Harris at 11:23 am EDT.

**Review and Approval of Minutes**

**April 30, 2012**

Move to approve the minutes of the April 30, 2012, CAAHEP Commissioner Meeting. Seconded and approved.

**October 16, 2012 – Special Meeting of the CAAHEP Commissioner** – First CAAHEP Commissioner meeting conducted electronically.

Move to approve the minutes of the October 16, 2012, CAAHEP Commissioner Special Meeting. Seconded and approved.

**President’s Report**

President Harris noted the written report provided in the program material. He noted the growth among CAAHEP with the addition of three professions over the last several years. He mentioned the three strategic plan key goals of promoting best practices, strengthening organization structure, and assert leadership within accrediting communities, and introduced the new Accreditation Recommendation Review Committee. President Harris thanked Cynthia Butters for her work in revamping the Board orientation material this past year, and reported on the addition of new positions on the Board to include a practitioner and recent graduate. In addition, he reported that the Board is looking at marketing options to educate students on the importance of accreditation, noting Kerry Weinberg’s work with a marketing committee.

**Treasurer’s Report**

CAAHEP Treasurer, Calvin Harris presented the Commission’s report on finances, noting the report in the program material.

Move to approve the treasurer’s report. Seconded and approved.

**Executive Director/Staff Report**

Kathleen Megivern, Executive Director, pointed out the written staff report in the program material.

**Final Report of the Nominating and Elections Committee**

Thomas Skalko, chair of the Nominating and Elections Committee, reported that there were no additions to the Ballot beyond the ones in the preliminary report and the two from the floor. Paper ballots were distributed to Commissioners and votes were cast. A tally of the votes was conducted.
Request from the Consortium of Academic Programs on Clinical Research for Associate Membership
The Commissioners received a brief overview of the Clinical Research Profession, CAAHEP’s newest profession.

Move to approve the Consortium of Academic Programs on Clinical Research as an Associate Member of CAAHEP. Seconded and approved, one opposed.

Open Forum of Issues of Concern to Commissioners
Kathleen Megivern announced that the Open Forum part of the program was the Commissioners opportunity to discuss items regarding CAAHEP and accreditation. One attendee thanked the planning committee for arranging for Dr. Shealy to present to the Annual Meeting.

Announce Election Results
Thomas Skalko returned to the meeting to announce the election results. John Padgett, Claire Chandler, and Cameron Harris were all re-elected to the CAAHEP Board. Arthur “Tony” Makin and Gregory Ferenchak were elected as new CAAHEP Board Members.

As there was no additional business to conduct, the Commissioners Special Meeting adjourned at 11:48 AM.
## 2013-14 Actual Compared to Budget

<table>
<thead>
<tr>
<th>INCOME</th>
<th>Actual thru 3/14/14</th>
<th>2013-14 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional Fees</td>
<td>593,070</td>
<td>585,000</td>
</tr>
<tr>
<td>Sponsor &amp; CoA Fees</td>
<td>222,180</td>
<td>219,000</td>
</tr>
<tr>
<td>Dividends and Interest Income</td>
<td>14,596</td>
<td>24,000</td>
</tr>
<tr>
<td>Annual Meeting Revenue</td>
<td>20,733</td>
<td>20,000</td>
</tr>
<tr>
<td>Other Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL INCOME</td>
<td>$ 850,579</td>
<td>$ 848,000</td>
</tr>
</tbody>
</table>

## EXPENSES

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>Actual</th>
<th>2013-14 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Meeting</td>
<td>308</td>
<td>50,000</td>
</tr>
<tr>
<td>Dues/Subscriptions/Publications</td>
<td>11,971</td>
<td>14,100</td>
</tr>
<tr>
<td>Furniture/Equipment/Supplies</td>
<td>9,214</td>
<td>18,000</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>15,896</td>
<td>10,208</td>
</tr>
<tr>
<td>Personnel &amp; Professional Services</td>
<td>357,972</td>
<td>507,292</td>
</tr>
<tr>
<td>Postage/Printing/Reproduction</td>
<td>2,602</td>
<td>4,500</td>
</tr>
<tr>
<td>Insurance/Utilities/Taxes</td>
<td>14,146</td>
<td>15,700</td>
</tr>
<tr>
<td>Telephone/Internet</td>
<td>4,104</td>
<td>7,000</td>
</tr>
<tr>
<td>GoToMeeting/GoToWebinar</td>
<td>2,492</td>
<td>4,200</td>
</tr>
<tr>
<td>Travel/Lodging/Meals</td>
<td>156,328</td>
<td>209,000</td>
</tr>
<tr>
<td>ASPA Scholarships</td>
<td>5,109</td>
<td>8,000</td>
</tr>
<tr>
<td>TOTAL EXPENSES</td>
<td>$ 564,246</td>
<td>$ 848,000</td>
</tr>
</tbody>
</table>

Excess/Deficit $286,333

***Includes cost of updating video for PBS distribution (unbudgeted)
# Commission on Accreditation of Allied Health Education Programs

## Statement of Financial Position

As of March 13, 2014

<table>
<thead>
<tr>
<th><strong>ASSETS</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Assets</td>
<td>$119,927</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>(378)</td>
</tr>
<tr>
<td>Other Current Assets</td>
<td>$2,105,903</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>$2,225,452</td>
</tr>
<tr>
<td>Fixed Assets</td>
<td>$271,812</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$2,497,264</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>LIABILITIES &amp; EQUITY</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Liabilities</td>
<td>$346,273</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
</tr>
<tr>
<td>Opening Balance Equity</td>
<td>$12,399</td>
</tr>
<tr>
<td>Unrestricted Net Assets</td>
<td>$2,007,813</td>
</tr>
<tr>
<td>Net Income</td>
<td>$130,779</td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td>$2,150,991</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES &amp; EQUITY</strong></td>
<td>$2,497,264</td>
</tr>
</tbody>
</table>
CAAHEP Application for Committee on Accreditation (CoA) Membership

1. Anticipated Sponsors

The sponsoring organization for the Committee on Accreditation will be the Consortium of Academic Programs in Clinical Research (COAPCR) – www.coapcr.org. This is a non-profit organization whose membership is composed of academic institutions, professional organizations representing clinical research professionals and corporations engaged in the conduct of clinical research. The mission of COAPCR is to facilitate the development of high-quality educational programs encompassing all areas of clinical research that are based in academic credit-granting institutions.

The Committee on Accreditation of Academic Programs in Clinical Research will provide the President of the Sponsor (COAPCR) with a quarterly report on its activities at the regular quarterly meetings of the COAPCR and provide the President of the COAPCR with a regular annual report by December 31 yearly.

2. Mission of the proposed CoA is consistent with CAAHEP’s purpose and mission.

The primary mission of the Committee on Accreditation of Academic Programs in Clinical Research (CAAPCR) is to facilitate the education of competent and ethical clinical research professionals through the establishment of standards and guidelines for academic program content and function. The Committee on Accreditation will implement this mission by developing and maintaining a process of self-study, review and recommendation for all programs seeking CAAHEP accreditation.

A secondary mission of the CAAPCR is to compile, analyze, and disseminate information and data on clinical research education and accreditation to the academic and professional communities.

3. The CoA Policies and procedures are consistent with CAAHEP’s policies and procedures

The CAAPCR is currently developing Policies and Procedures which relate to the following:

- Definition of a core curriculum for academic programs in clinical research utilizing the Domains and Core Competencies established by the Joint Task Force for Clinical Trial Competency
- Definition of infrastructure which should be provided by academic institutions to educational programs in clinical research
- Establishment of educational and experiential criteria required for appointment to the position of Program Director of an academic program in clinical research
- Definition of the requirements for programmatic accreditation. This includes process of application for accreditation, content of a self-study report, procedures followed during and after a site visit, and recommendations relating to accreditation status
• Definition of the content of a CAAPCR Annual Report to the academic and professional community

4. The CoA is financially viable
The funding of the CoA will come from the following sources:

• The Sponsoring Organization of the CoA (COAPCR) has established a membership category of Supporting Member. Institutions which employ or represent clinical research professionals (eg. pharmaceutical companies, contract research organizations, professional societies) are encouraged to become Supporting Members of COAPCR. The membership fee paid by Supporting Members is deposited into a separate account which is used solely for the support of the CoA (CAAPCR). The CAAPCR is a 501C3 non-profit educational institution which is functionally independent of the COAPCR.

• Once an accreditation process is implemented by CAAPCR, accreditation related fees from academic programs undergoing the accreditation process will be utilized to fund the activities of the CoA (CAAPCR).

5. Committee Composition
The CoA (CAAPCR) will be composed of the following:

• Faculty and administrators from academic programs educating clinical research professionals

• Individuals actively involved in the conduct of clinical research (eg. principal investigators, clinical research coordinators, clinical research associates (monitors), regulatory affairs professionals)

• Representatives from COAPCR Supporting Members

6. The proposed CoA meets all requirements of the application process which requires submission of the following documents to the CAAHEP office:

• Signed letter from the sponsor officially petitioning CAAHEP for membership of the proposed CoA (attached)

• Completed application for CAAHEP Committees on Accreditation (attached)
Kathy Megivern, Executive Director  
Commission on Accreditation of Allied Health Education Programs  
1361 Park Street  
Clearwater, FL 33756  

January 26, 2014  

Dear Ms. Megivern,  

The Consortium of Academic Programs in Clinical Research will be sponsoring the Committee on Accreditation (CoA) for academic programs educating the Clinical Research Professional. We are requesting CAAHEP recognition of the Committee on Accreditation through the attached application. The Chair of the CoA will be Stephen Sonstein, PhD; Director, Clinical Research Administration at Eastern Michigan University.  

He will provide a listing of the CoA membership once the application is approved.  

If further information is required, please contact me.  

Thank you,  

Carolynn Jones  

Carolynn Thomas Jones, DNP, MSPH, RN  
President, Consortium of Academic Programs in Clinical Research  

Carolynn Thomas Jones, DNP, MSPH, RN | Instructor  
Senior Scholar, WHO/PAHO Collaborating Center  
Sparkman Scholar, Sparkman Center for Global Health  
Director, Mycoses Study Group Education & Research Consortium  
School of Nursing, NB 414  
University of Alabama at Birmingham  
1720 2nd Avenue South  
Birmingham, AL 35294-1210  
cjthomas@uab.edu  
205-934-3863 (o)  205-612-0421 (cell)
Kathleen Megivern, JD, CAE
Executive Director
CAAHEP
1361 Park Street
Clearwater, FL 33756

RE: Membership CoA

Dear Members of CAAHEP:

Please find this letter to serve as a formal request by American College of Medical Scribe Specialists (ACMSS) to officially petition CAAHEP for Committee on Accreditation Membership. ACMSS represents 10,000 medical scribes nationally with a growing demand and need for accredited medical scribe curricula in schools nationwide. The American College of Medical Scribe Specialists, a non-profit 501(c)6, since 2010 represents the medical scribe industry through certification, advocacy and employment. The ACMSS certifies medical scribes who meet its education, professional standing, and examination standards. The ACMSS purposes are scientific and educational:

- To grant and issue credentials and certification to qualified Certified Medical Scribe Specialists (CMSS) and provide recognition of special knowledge and skills in education that pertain to the field of Medicine.
- To ensure government, hospital administrators, practicing clinicians, and hospitals have a standardized process and training system in practice and furnish those individuals certification and credentials through the American College of Medical Scribe Specialists.
- To establish and maintain benchmarks and high standards of training, testing, and certification in the various fields Certified Medical Scribe Specialists practice.
- To improve education in both pre-clinical and clinical arenas for Certified Medical Scribe Specialists.

"Advancing Healthcare’s Certified Medical Scribe Specialists"
Scribe Specialists

- To recognize certification is necessary to maintain a standardized baseline training for all Certified Medical Scribe Specialists towards HIPAA, coding, CMS accountability measures, pre-clinical education, and sufficient clinical training regimes to ensure patient care is not adversely affected.

ACMSS respectfully looks forward to hearing back from the Commission on next steps to be formally recognized as a CAAHEP-approved discipline.

Warm regards,

Kristin Hagen, Executive Director

Luis Moreno, MD, President
ACMSS, a 501(c)6 non-profit corporation

"Advancing Healthcare's Certified Medical Scribe Specialists"
Audit Trail

Unique document ID: c8e58e9c68a103687980727681953a0ffc20bc91
Document name: CAAHEP Application letter
Status: Signed and closed

03/05/2014

20:46:52 UTC  Document (CAAHEPLetter for ...p Application.pdf) uploaded by lmoreno@theacmss.org
IP: 68.96.114.231

20:49:37 UTC  Document signed by lmoreno@theacmss.org
IP: 68.96.114.231

20:49:37 UTC  Document sent for signature to: Luis Moreno, MD (khagen@theacmss.org)
IP: 68.96.114.231

20:50:41 UTC  Document viewed by Kristin Hagen (khagen@theacmss.org)
IP: 68.5.108.148

20:51:57 UTC  Document signed by Kristin Hagen (khagen@theacmss.org)
IP: 68.5.108.148

20:51:57 UTC  The document has been signed and is now closed.
CAAHEP Application for Membership of Committee on Accreditation for Medical Scribe Specialist Education (CoA-MSSE)

Anticipated Sponsors

The sponsoring organization for the Committee on Accreditation for Medical Scribe Specialist Education (CoA-MSSE) will be the American College of Medical Scribe Specialists (ACMSS). This is a non-profit organization whose goal is to support and promote the growing profession of Medical Scribe Specialist.

The CoA-MSSE will have at least one representative from the ACMSS whose duties will include assuring communication between the CoA and the Sponsoring organization.

1. **Mission of the proposed CoA is consistent with CAAHEP’s purpose and mission.**

   The primary mission of the Committee on Accreditation for Medical Scribe Specialist Education is to facilitate the education of competent medical scribe specialists through the establishment of standards and guidelines for academic program content and function. The Committee on Accreditation will implement this mission by developing and maintaining a process of self-study, review and recommendation for all programs seeking CAAHEP accreditation.

2. **The CoA Policies and procedures will be consistent with CAAHEP’s policies and procedures**

   The CoA-MSSE is currently developing Policies and Procedures which will set forth the processes by which the CoA will operate including policies concerning confidentiality and conflict of interest, process for determining accreditation recommendations, policies concerning structure and governance of the CoA and such other policies as may be needed to assure the effective functioning of the CoA.

3. **The CoA is financially viable**

   The funding of the CoA will come from the Sponsoring Organization (ACMSS) as both financial and in-kind support until the CoA has become established and has its own revenue stream.

4. **Committee Composition**

   The CoA-MSSE will be composed of the following:
   - Faculty and/or administrators from academic programs educating medical scribe specialists
   - Potential employers of Medical Scribe Specialists (i.e., physicians)
   - Representatives from ACMSS
5. The proposed CoA meets all requirements of the application process which requires submission of the following documents to the CAAHEP office:
   • Signed letter from the sponsor officially petitioning CAAHEP for membership of the proposed CoA (attached)
   • Completed application for CAAHEP Committees on Accreditation (attached)
CAAHEP Application for Eligibility for Health Sciences Disciplines

Reference: CAAHEP Policy 2.05 (CAAHEP Policy and Policy Manual)

Purpose

This form provides an outline of the materials required to initiate the review of a health sciences discipline for eligibility in the CAAHEP system of accreditation.

The information requested must be completed in its entirety. Each “yes” answer requires a detailed response and may also require supporting documents.

An application for health sciences discipline eligibility is presented to the full CAAHEP Commission. The Commission meets annually in April. To be included on the meeting agenda, all materials must be received by CAAHEP no later than the March 1st that precedes the April meeting.

1. The health science discipline must represent a distinct and well defined field. Provide a detailed description of the profession. (See Attached: ACMSS Job Descriptions, x3)

Is there a journal or published literature? If yes, please describe/name. Published articles continuously on the recognized need for medical scribes.

- New York Times article, “A Doctor’s Right Hand, Ever Ready to Type.”
- The Medical Scribe Journal
- Fox Business News
- Medicare Administrative Contractor
- San Diego News
- Physician Practice
- Modern Healthcare

Is there a professional society(s). If yes, please provide name of organization and contact information.

American College of Medical Scribe Specialists (ACMSS).
PO Box 61207
Irvine, CA 92602
(657) 888-2158
Kristin Hagen, Executive Director
khagen@theacmss.org; info@theacmss.org

Is licensure or certification required for this profession? No, however we anticipate this to change in the near future given the recent statement by Center For Medicare and Medicaid Services (CMS). Since 2010, the ACMSS has been certifying medical scribes who have met the requirements to sit for the Medical Scribe Certification and Aptitude Test (MSCAT).
The Medical Scribe Certification & Aptitude Test (MSCAT) is designed to certify a medical scribe’s breadth of knowledge with respect to medical terminology, technical spelling, the Patient Privacy Rule and HIPAA, the scribe’s role in medico-legal risk mitigation, understanding the essential elements of documenting a physician-patient encounter, evaluation and management level, the Centers for Medicare and Medicaid Services Physician Quality Reporting System (PQRS), the Joint Commission’s Accountability Measures and general knowledge of the roles and responsibilities of general medical personnel.

Upon graduation, all students may sit for MSCAT. Those students who successfully pass MSCAT and do not have 200 hours of clinical employment experience, will be recognized as a Certified Medical Scribe Apprentice (CMSA). Once 200 hours are fulfilled, full recognition of CMSS will be awarded. (Exception: Those Individuals possessing a certification or licensure of Practical Nurse, Registered Nurse, Paramedic, Certified Medical Assistant, or graduate from a clinical training program will be awarded CMSS upon successfully completing 50 hours of clinical experience).

Certification examination contains 100 questions based on medical terminology, HIPAA, medicolegal risk mitigation, visit-level assignments, and knowledge of computer skills and function of an electronic health record. All topics are covered in pre-clinical and clinical training. Exam consists of multiple choice, multiple-multiple, true-false, and fill-in questions. Successful candidates must pass with an 80% or greater.

Successful and credentialed Certified Medical Scribe Specialists (CMSS) and Certified Medical Scribe Apprentice (CMSA) must maintain 20 hours of Continuing Scribe Education and maintain annual membership for certification to remain active and in good standing, in addition to hospital/facility compliance. A Certificate of Excellence will be available to print immediately upon successful MSCAT pass.

Is the profession already associated with an accrediting body? If yes, please describe.
No, BBB accreditation in process.

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.
Define the need and scope for this health sciences occupation.

Medical scribes are growing at a rate of over 100% growth each year. Per Linkedin, there have been over 21,000 individuals who have identified themselves as medical scribes. Electronic health record entry in “real time” at the point of care is needed. Demand exceeds supply. The Joint Commission, Medicare Administrative Contractors, CMS, publicly traded medical conglomerates such as the EmCare and Team Health, and academic institutions such as Harvard (Partners) and Johns Hopkins have recognized the medical scribe as serving a role in healthcare documentation. The Joint Commission has offered the following on the practice of
Scribes.

Why is it important for this profession to have accredited programs?

There are multiple medical scribe organizations that may not adhere to a commonly accepted and publicized standard of scribe practice. In order to protect the job category through this rapid growth phase and beyond, it is important to distinguish those organizations that adhere to minimal performance and knowledge standards. Such standards have been promoted by the ACMSS since 2010. Protecting the efficacy and integrity of the electronic health record while enabling providers and their institutions to continue to deliver economical and efficient healthcare delivery through the use of scribes could contribute to a public health issue.

3. Educational programs for the health science occupation must not duplicate educational programs for already existing health science occupations. Are there other professions whose scope of practice overlaps with the proposed profession? If so, which professions are these? Where is the overlap? (See Attached: Medical Scribe vs Medical Transcription)

No, this is a new industry that needs accreditation best practices. Medical scribes are distinct in their skill set and scope of practice. To the uninitiated, hearing about medical scribes may lead one to believe that they are medical transcriptionists, but this is not the case. Unlike transcriptionists, medical scribes work under the direct physical supervision of the medical provider, and document directly into the electronic health record in real time at the point of service while engaging in frequent dialogue with the provider. In addition, scribes prepare medical charts through researching past medical histories and recording allergies, medications, social and family histories, discharge summaries, lab results, medical decision making, diagnoses, and dispositions. Scribes facilitate communication with consultants, patient families, nursing and ancillary medical staff.

4. Educational programs must 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.

What is the range of length of existing programs? 12-14 months.

What is the academic level(s) of this program (Associate, Baccalaureate, post Baccalaureate)? Certificate of completion. Industry certification and credential earned upon successful pass of Medical Scribe Certification & Aptitude Test.

What type of educational institutions are these currently existing programs housed in? Community Colleges, vocational/trade schools. Buildout is foreseen to be included in universities as well.
Job Description

General
Scribes are ancillary staff members that create a dynamic conduit between a tangible document and the patient encounter, clinical exam and provided care. The role is exclusively clerical; the SCRIBE does not autonomously author any medical information. The only type of information transfer afforded to a SCRIBE consists of discrete material upon which the SCRIBE has no influence or effect. SCRIBE’s function in an auxiliary information pathway to provide the physician with real time access to substantive documentation without compromising normal routes of department communication or efficiency. This role is relevant because physicians are highly trained for direct patient care and any clerical activity is a less efficient use of their health care expertise and efforts.

In Regards to Documentation;

- With the EMR or paper documentation system, the SCRIBE records procedures, results, progress notes, and any additional information relevant to the chart. Notes can include the physician’s verbalized interaction with patients, physical exam findings, medical decision making, laboratory results, radiological reports, clinical reevaluations, consultations, and dispositions. Additionally the SCRIBE may provide detailed accounts of clinical proceedings including time-stamped events and procedural notes. Examples include documentation of resuscitation efforts per Advanced Cardiac Life Support protocols, tPA-eligibility documentation per the physician, central line placements, chest tube placements, intubations and cardioversions.

- The SCRIBE may assist the physician or mid-level provider (collectively, "the provider") in entering the clinical impression and admission information or discharge instructions. All information related to the History of Present Illness (HPI), Physical Examination (PE) and Medical Decision making is specifically obtained and/or performed by the provider and recorded by the SCRIBE.

- As an ancillary staff member, depending on the facility, the SCRIBE may independently gather and document clinical information which is read from a standardized hospital approved template regarding the review of systems (ROS), past family and social history (PFSH). All information regarding the ROS, PFSH is reviewed by the provider and verified for accuracy. In addition they may obtain old medical records and previous studies.

- The SCRIBE does not interject his or her own opinions, impressions and does not interpret clinical information. The SCRIBE serves in a strictly clerical role that does not involve physical patient contact at any time.

- SCRIBEs are given unique logins and passwords that identify their entries and restrict access to order entry.

The SCRIBE’s note should also include:

- The name of the SCRIBE and a legible signature or electronic stamp
- The name of the provider of care for the patient
- The name of the patient for whom the service was provided

The provider’s note should indicate:

- Affirmation of the provider’s presence during the patient encounter
Verifying that the provider reviewed the chart

Verifying the accuracy of the information

**Efficiency Management**

The following is a list of duties and activities which SCRIBE’s are trained and competent to perform in support of the provider’s time management:

- **Real time documentation**: The SCRIBE documents the history, physical, and patient course as described above.

- **Communication**: Examples may include answering telephones, scanning document into the Electronic Medical Record, and assisting the physician with printing information from the chart as needed for admission and communication with other health care providers.

- **Testing collation**: Locating diagnostic information including laboratory and radiographic results and recording the interpretation of the provider.

- **Focused health record compilation**: Locating and organizing disparate parts of each patient’s medical record including past medical records from the EMR systems as well as written charts and past diagnostic studies, when needed.

- **Advocacy**: Acting as a patient advocate by communicating the patient’s needs and requests to the appropriate provider.

- **Notification**: Notifying the clinician when relevant patient information is available.

- **Privacy**: Depending on the facility, serving as a chaperone for sensitive portions of the medical history and physical exam.

- **Boundary management**: SCRIBE’s do not physically touch patients or assist in procedures.
The Physician Scribe: Job Description

General:
The central role of the Physician Scribe is to relieve the physician of clerical or secretarial duties; thus allowing the physician to focus more directly on clinical care. The Scribe is an unlicensed person and exclusively non-clinical. They do not touch patients and do not engage in any type of patient care. A Scribe’s role is limited to documentation and efficiency management for the physician.

Work Flow:
The Scribe observes the physician during patient encounters and performs documentation on the physician’s behalf. Under the direction of the physician, they enter information into the patient’s electronic or written chart. All documentation is reviewed and/or edited by the physician. It is signed with an attestation by the provider that the scribed chart accurately reflects all work, treatment, procedures, and medical decision-making performed by them.

Training:
Before working independently, each Scribe must complete a pre-clinical classroom course covering required medical terminology, physician documentation, efficiency management, and PHI/HIPAA/HITECH education. After pre-clinical training, the Scribe progresses to one-on-one clinical training during which they receive training by a Master Scribe working under a physician. After they successfully complete clinical training, they are assessed by our Initial Competency, and subject to ScribeAmerica’s monthly chart review and physician-evaluation monitoring.

Competency and Evaluations:
Each month our local manager conducts multiple chart reviews and physician-Scribe evaluations to monitor the performance of each Scribe on staff. Furthermore each new Scribe receives a 90-day evaluation, in addition to an Annual Competency and Annual Evaluation. Areas of focus and monitoring include; preparing accurate medical records under the direction of the physician, compliance with the Scribe scope of practice, assistance with department efficiency, and respecting and demonstrating appropriate use of PHI.

Demarcation:

<table>
<thead>
<tr>
<th>Scribes Can...</th>
<th>Scribes Cannot...</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Document the history, physical exam, results, procedures, course, and physician consults</td>
<td>• Touch patients</td>
</tr>
<tr>
<td>• Access and document laboratory results and radiology findings</td>
<td>• Write orders or prescriptions</td>
</tr>
<tr>
<td>• Access and display X-rays for the physician to review</td>
<td>• Give verbal orders</td>
</tr>
<tr>
<td>• Locate and obtain PMHx, previous charts, past results, and recent studies</td>
<td>• Partake in any activity that may affect patient health or outcome</td>
</tr>
<tr>
<td>• Record physician interpretations of X-Rays and ECG’s</td>
<td>• Sign or authenticate any chart or record</td>
</tr>
<tr>
<td></td>
<td>• Handle bodily fluids or specimens</td>
</tr>
</tbody>
</table>
The differences between medical scribes and medical transcriptionists’ roles are as varied as the individuals performing these seemingly similar, but in actuality, disparate tasks.

Medical Scribes and EMRs

Both MTs and medical scribes are required to accurately document a patient’s medical record. However, as much as day is unlike night; each discipline documents their findings in a very different way and in a very different setting.

“In general terms, MT documentation is a passive, stationary 1-way process, while scribe documentation is an active 2-way process. For example, with regard to EMR documentation, MTs essentially document heavily using free text as they listen to the content dictated on a recording,” says Luis Moreno, MD, Chief Medical Officer, ScribeAmerica based out of Lancaster, CA.

“On the other hand, scribes document into structured paper or electronic templates with comparatively minimal use of free text. Scribes don’t listen to recordings; instead, they listen directly to the physician in person, clarify physician responses in real time, and prompt physicians to provide certain details when the template requires it. Scribes operate in a continuously dynamic bilateral communication process. Documentation is ongoing by the scribe, adhering to The Joint Commission (TJC) standards, where information is electronically inputted by date, timestamp, and both physician and scribe attestations,” says Kristin Hagen, Executive Director of the American College of Clinical Information Managers based out of Caldwell, NJ.

Medical Scribes and The Joint Commission

Recently, The Joint Commission (TJC) clarified a previous response to the use of unlicensed persons working as medical scribes. The clarification resolved debate on whether scribes can work with physician assistants, by making it clear that they can. However, it adopted a more conservative view on computerized physician order entry (CPOE).

“The Joint Commission revised the Frequently Asked Question (FAQ) on the use of unlicensed persons acting as scribes in order to include physician
assistants and advanced practice nurses in the practitioner group that can use scribes. We also determined that allowing scribes to enter orders into the medical record added an unnecessary risk to patient safety. Allowing scribes to enter orders into the medical record increases the potential for an order to be acted on before it is authenticated by a practitioner” says Bret Coons, spokesperson for TJC.

Presently, specific scribe certification is not mandated by TJC when a person is interested in becoming a scribe or already working as a scribe. However, any accredited healthcare facility using scribes must meet existing standards set by TJC.

“The Joint Commission does not prohibit the use of scribes. If an accredited health care organization chooses to use scribes, The Joint Commission will expect the use of scribes to fall within what is allowed by our standards. …The Joint Commission requires that their use complies with all of the applicable Human Resources, Information Management, Leadership and Rights and Responsibilities of the Individual chapter standards,” says Coons. Adding, “Some scribes have participated in formal training programs, but formal training of unlicensed persons acting as scribes is not required by The Joint Commission.”

Not surprisingly, Hagen sees the recent response by TJC as a sign of the increasing role scribes are taking on within the healthcare industry. She also recognizes as the number of practitioners who can use scribes increases, it may also proportionally increase the number of people employed as scribes.

“TJC guidelines regarding proper scribe use reinforce the growing acceptance and usefulness of scribes in medical record documentation and in optimizing physician workflows. TJC’s clarification meant that thousands of new employment opportunities for scribes would now become available,” says Hagen.

**Scribe Duties**

Documenting a patient’s medical record is just one aspect of a scribe’s job description. Besides documentation, scribes often find themselves carrying the additional responsibility of assisting the clinician to achieve higher levels of productivity.

“Unlike MTs, scribes also monitor the time it takes for medical test results to return and prompt the appropriate department or individual when delays in resulting become evident. Scribes also assist the doctor in identifying which critical patients, per the tracking board, need to be seen next; keep track of a patient’s duration of stay; provide an additional point of communication for nurses
looking to ask non-clinical questions of the doctor; for instance, ‘Has the doctor seen the patient in bed 8 yet?’” says Dr. Moreno.

“There are many additional benefits with respect to improving physician productivity through efficient workflows that a scribe routinely performs. The medical scribe has a multi-faceted role where he/she is working directly for the physician, non-clinically, thinking ahead of what steps need to be considered to improve patient throughput. The scribe may prompt their physician to pick up the next patient in the waiting room, thus increasing the number of patients a physician may see during the shift, he says.

Medical record documentation and helping to increase physician productivity are two of the scribe’s main responsibilities. However, their job, according to Hagen, does not end there. Scribes are likely to find themselves performing a myriad of other non-clinical duties as the patient moves through the healthcare system.

“Additionally, physicians may ask the scribe to grab a blanket, input results, or track other ancillary tasks, non-clinically related to direct patient care, such as calling a patient’s family, inquiring with registration about a patient’s insurance status when the physician needs to determine to where he/she can transfer a medically stable patient,” she says.

Conversely, there are some things medical scribes cannot do. For example, every aspect of the patient care that is considered clinical is out of the scope of a scribes’ area of responsibility.

“Medical scribes play a non-clinical role and cannot perform “any” direct patient care. Anything that involves clinical assessment, clinical interpretation, touching the patient, handling body fluids, medical instruments, or medical decision making, the scribe may not assist,” says Hagen.

**MT to Medical Scribe—Maybe, Maybe Not**

Although many MTs have expertise in medical terminology, a transition to medical scribing requires an additional skill-set. When queried about MTs transitioning to scribing, Ms. Hagen responded ambiguously.

“Yes and no. MTs expanding into the role of a medical scribe must understand key differences. Medical Scribes operate on-site in scheduled shifts and document in real-time at the point-of-service under the constant and direct supervision of the medical provider. Scribes must be adept at clinical documentation while in constant motion, possess excellent communication skills, and the composure needed to communicate and work under the demands of highly trained medical personnel,” she says.
Elsewhere, some have suggested that medical students might be the most likely candidates to serve as scribes while they transition through medical school. Clearly, on this query, Dr. Moreno has a definitive response about their suitability for the job, as well as, an opinion about who might make a successful transition into scribing.

“Medical students are NOT ideal candidates because they do not have the time to commit to working as a medical scribe. On the other hand, college, “pre-health students” DO make the best scribes. Pre-health college students such as pre-med; pre-nursing; pre-pharmacy; pre-mid-level practitioners; medical assistants; and EMS personnel make ideal medical scribes,” he says.

**Training**

Despite many MTs being well-versed in medical terminology, it may not be enough for a successful entry into scribing. A variety of training sessions are cited to help ensure a successful shift from MT to medical scribe.

“A well-trained MT has the educational foundation to become an effective medical scribe. However, additional training is required in electronic medical record documentation using various commercial brands featuring medical scribe specific software and increasing familiarity in emerging technologies. Plus, MTs need an understanding of the medical scribes’ role in physician work-flow roles”, says Hagen.

Further, Dr. Moreno adds, a Medical Scribe’s training programs include pre-clinical and clinical training, which include the following:

**Pre-clinical training:** Medical Terminology; Basic Anatomy; CMS Core Measures; Basics of Coding; Documentation for Billing and Medical-Legal Liability; HIPAA Compliance; Functions of Hospital or Clinic; Electronic Data Information Source; Basics of History & Physical Documentation; Clinical Scenarios; and EMR training.

**Clinical Training:** EMR training; EMR documentation with a Master Scribe; Clinical Scenarios; and Dispositions to include Discharges, Admissions, and Transfers.

**Earning a Living**

Medical scribes can be employed by any accredited healthcare facility. However, most scribes, according to industry experts, are not hired directly by the healthcare facility. Rather, they are usually employed by a medical scribe vendor.

“While medical scribes are hired by hospitals, clinics, surgery centers, and physician groups, the majority are hired by third-party recruiting agencies. For
example, the nation’s largest medical scribe vendor and scribe education company, ScribeAmerica, currently employs nearly 2,000 scribes in over 170 hospitals located in 31 states. This represents approximately 1/3 to 1/2 of the entire medical scribe market,” says Hagen.

Not surprisingly, salaries for medical scribes vary by employer, geographical region, experience and training. Benefits for scribes can also vary.

“An entry-level scribe, who has successfully completed training, typically starts at $10-$12/hour depending on geographical location and the employer for whom they work. A local scribe manager will make between $14 and $20/hour with or without benefits. At ScribeAmerica, a regional scribe manager, known as a Project Leader, earns between $42,000 and $96,000 per year with benefits, says Dr. Moreno.

Clinical Information Managers, Scribes, and Certification

Medical scribes who have worked at least 200 hours as a scribe and meet certain other criteria can upgrade their status to a “certified scribe” or “certified clinical information manager” through American College of Clinical Information Managers (ACCIM; www.theaccim.org). The term scribe is used synonymously with the term CIM below.

“Clinical Information Managers earn a certification first by completing an electronically signed affidavit with ACCIM,” says Hagen. Additionally, she says, prospective candidates interested in certification must meet the following criteria:

→ Complete a designated competency medical scribe training program
→ Meet an initial 90-day probation period with an onsite employer
→ Independently document a minimum 200 hours physician-scribe interaction
→ Be in good standing with a medical scribe employer

“Following approval of the affidavit, electronic access is granted to take the Clinical Information Manager Certification and Aptitude Test (CIMCAT). An 80% (score) or greater, must be achieved by the candidate to earn the designated certification as a Certified Scribe or Certified Clinical Information Manager. After successful completion and applying for certification, a CIM will be granted a certificate and CIM ID number, which will be used for identification purposes. CIMs are required to complete 20 hours of continuing CIM education each year following. ACCIM sets the standard and administers the program based on TJC, CMS, and national clinical documentation standards,” says Hagen.
The CIM Credential

“Whether a person is designated as a scribe or a CIM is inconsequential in the day-to-day responsibilities of medical scribing. Industry-wide, medical scribe vendors and clients alike use these two terms interchangeably. The point of distinction therefore rests with whether the CIM or scribe is certified.” states Dr. Moreno. From documentation to providing non-clinical service, a scribe will perform the same function as a CIM.