



Commission on  
Accreditation  
OF ALLIED HEALTH EDUCATION PROGRAMS

# **Accreditation Manual**

*Revised November 2009*

## TABLE OF CONTENTS

|   |       |
|---|-------|
| Historical Perspective .....                                | 1     |
| Chapter 1 - Structure and Functions.....                    | 2-4   |
| Chapter 2 – CAAHEP Accreditation                            |       |
| Section A: Overview.....                                    | 5-6   |
| Steps in Accreditation Process.....                         | 7-8   |
| Section B: Standards and Guidelines .....                   | 9-10  |
| Section C: Programmatic Self-Study .....                    | 11-13 |
| Section D: Site Visit Process and “Rules of the Road” ..... | 14    |
| Model Site Visit Agenda.....                                | 17-21 |
| Characteristics of Successful Site Visitors.....            | 22    |
| Ten Commandments for the Site Visit Team.....               | 23    |
| Ten Commandments for the Program Director.....              | 24    |
| Ten Commandments for the Accrediting Body Staff.....        | 25    |
| Section E: Classification of Accreditation Actions.....     | 26-30 |
| Chapter 3 – Policy Statements .....                         | 31-36 |
| Chapter 4 – Committees on Accreditation .....               | 37-44 |



## **HISTORICAL PERSPECTIVE**

In 1904, the American Medical Association established its Council on Medical Education (CME). The CME developed a rating system of medical schools in 1905, initiated inspections in 1906, and classified the institutions in 1907. The AMA then collaborated with the Carnegie Foundation to conduct a study of the quality of medical education that resulted in the Flexner Report in 1910. These early efforts subsequently led to the development of specialized accreditation for the education of health professionals. It was also the precursor of accreditation activities for most other professional associations.

Early in the 1930's, several national bodies requested the collaboration of the AMA in establishing accreditation for education programs in their areas of interest. These early efforts established a basis and pattern for the role of the AMA in collaborating with other national associations for the accreditation of health sciences education programs. From 1935 through 1976, the recognized agency was the AMA Council on Medical Education. In 1976 the CME delegated to the newly formed Committee on Allied Health Education and Accreditation (CAHEA) the responsibility and authority for health sciences education accreditation. In October, 1992 the AMA announced its intent to support the establishment of a new and independent agency to assume the accreditation responsibilities of CAHEA. That new agency, the Commission on Accreditation of Allied Health Education Programs (CAAHEP) was incorporated in May, 1994.

CAAHEP collaborates with sixteen Committees on Accreditation, sponsored by more than 50 national organizations.

## CHAPTER 1

### STRUCTURE AND FUNCTIONS

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), a programmatic postsecondary accrediting agency recognized by the Council for Higher Education Accreditation, carries out its accrediting activities in cooperation with sixteen review committees (Committees on Accreditation).

CAAHEP is a nonprofit membership organization, incorporated in the state of Illinois (although its headquarters office is located in Florida). CAAHEP has five categories of membership.

1. **Sponsoring Organization Member** – Organization or agency that establishes or supports one or more Committee(s) on Accreditation and supports the accreditation system.
2. **Committee on Accreditation Member** – Organization or agency that evaluates allied health education programs within institutions that have requested CAAHEP accreditation.
3. **Educational Program Sponsor Members** who are representatives from institutions that assume responsibility for the conduct of allied health education and maintain a CAAHEP-accredited educational program.
4. **Representatives of the public** including recent allied health graduates and the general public.
5. **Associate Member** – national organization or agency with a valid interest in allied health education as determined by the Commission.

The CAAHEP Board of Directors is composed of 15 members, elected by, and from among, the Commissioners.

While CAAHEP is the final accreditor, the day-to-day work of accreditation is done by our collaborating Committees on Accreditation. It is the Committee for each discipline that reviews the self-study, schedules the site visit and then meets to

formulate a recommendation for the consideration of the CAAHEP Board of Directors.

***How Does a Health-Related Profession Become Part of the CAAHEP System?***

In order for educational programs to become accredited by CAAHEP, those programs must be in a health sciences discipline that has been voted eligible for purposes of participation in the CAAHEP system. Such eligibility is requested by an organization representing the interests of that discipline. The criteria for eligibility of a discipline are:

1. The health science discipline must represent a distinct and well-defined field.
2. There must be a demonstrated need for the health science occupation and for accreditation of educational programs that prepare persons to enter the field.
3. Educational programs for the health science occupation should not duplicate educational programs for already existing health science occupations that are part of the CAAHEP system.
4. Organizations seeking eligibility of the health science occupation must be national in scope and have legitimate concerns about, and responsibilities for, the quality of practitioners prepared by the educational programs.
5. A health science occupation consisting exclusively of on-the-job training will not be considered for eligibility.
6. Educational programs can be of any length. Programs must comply with established standards and submit documentation that graduates have gained the required skills and knowledge to obtain entry-level positions within the occupation.

7. To be eligible for participation, the health science occupation must have programs already established with enrolled students. There is no minimum number of programs required.

Once a discipline has been voted eligible to participate in the CAAHEP system, the next step is the development and approval of a collaborating Committee on Accreditation (CoA) which will review the programs and send recommendations to the CAAHEP Board of Directors for final action. Along with acceptance of a new CoA, there must also be development and approval of educational Standards and Guidelines for the new discipline. At the request of the initiating organization(s), CAAHEP will appoint a special committee to work with representatives from the organization(s) which will be sponsoring the new CoA.

### ***The Accreditation System***

CAAHEP, the collaborating organizations and the CoAs comprise the largest accrediting system in the United States. CAAHEP accredits more than 1,800 programs in over 1,000 postsecondary educational institutions.

Accredited programs are in the following twenty disciplines:

- ❖ Anesthesiologist Assistant
- ❖ Cardiovascular Technologist
- ❖ Cytotechnologist
- ❖ Diagnostic Medical Sonographer
- ❖ Electroneurodiagnostic Technologist
- ❖ Emergency Medical Services Personnel
- ❖ Exercise Physiology (Applied and Clinical)
- ❖ Exercise Science
- ❖ Kinesiotherapist
- ❖ Lactation Consultant
- ❖ Medical Assistant
- ❖ Medical Illustrator
- ❖ Orthotist and Prosthetist
- ❖ Orthotic and Prosthetic Technician
- ❖ Perfusionist
- ❖ Personal Fitness Trainer
- ❖ Polysomnographic Technologist
- ❖ Specialist in Blood Banking Technology
- ❖ Surgical Assistant
- ❖ Surgical Technologist



## Chapter 2

### CAAHEP ACCREDITATION

#### Section A: Overview

##### ***What is Accreditation ... and Why is it Important?***

Accreditation is an effort to assess the quality of institutions, programs and services, measuring them against agreed-upon standards and thereby assuring that they meet those standards.

In the case of post-secondary education and training, there are two kinds of accreditation: *institutional* and *programmatic* (or specialized).

Institutional accreditation helps to assure potential students that a school is a sound institution and has met certain minimum standards in terms of administration, resources, faculty and facilities.

Programmatic (or specialized) accreditation examines specific schools or programs within an educational institution (e.g., the law school, the medical school, the nursing program). The standards by which these programs are measured have generally been developed by the professionals involved in each discipline and are intended to reflect what a person needs to know and be able to do to function successfully within that profession.

Accreditation in the health-related disciplines also serves a very important public interest. Along with certification and licensure, accreditation is a tool intended to help assure a well-prepared and qualified workforce providing health care services.

### ***How Does an Educational Program Become CAAHEP-Accredited?***

While there are some differences among the 20 professions within CAAHEP, all accredited programs must go through a rigorous process that has certain elements in common:

- **Self-Study** – the program does its own analysis of how well it measures up to the established Standards.
- **On-Site Evaluation** – a team of “site visitors” travels to the institution to determine how accurately the self-study reflects the status of the program and to answer any additional questions that arise. This is a “peer review” process and often, after the formal part of the site visit is concluded, team members will share ideas for how a program can be strengthened or improved.
- **Committee Review and Recommendation** – the CoA for the specific discipline will review the report from the site visitors and develop a recommendation. If there are areas where the program fails to meet the Standards, these “deficiencies” will be identified and progress reports will be requested to assure that each program continues its efforts to fully comply with all Standards.
- **CAAHEP Board of Directors** – the CAAHEP Board of Directors will then act upon the recommendations forwarded from each CoA, assuring that due process has been met and that Standards are being applied consistently and equitably.

### ***Length of Accreditation Awards***

With the exception of Initial Accreditation, which is for a period of three or five years (depending on the CoA), an award of CAAHEP accreditation is not time-limited. When a CoA recommends that a program be accredited, they also recommend when the next comprehensive evaluation should take place. While each Committee establishes its own intervals (three years, five years, seven years, etc.), the maximum interval between comprehensive reviews is ten years. A Committee may also request a progress report or schedule a special, limited (focused) site visit if a program has serious problems that need to be addressed.

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## **Steps in the Accreditation Process**

**Step #1: Institution files a request for accreditation services, signed by the CEO. This form is available on the CAAHEP website or from the Committee on Accreditation (CoA). Once completed, it should be returned to the specific CoA that will do the review. The CoA may require additional application materials to be completed. This request to begin the process is NOT an application. A program is not considered to have applied until a completed self-study is submitted.**

**Step #2: CoA provides guidance, procedures and policies regarding the process.**

**Step #3: Program conducts a self-evaluation and submits the Self Study Report to the CoA.**

**Step #4: CoA evaluates the Self Study Report to determine readiness of the program to be site visited.**

**Step #5: If major problems exist in Self Study Report, clarification or further documentation will be requested prior to a site visit of the program.**

**Step #6: Site visit team conducts a review, including an exit conference to present its findings verbally to institution and program representatives.**

**Step #7: Site Visit Report is sent to the program director and/or appropriate institutional official to provide opportunity for comment and for correction of factual errors and observations as well as submission of additional information.**

**Step #8: Accreditation recommendation is formulated by the CoA based upon review of the Self Study Report, the Site Visit Report and other appropriate information.**

**Step #9: The CoA recommendation is forwarded to CAAHEP. If the CoA recommendation is for probation or accreditation withhold or withdraw, the program is notified and offered the opportunity to request CoA reconsideration.**

**Step #10: The CAAHEP Board of Directors reviews and votes on recommendations from each CoA.**

**Step #11: The institution and program are informed of the accreditation action taken by the CAAHEP Board. Actions to withdraw or withhold accreditation are appealable to CAAHEP.**

## Section B: Standards and Guidelines

### STANDARDS

The term “Standards” refers to the minimum standards for accrediting educational programs that prepare individuals for entering an allied health profession recognized by CAAHEP. The Standards, which are adopted by each of the sponsoring organizations and CAAHEP, are used by CoAs, educational program personnel, site visitors and CAAHEP. Any requirement for which an accredited program is held accountable must be included in the Standards. Because Standards contain requirements, they are stated in imperative terms as indicated by the auxiliary verbs shall, must and will. These requirements are carefully reviewed to ensure that they do not conflict with or encourage violation of federal, state or local law. In addition, all Standards have the following characteristics:

- ❖ **Qualitative.** Standards are qualitative rather than quantitative; arbitrary or unvalidated numerical descriptors should be avoided.
- ❖ **Broad Application.** Standards are stated in broad rather than in specific terms; they must apply nationally to many locales and to various kinds of institutions.
- ❖ **Non restrictive.** Standards are expected to acknowledge and respect the basic right of institutions providing education to be self-defining and self-determining. Statements in Standards should complement the rights and responsibilities of institutional sponsors of applicant and accredited programs, as well as the rights and responsibilities of CAAHEP and its CoAs.
- ❖ **Broad Consensus.** Standards emphasize prescriptive, rather than proscriptive, requirements that are acceptable to the communities of interest that use or are affected by the Standards.
- ❖ **Quality, Continuity and Flexibility.** Standards are designed to promote quality and program stability and to accommodate reasonable variations and special characteristics, such as those associated with nontraditional, experimental or innovative approaches to the education of health care professionals.

### GUIDELINES

Standards documents may include Guidelines if desired. However, there is no requirement that every Standard have a Guideline. Guidelines assist programs in complying with the

Standards by providing examples of how general statements in the Standards may be interpreted. Because Guidelines are illustrative rather than mandatory, they are stated in permissive terms, as indicated by the use of the auxiliary verbs should, may and could.

## **USING STANDARDS**

Standards are used by all constituents involved in the accreditation process.

- o Potential sponsor applicants use the Standards to determine whether or not they have the resources and commitment to develop an accredited program.
- o Programs involved in the accreditation process use the Standards for guidance in conducting their Self Study and in writing the Self Study Report.
- o Site visitors focus on Standards when determining the degree to which an educational program complies with minimum requirements; specific Standards are cited in the case of non-compliance.
- o CoAs and the CAAHEP Board of Directors use the Standards in evaluating programs to determine the appropriate accreditation category.

Standards are intentionally general to allow for flexibility and change in educational programs designed to meet the diverse needs of professions affected by continuous technological changes. Because Standards contain only general requirements for which an accredited program is held accountable, provision is made in Guidelines to explain or clarify Standards. The Guidelines may provide approximate numbers, descriptions and lists of qualifications, to exemplify general modifiers such as “acceptable,” “adequate” and “qualified.”

Standards are reassessed periodically, and if significant change is desired, revisions take place [See Policy 4.01]. All CAAHEP Standards are to be reviewed for needed or desired changes every five years.

As CAAHEP has placed an increasing emphasis upon the importance of “outcomes-based accreditation,” a new Standards template has been designed to embody this approach. This template is included in the appendices of the CAAHEP Policy Manual, and CAAHEP expects the new template to be in place for all CoAs by 2007.

## **Section C: Programmatic Self-Study**

### **POLICY STATEMENTS**

The Commission on Accreditation of Allied Health Education Programs:

- o Recognizes the institution's right to define its own means of conducting on-going self-evaluation.
- o Requires that the CAAHEP accreditation review process, including programmatic self-study and site visit, take into consideration the operational goals of the institution and the program.
- o Requires as an integral part of its accrediting process a program self-study presented in a Self-Study Report, followed by a site visit of the program, in order to assess the applicant program's relative compliance with the Standards.
- o Requires that the self-study process include an analysis of the strengths, weaknesses and plans for improvement which must appear in the Self-Study Report.
- o Encourages CoAs to adopt a consistent means of analyzing Self-Study Reports to determine the program's readiness for a site visit.
- o Encourages CoAs to inform programs of the desirability of widespread involvement in ongoing program evaluation, in conducting the self-study, and in preparing the Self-Study Report.
- o Requires that the Self-Study Report be prepared in a format mutually acceptable to the Accreditors and the accredited program.
- o Encourages programs to develop a self-study process that analyzes outcomes and produces an appropriately brief and cost-effective Self-Study Report, as suggested in the recommended Format for an Outcomes-Based Self-Study Report (see Appendices).

### **THE FOCUS OF PROGRAMMATIC SELF STUDY**

Self-study – a self-help activity done for the benefit of the program, its sponsor, the students, and the faculty – is a means to an end, not an end in itself. An ongoing process which focuses on qualitative and analytic values, in addition to quantitative dimensions. Self-study entails a comprehensive review and assessment of the purpose, goals, objectives and operation of the program as a whole and of its component parts. It includes a critical assessment of curriculum content and design, teaching assignments, teaching methods used

for given components of instruction, the policies and procedures which relate to faculty, student, applicant and graduate evaluation, and numerous other dimensions which affect its quality.

### **VARIABLES AFFECTING SELF STUDY**

Education for the health science disciplines manifests itself in diversity. That diversity is found in institutional sponsorship, organization and size of the program and other factors. Programs exist for as few as two students a year to as many as 100 or more. They are staffed by as few as one instructor to as many as 20 or more. These and other variables illustrate the merits of accommodating a diversity of approaches to programmatic self-study.

### **PREROGATIVES OF THE INSTITUTIONAL SPONSOR AND ITS PROGRAMS**

A program and its sponsoring institution should determine the scope and process of their self-study, in keeping with the relative complexity of the program and its sponsorship. They should also determine the resources and time that are to be devoted to the effort. In the exercise of these prerogatives, the participants in the self-study are more likely to be open and creative within the process than they would be were the scope and process rigidly defined by the accrediting agency. These prerogatives allow for a unified and uniform approach for self-study for those programs within institutions that choose to have coordinated or concurrent evaluations of two or more of their health science programs.

### **PARTICIPANTS IN THE SELF-STUDY PROCESS**

The portion of ongoing self-evaluation that leads to the development of the Self-Study Report is usually conducted over a number of months under the coordination of the program director. Contributors include program officials and faculty; administration officials and resource persons; clinical supervisors of faculty; non-program faculty; program advisors (e.g., advisory committee members); students and graduates; and other appropriate individuals.

### **CONTENT AND SEQUENCE OF THE SELF-STUDY REPORT**

CAAHEP provides a recommended outline of the Self-Study Report to encourage consistency, brevity and pertinent scope. CoAs frequently provide special guidance on how to conduct a self-study and how to prepare a Report. This assistance usually includes an outline of the Self-Study Report. Some CoAs also offer instruction in the self-study process

through periodic workshops.

The narrative and documentation of the Self-Study Report should follow the sequence of the applicable Standards and take into account the Guidelines, if any. The documentation substantiating the narrative should be representative rather than comprehensive and should not exceed what is required to demonstrate compliance with the Standards. Supplementary exhibits dealing with major divisions of the Standards may be integrated with the narrative, or appear in appendices, or both. The narrative and documentation should culminate in a qualitative analysis of the program's strengths and weaknesses and with a statement of actions planned to correct the latter.

## **Section D: Site Visit Process and “Rules of the Road”**

### **CONDUCTING THE SITE VISIT**

After the CoA has evaluated the Self-Study Report, the program is visited by a team assembled by the CoA staff. The visit, which varies in length from one to three days depending upon the size and complexity of the program, is scheduled for a mutually convenient time. A critique or a summary of the Self-Study Report and the actual report are supplied to the team members.

**Team Composition and Charge.** The composition of the team varies according to the CoA. Site visit teams usually include two or more of the following: a health care or physician practitioner; a health care, physician or generalist educator; a program director from a similar program; a dean of a school with similar programs; other specialized professionals. Some CoAs charge their representatives with gathering data on which the CoA can evaluate the compliance of the program with the Standards, while other committees additionally charge their representatives with evaluating the evidence of the extent to which a program is in compliance. These varying approaches determine what is stated in the exit conference.

**Site Visitor Training.** The individual professions, the CoAs and CAAHEP conduct site visitor training activities. Objectivity and impartiality are stressed throughout all training materials.

**Team Activities.** When participating in a site visit, team members are involved in the following activities:

- o Preparing for the site visit by studying the Self-Study Report in conjunction with the Standards and CoA directions;
- o Conducting a preliminary meeting on-site to determine the best means of responding to an agenda agreed upon in advance;
- o Interviewing individuals and groups, such as the chief executive officer of the sponsoring institution, the administrator(s) of the educational program, instructors, students and members of the admissions and advisory committees;
- o Performing other assigned functions;
- o Analyzing the results of the site visit;

- o Presenting findings, accompanied by reference to specific Standards if noncompliance is identified, during an exit conference with the chief executive officer, program administrator, and others as deemed appropriate by the institution;
- o Providing institutions and program officials with an opportunity to respond to the findings and to correct misconceptions or inaccuracies; and
- o Writing a Site Visit Report in accordance with a recommended format.

Each CoA adopts a model or suggested site visit agenda outline. This agenda assigns approximate times to all functions the team is expected to complete and should account for all the time allotted to the visit, as well as to identify kinds of interviewees by title.

An agenda for the visit should be arranged between CoA staff (or the team chairperson) and the program director (or other program official) well before the visit is to take place. Program officials take part in the preparation of the agenda so that it accommodates the characteristics of local facilities and allows for scheduled interviews with appropriate faculty, students and administrators. The agenda should include a private team meeting before the exit conference to reach consensus on findings, to prepare the final report, and to designate team member roles for the final conference

Finally, the agenda should indicate prompt closure at the end of the exit conference, with the immediate departure of the team.

Following the opening conference with institutional and program officials to state the purpose of the visit and team expectations and needs, it is acceptable for the individual team members to undertake separate interviews and visits within the program and the institution. They should plan to come together for periods of working lunches and other conferences and interviews as necessary.

The model agenda should include interviews with students, grouped at separate academic levels if necessary, without faculty attending. Alternatively, students may be interviewed separately, in pairs, and so forth, at the option of the CoA and the visiting team. It is not deemed productive to observe a routine didactic class in session: a team member's presence alters the classroom environment.

The CoA usually provides broad policy guidance as to which clinical or other training affiliate facilities should be visited. Within that guidance, team members determine these visits. Some CoAs elect to have clinical supervisors meet as a group at a central location. In all cases, efforts are made to restrain visit costs while determining the relative compliance of the affiliates with the Standards.

The following Model Site Visit Agenda for one and a half days is illustrative of a majority of CoA practices. However, exceptions occur because of tradition and the nature and scope of certain educational programs. Nonetheless, the principles and practices indicated in the model agenda will be reflected in other agendas of varying duration.

## MODEL SITE VISIT AGENDA

### Evening Prior to Visit

#### INITIAL MEETING OF SITE VISIT TEAM (Visit Team Only)

PURPOSE: To allow team members to get acquainted, review the site visit schedule, discuss their perspectives of the program on the basis of the information provided in the **Self-Study Report**, and identify those areas they believe merit more thorough review. In addition, the team determines if and how specific activities will be pursued by each member.

### First Day

#### 8:30 am PRELIMINARY CONFERENCE

A meeting with institution officers, the program director, and others as appropriate.

Purpose: 1) To allow the evaluators to review briefly the purpose of the site visit, the accreditation process, and the roles and functions of the CoA and CAAHEP; and 2) to review the schedule for the first day as planned by the program, making adjustments as necessary.

#### 9:00 am MEETING WITH PROGRAM DIRECTOR

Purpose: To provide the visitors with an opportunity to obtain a more complete understanding of the curriculum and the program objectives, philosophies, course objectives, operational procedures, student selection criteria (if used), student evaluation protocols, enrollment, student attrition rates, processes for monitoring progress in development of student knowledge and skills, success of program graduates, etc.

#### 11:00am VISITS TO SUPPORT SERVICES

Purpose: To review library facilities, audio-visual resources, health services, etc.

#### 12:00pm WORKING LUNCH (Visit team only)

#### 1:00pm INTERVIEWS

(Sequence and time allotments below may vary as desired)

**Faculty-** To discuss (e.g., with basic science instructors) course selection and content, instructional methods and objectives, evaluations mechanisms, etc. – 1 Hour

**Students** - To obtain reactions to all phases of the program through a group meeting or private interviews, without faculty or others being present. – 1 to 2 Hours

**Program Director, Medical Director-** To obtain additional information, to clarify points of information acquired during the day, and to review the schedule for the second day of the visit - 1/2 Hour

#### **4:30 pm TOUR OF FACILITIES**

PURPOSE: To familiarize site visitors with the classroom, laboratory, and other facilities used by students during didactic and/or supervised practice components of the program. The duration of the tour should be brief.

#### **Evening**

The program is requested not to schedule activities for the evening. The site visitors use dinner and the evening hours to discuss information acquired throughout the day, to identify areas requiring further inquiry the following day, and to draft as much of the Site Visit Report as possible.

#### **Second Day**

Meeting times are set as appropriate.  
The schedule normally concludes by mid-day.

**VISITS TO AFFILIATE SITES** (Not required in a number of areas: clinical faculty and supervisors are brought to campus for interviews)

PURPOSE: To review the clinical settings or affiliate sites. Preferably this is done by visiting representatives (or all) facilities, which have been chosen as affiliates, to survey the quality of their teaching environment. The time required for sites are to be visited, the site visitors may separate.

#### **INTERVIEWS**

##### **Supervisory and Instructional personnel at Clinical Sites**

PURPOSE: To provide the site visitors with an opportunity to assess the faculty's involvement in the program, their contacts with the program administration, teaching methods, and the type of supervision, instruction and evaluation afforded students in the setting.

##### **Students at affiliate sites**

PURPOSE: To obtain students' reactions to the program.

### **Employed Program Graduates (as possible and reasonable)**

PURPOSE: To provide the site visitors with an opportunity to evaluate graduates' satisfaction with the educational process and the degree to which the program prepares graduates to perform entry-level functions.

If face-to-face interviews are impractical due to practice demands and /or geographic distribution of employment sites, the program may arrange for interviews by telephone.

### **PREPARATION OF SITE VISIT REPORT ( program provides private meeting space; ½ to 1 hour)**

PURPOSE: To enable team members to reach consensus on findings, complete their written report, and prepare for the exit conference.

### **CONCLUDING MEETING WITH PROGRAM DIRECTOR (15 minutes or less)**

PURPOSE: To share the findings and conclusions in the draft of the site visit report with the program director prior to the exit conference.

### **EXIT CONFERENCE**

A concluding meeting with the program director, medical director and other institutional officials (30 minutes or less)

PURPOSE: To share with program and institutional administration the findings (and conclusions if so instructed by the CoA) of the visitors.

### **CONDUCT OF THE EXIT CONFERENCE**

The chairperson of the team first expresses appreciation for the courtesies extended during the site visit. Then, the chairperson informs the group of the next steps in the accreditation review process:

1. The program will receive a written Site Visit Report from the CoA at an early date. If CoA policy permits, copies of the written report, if complete and clear, may be left with the chief executive officer and the program director at the conclusion of the site visit.
2. The chief executive officer and the program director will be invited to comment on this report in writing and to correct any inadvertent errors in factual information. Response is optional.
3. The CoA will review all appropriate materials at the next meeting following the site visit and will forward an accreditation recommendation to CAAHEP. Prior to forwarding recommendations of Probationary Accreditation, Accreditation Withheld or Accreditation Withdrawn to CAAHEP, the CoA will provide the program with a description of the process for requesting reconsideration.
4. CAAHEP will act on the CoA recommendation.

5. The institution will receive formal notification of the accreditation action from CAAHEP.
6. The program has the right to appeal to CAAHEP a decision to withhold or withdraw accreditation. The CAAHEP letter informing a program of such adverse action will include a copy of the appeals process.

Prior to presenting their findings, site visitors indicate that observations of principal strengths of the program will be stated first, followed by identification of any deficiencies in the program's relative compliance with the Standards. Specific deficiencies noted must be related to specific Standards. Site visitors may or may not indicate an accreditation category, depending upon prior instructions from the CoA. The chairperson invites the other site visitor(s) to participate as planned. If program or instructional staff do not agree with a finding or conclusion, they may offer clarifications or corrections and the report may be modified promptly on agreement of the team members. The chairperson closes the oral report with expressions of appreciation for all of the program's contributions to the review process and terminates the session promptly. At the conclusion of the exit conference, site visitors should depart promptly to avoid the possibility of diffusing or confusing the report of findings. Post exit conference consultation should not be undertaken.

### **SPECIAL CONSIDERATIONS**

- o Site visitors are very sensitive to their language, both when soliciting information and when giving opinions, and especially when discussing evaluative issues and observations regarding the program's compliance with the Standards. Words with negative connotations are usually avoided, as well as reprimands and lecturing, when ascertaining how faculty, students and others perceive program content and administrative and teaching policies and processes. Site visitors strive, through both verbal and non-verbal communication, to make the persons with whom they are talking feel comfortable about discussing the relative strengths and areas of concern as well as what they contribute to or receive from the program. If notes are taken during the interviews or discussions, they should be recorded unobtrusively to avoid interfering with developing and maintaining good rapport.
- o Before endorsing it by signature, each team member must review the final written report to ascertain that:
  - a. It is legible, clear and accurate, without important omissions.
  - b. Names of persons do not appear in the report proper, but do appear as an appended list of those interviewed; titles of persons appear in the report as necessary but only in impersonal and objective reference, or for the purpose of commendation.
  - c. Personal or unverified observations have been removed.
  - d. Needed editorial improvements have been made.
  - e. Any deficiencies cited have been supported in the body of the report and each one references one or more specific Standards.

***Should the team practice include forming and presenting an accreditation recommendation, the chairperson must indicate that the CoA makes the final recommendation, which may be different from that presented by the team on site.***

CoAs specify the format and content of the Site Visit Report. In the usual procedure, the Site Visit Report is submitted to the CoA staff, who sends copies of the report to the chief executive officer of the sponsoring institution and to the program director to provide an opportunity for comment and the correction of factual errors and conclusions.

Usually the report will reach the institution within two weeks of the site visit. Longer periods should be justified by CoA staff. In no instance should this period exceed one month. The written materials provided to the institution should identify program strengths and areas of concern. Specific Standards must be cited if noncompliance is identified.

### **CoA EVALUATION**

After the program has had adequate time to respond to the factual content of the Site Visit Report, the program is placed on the agenda for the next CoA meeting. The CoA reviews (1) a program's application for accreditation; (2) its Self-Study Report; (3) the Site Visit Report; (4) the applicant's response to that report; and (5) any related documents. This review is performed by one or two members of a CoA or by other specially designated individuals. The substance of their review is then presented to the full CoA for an assessment of the program's relative compliance with the Standards.

Once the CoA members have obtained a consensus regarding an applicant program's merits for accreditation, a recommendation is formulated for transmittal to CAAHEP.

## CHARACTERISTICS OF SUCCESSFUL SITE VISITORS

**BACKGROUND** – Site visitors have sufficient general education and special training specific to a professional discipline to form a solid foundation for program evaluation. The amount and kind of such education and training depends upon the type and level of program to be evaluated. Evaluators may be either generalists or content specialists who are themselves practitioners or educators within the field of training represented by the program.

**SITE VISITOR TRAINING** – Traditionally, site visitor training has taken place on the job: selected persons were appointed as observer-members of teams and were taught both by prior instruction and by on-site observation. Site visitors in recent years have received more formal and organized training through workshops of various lengths conducted by experienced evaluators representing numerous occupations and national associations. In addition, CAAHEP has developed training materials to help site visitors understand the CAAHEP structure and the relationship between CAAHEP and its collaborating CoAs.

**ATTITUDE** – Effective site visitors demonstrate maturity, objectivity, diplomacy and dedication. They project an image of professionalism both in behavior and appearance. Site visitors appreciate the confidential nature of the task and understand the need for self-initiative, for a cooperative attitude, for an analytic approach to the task, and for necessary degrees of flexibility.

**KNOWLEDGE** – Effective site visitors have an appreciation of the current status of the occupation involved and of the entire accrediting process. They have sufficient general and special background to be able to exercise appropriate judgment. In addition, effective visitors thoroughly understand the educational standards being used and what constitutes deviation from or noncompliance with those standards. It is imperative that site visitors be totally familiar with the content of the Self-Study Report and related materials provided to them prior to the site visit.

**SKILLS** – Site visitors are skilled in interviewing, in interpersonal communications, in self-expression, in note-taking, and in maintaining objectivity. They are skillful in dealing with attitudinal problems that may be presented by those being interviewed. Through experience and education, site visitors have developed capacities for deductive reasoning and for logical analysis. They are skilled in writing and accurate in recall.

## **TEN COMMANDMENTS FOR THE SITE VISIT TEAM\***

1. **DON'T SNITCH.** Site visitors often learn private matters about an institution that an outsider has no business knowing. Don't "tell tales" or talk about the weaknesses of an institution.
2. **DON'T STEAL APPLES.** Site visitors often discover promising personnel. Don't take advantage of the opportunity afforded by your position on the team to recruit good faculty members.
3. **DON'T BE ON THE TAKE.** Site visitors may be invited to accept small favors, services or gifts from an institution. Don't accept, or even suggest, that you would like to have a sample of the wares of an institution – a book it publishes, a product it produces, or a service it performs.
4. **DON'T BE A CANDIDATE.** Site visitors might see an opportunity to suggest themselves for a consulting job, temporary job, or a permanent position with the institution. Don't apply or suggest your availability until after your site visit report has been officially acted upon.
5. **DON'T BE A NIT PICKER.** Site visitors often see small problems that can be solved by attention to minor details. Don't use the accreditation report, which should deal with major or serious policy-level matters, as a means of effecting minor mechanical reforms.
6. **DON'T SHOOT SMALL GAME WITH A BIG GUN.** The accreditation process is developmental, not punitive. Don't use accreditation to deal heavily with small programs that may feel that they are completely at the mercy of the site visitors.
7. **DON'T BE A BLEEDING HEART.** Site visitors with "do-good" impulses may be blinded by good intentions and try to play the role of savior. Don't compound weakness by sentimental generosity in the hope that a school's problems will go away if ignored or treated with unwarranted optimism.
8. **DON'T PUSH DOPE.** Site visitors often see an opportunity to recommend their personal theories, philosophies or techniques as the solution to a program's problems. Don't suggest that an institution adopt measures that may be altered or reversed by the CoA or subsequent site visit teams.
9. **DON'T SHOOT POISON DARTS.** A team may be tempted to "tip off" the administration to suspected treachery or to warn one faction on a campus of hidden enemies. Don't poison the minds of staff or reveal suspicions to the administrators; there are more wholesome ways to alert an administration to hidden tensions.
10. **DON'T WORSHIP SACRED COWS.** Don't be so in awe of a large and powerful institution that you are reluctant to criticize an obvious problem in some department.

*\* Adapted and summarized from "A Decalogue for the Accreditation Team," Hector Lee (COPA Agenda, 2/5/76).*

## TEN COMMANDMENTS FOR THE PROGRAM DIRECTOR

- 1. DON'T PANIC.** Accreditors are not armed or dangerous.
- 2. DON'T HESITATE TO ASK.** All information needed by you regarding accreditation is available upon request at no charge. Do not exclude guidance and suggestion for lack of inquiry or because your own ideas of procedure may be more appealing.
- 3. DON'T BE NEGATIVE.** Exhaust available procedures before criticizing them; if permitted, the Self-Study process can yield strong, positive advantages; finally, if criticism is then called for, provide it as suggestions for improvement. Keep in mind that the most "expensive" aspects of the accreditor functions are gratis and not reimbursed.
- 4. DON'T STAND SHORT.** Taking positive stands on improving accreditation procedures is welcome, and should not be confused with hip shooting at targets of opportunity.
- 5. DON'T HANDICAP.** Don't impose disadvantages on a process that you or your superiors have invited and which will benefit you and your students.
- 6. DON'T SHORTCUT.** Program evaluation is worthy of your complete, best effort.
- 7. DON'T EXPECT SALVATION.** Accreditation cannot assure preservation.
- 8. DON'T SEEK DISPENSATIONS.** Be candid about your temporary inability to meet a Standard; state your plan for achieving conformity.
- 9. DON'T FOLD.** When resources permit, accreditation is readily achievable. Its benefits are worth the effort.
- 10. DON'T ROMANCE.** The cornerstone of accreditation is objectivity. Do not attempt to gain advantage by extending personal favors, providing gifts, etc.

# TEN COMMANDMENTS FOR THE ACCREDITING BODY STAFF

1. **BE COOPERATIVE.** “Do unto others...” Accreditation is voluntary and the conduct of its process rests upon voluntarism. Cooperation entails mutual respect.
2. **BE FAIR.** “... as you would have them do unto you.” Accreditation is evaluation by mutual consent.
3. **BE REASONABLE.** Accreditation is the application of professional judgment in the absence of absolute standards.
4. **BE JUDICIOUS.** The integrity of accreditation depends upon its quality of judgment.
5. **BE OBJECTIVE AND CONSISTENT.** As consistency is the structure, so objectivity is the cornerstone.
6. **BE RESPONSIVE.** Those who seek accreditation have invested heavily; be helpful, be prompt, be informative. Assess your own competence in terms of services rendered.
7. **BE KNOWLEDGEABLE.** Know all that is required information; communicate it clearly; seek clarity and new information.
8. **BE LIMITED.** Accreditation is a limited and imperfect art. Do not exceed its purposes or imperfections.
9. **BE FLEXIBLE.** Consistency in judgment, action and evaluation is necessary but recognition of desirable change, and accommodation to it, is also necessary.
10. **BE COST-CONSCIOUS.** Through the expenditure of limited dollars and human resource accreditation can be an expensive investment; keep the actual costs as low as sound process permits.

## **Section E: Classification of Accreditation Actions**

### **POLICY STATEMENTS**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP):

- Maintains clearly written definitions of each accreditation category and limits accreditation actions to these categories. [Policy 5.04]
- Requires CoAs to schedule accreditation reviews at intervals appropriate to that Committee's policy, but no less than every 10 years. [Policy 5.02]
- Requires CoAs to provide the chief executive officer of the sponsoring institution and the director of the educational program with an opportunity to comment on the findings and conclusions of the site visit team before forming the CoA recommendation to CAAHEP. [Policy 5.05(A)4b-c]
- Requires CoAs to provide sponsoring institutions with an opportunity to request reconsideration of recommendations for Probationary Accreditation, Withholding Accreditation and Withdrawing Accreditation. [Policy 5.05(A)6b]
- Requires CoAs to include in their reconsideration of a recommendation for Probationary Accreditation, Withholding Accreditation or Withdrawing Accreditation documented evidence of deficiencies corrected after the CoA arrived at its original recommendation. [Policies 5.05 (A)6c and 5.11-Definitions]
- Discloses the probationary status of a program in response to telephone or written inquiries. [Policy 5.07]
- Permits an institution sponsoring a program to withdraw from the accreditation system at any time.
- Requires CoAs, at the time they forward to CAAHEP a recommendation to withhold or withdraw accreditation, to inform sponsoring institutions of their right to

withdraw their application or to withdraw from accreditation at any time. [Policy 5.05(A)6b]

- Provides clearly written procedures for appeals of decisions by CAAHEP to withhold or withdraw accreditation. [Policy 5.11]
- Maintains the current accreditation status (if any) of a program pending disposition of an appeal. [Policy 5.11-Procedure (3)]
- Regards as graduates of a CAAHEP-accredited program all students who have successfully completed a program that held any accreditation status at any time during the student's enrollment. [CAAHEP Standards template]

### **AWARDING ACCREDITATION**

Accreditation is granted to a new or existing program when the accreditation review process confirms that the program is or will be in substantial compliance with the Standards.

For programs in substantial compliance but with one or more deficiencies that do not appear to threaten the capability of the program to provide acceptable education, CoAs may recommend the full cycle or a reduced cycle of time before the next comprehensive review is required.

### **Full Cycle**

Initial accreditation is awarded for a period of either three years or five years, depending upon the profession. Each CoA determines what its full cycle of review will be for continuing accreditation. When a CoA recommends the full cycle (the maximum time allowed until the next review will be required) for programs with one or more deficiencies, it may require progress reports. The CAAHEP notification letter contains a clear statement of each deficiency and a due date for a progress report or for a scheduled plan of correction, if required. The CAAHEP letter will inform the appropriate officials of the sponsoring institution that failure to submit a satisfactory progress report or plan to correct the deficiencies may result in an early accreditation review or other appropriate action.

### **Reduced Cycle**

When a CoA recommends a reduced cycle of time before the next review is required for programs with one or more deficiencies, it may require progress reports. The CAAHEP notification letter contains a clear statement of each deficiency and a due date for a progress report or for a scheduled plan of correction, if required.

Upon CoA recommendation, CAAHEP may inform the appropriate officials of the sponsoring institution that, based on documented correction of the deficiencies, the review cycle may be extended to the approved maximum time without requiring a new Self Study or site visit.

### **PROBATIONARY ACCREDITATION**

Probationary Accreditation is granted when a program is not in substantial compliance with the Standards and the deficiencies are so serious that the capability of the program to provide acceptable education is threatened.

Most assignments of Probationary Accreditation are based on evidence substantiated by a site visit. However, if the cited deficiencies are not in dispute, a CoA may recommend Probationary Accreditation without conducting a site visit.

Before transmitting recommendations for Probationary Accreditation, CoAs must provide programs with an opportunity to request reconsideration.

The CAAHEP accreditation letter contains a clear statement of each deficiency contributing to the failure to be in substantial compliance with the Standards. The letter also indicates that 1) a progress report or a Self Study Report is required by a specific date; 2) failure to come into substantial compliance with the Standards will result in the withdrawal of accreditation; and 3) currently enrolled students and those seeking admission should be advised that the program is on probation. [Sample language is provided in Policy 5.08(C)]

CAAHEP awards of Probationary Accreditation are final and are not subject to appeal. During a period of Probationary Accreditation programs are recognized and listed as being

accredited. The probationary status of a program is disclosed in response to telephone or written inquiries.

### **Administrative Probation**

Programs may be placed on **administrative probation** at the request of a CoA and with the submission of the appropriate documentation. Because this is a public status, the notification of this status must come from CAAHEP. Prior to recommending to CAAHEP that a program be placed on administrative probation, the CoA must give the program at least two written notices that they are in danger of being placed on administrative probation if the specified requirements are not met. Generally speaking a program is placed on administrative probation as a result of the non-payment of fees, failure to submit an annual report or progress report and/or failure to notify the CoA and CAAHEP of changes in program personnel or other significant changes to the program (See Appendix A of the CAAHEP Standards templates).

A program may also be placed on administrative probation for the non-payment of CAAHEP's annual institutional fee. Ultimately, a recommendation to withdraw CAAHEP accreditation may be forwarded to the CAAHEP Board of Directors if the cited administrative concerns are not resolved in a reasonable length of time as defined by CAAHEP and the CoA.

### **WITHHOLDING OR WITHDRAWING ACCREDITATION**

#### **Opportunity to Request Reconsideration, to Withdraw from the System or to Appeal**

Before transmitting a recommendation to withhold or withdraw accreditation, CoAs provide CAAHEP with evidence that they have informed the institution sponsoring a program of its right to request CoA reconsideration or that it may voluntarily withdraw from accreditation before CAAHEP considers the recommendation. Institutions sponsoring programs from which accreditation is withheld or withdrawn may appeal that decision {See Policy 5.11}. The current accreditation status (or lack thereof) is maintained pending disposition of the appeal.

#### **Withholding Accreditation**

Accreditation may be withheld from a program seeking initial or provisional accreditation if the program is not in substantial compliance with the Standards. The CAAHEP letter notifying the appropriate officials that accreditation has been withheld from the program includes a clear statement of each deficiency and indicates that the institution may appeal the decision. A copy of “**5.11 Appeal of Adverse Accreditation Actions**” is enclosed with the letter. The CAAHEP letter also informs the sponsoring institution that it may re-apply for accreditation whenever the program is believed to be in substantial compliance with the Standards and with administrative requirements for maintaining accreditation.

### **Withdrawing Accreditation**

Accreditation may be withdrawn from a program with Probationary Accreditation or Administrative Probationary Accreditation if, at the conclusion of the specified period, the accreditation review process confirms that the program is not in substantial compliance with the Standards or with the administrative requirements for maintaining accreditation. Students enrolled in the program at the time the sponsoring institution is notified that accreditation has been withdrawn may complete the requirements for graduation and *will be considered graduates of a CAAHEP-accredited program.*

In unusual circumstances, such as evidence of critical deficiencies that appear to be irreparable within a reasonable length of time, or a documented threat to the welfare of current or potential students, CAAHEP, upon recommendation from a CoA, may withdraw accreditation without first providing a period of probation. Programs from which accreditation is withdrawn without a probationary period are ensured the same due process rights enumerated above.

### **Voluntary Withdrawal of Accreditation**

A program may **voluntarily withdraw** from the CAAHEP system of accreditation at any time. A program that wishes to voluntarily withdraw must make this request in writing to CAAHEP. The request must be signed by the CEO of the institution or by another designated individual. CAAHEP will notify the CoA of the voluntary withdrawal of accreditation and remove the program from all relevant lists and databases. Voluntary withdrawals require no formal action by the CoA or the CAAHEP Board of Directors.

## CHAPTER 3

### POLICY STATEMENTS

The complete text of policies is found in the “**CAAHEP Policies and Procedures Manual**,” available from the CAAHEP Office. This chapter cites only the heading and policy statement without the associated text and procedures.

#### 1.00 POLICIES AND PROCEDURES

*The Board of Directors of the Commission on Accreditation of Allied Health Education Programs (CAAHEP) is responsible for adopting policies and procedures.*

*The Board of Directors uses a collaborative process to develop policies and procedures.*

*The CAAHEP policies and procedures are available to the public.*

#### 1.01 RECOGNITION OF CAAHEP AS A SPECIALIZED ACCREDITING AGENCY

*CAAHEP maintains voluntary non-governmental recognition as a specialized accrediting agency by the Council for Higher Education Accreditation (CHEA).*

#### 1.02 GEOGRAPHIC SCOPE

*CAAHEP accredits programs only upon the recommendation of its collaborating CoAs. The decision to review programs outside of the United States and its protectorates is left to the individual CoAs. Those committees that wish to recommend programs in institutions located outside of the United States and its protectorates for CAAHEP accreditation may do so.*

#### 1.03 ETHICAL STANDARDS OF PRACTICE

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

#### 1.04 FAIR BUSINESS PRACTICES

*CAAHEP, its CoAs, the accredited programs and their sponsoring institutions comply with principles of fair business practices.*

- 1.05 FAIR EDUCATION PRACTICES**  
*CAAHEP accredited programs and their sponsoring institutions comply with fair practice standards in education*
- 1.06 INSTITUTIONAL AUTONOMY**  
*CAAHEP and its CoAs conduct their business with respect for the sponsoring institution's autonomy, self-governance and self-management.*
- 1.08 CONTINUOUS IMPROVEMENT**  
*CAAHEP is committed to ongoing evaluation of its policies and procedures for the purpose of continuous improvement.*
- 1.09 STREAMLINING ACCREDITATION**  
*CAAHEP is committed to time efficient and cost-effective accreditation practices that preserve and enhance the quality of health science education.*
- 1.10 ORGANIZATIONAL ARCHIVES**  
*CAAHEP maintains a record of the organization for historical documentation and research.*
- 1.11 CAAHEP ANNUAL DUES AND FEES**  
*CAAHEP assesses dues and fees that are necessary and reasonable. These fees are established by the CAAHEP Board of Directors.*
- 1.12 SPOKESPERSON FOR THE COMMISSION**  
*The President of the CAAHEP Board of Directors is the official spokesperson for the organization and may delegate this responsibility.*
- 1.13 INVESTMENT OF FUNDS**  
*CAAHEP invests its financial resources wisely to optimize the return on investments, while assuring safety and needed liquidity.*

**2.01 MEMBERSHIP IN CAAHEP**

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

**2.02 SPONSORING ORGANIZATIONS**

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

**2.03 COMMITTEES ON ACCREDITATION**

*Each health science discipline wishing to have educational programs accredited by CAAHEP must be represented by a Committee on Accreditation (CoA) that is approved as a member of CAAHEP. Only one CoA for any health science profession qualifies as a member of CAAHEP. Member CoAs commit to observe CAAHEP's policies and procedures and to assure that the CoA's policies and procedures are consistent with those of CAAHEP.*

**2.04 ASSOCIATE MEMBER ORGANIZATIONS**

*CAAHEP recognizes as associate members, organizations who have an interest in the educational preparation of graduates of health science disciplines participating in its accreditation system.*

**2.05 ELIGIBILITY OF HEALTH SCIENCE DISCIPLINES**

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

**2.06 PUBLIC REPRESENTATIVES**

*The public interest in the accreditation of health science education programs is represented in the governance of CAAHEP and also in the accreditation function by public members who serve as Commissioners and members of the CAAHEP Board of Directors.*

**2.07 REPRESENTATIVE OF STUDENTS**

*The interests of students in the accreditation of health science education programs are represented in the governance of CAAHEP by a recent graduate of a CAAHEP-*

*accredited program. “Recent graduate” is someone who has graduated no more than three years prior to appointment as a Commissioner.*

### **3.00 GOVERNANCE - BOARD OF DIRECTORS**

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

### **4.01 CRITERIA FOR ACCREDITATION STANDARDS**

*All CAAHEP accreditation Standards include outcome measures. All accreditation Standards are relevant and, to the extent possible, have been determined to be reliable and valid.*

*The accreditation Standards include fair business practices, ethical standards, due process and fair educational practices.*

*The accreditation Standards include a requirement for notification of substantial changes affecting a program.*

### **4.02 FORMAT OF ACCREDITATION STANDARDS**

*All CAAHEP accreditation Standards shall conform with the established format.*

### **4.03 INNOVATIVE EDUCATION**

*CAAHEP encourages innovation in health science education that achieves accreditation Standards.*

### **5.01 AUTHORITY FOR ACCREDITATION**

*CAAHEP is the accrediting agency. CAAHEP delegates to its Board of Directors the responsibility for assuring that accreditation recommendations from the CoAs follow due process and comply with the accreditation Standards.*

### **5.02 INTERVAL BETWEEN COMPREHENSIVE PROGRAM EVALUATIONS**

*With the exception of Initial Accreditation, CAAHEP accreditation is not time limited, but remains in place until another action is taken.*

*The CoAs, with approval by the Board of Directors, determine the interval between comprehensive program evaluations with a maximum of 10 years.*

**5.03 INFORMATION ABOUT FEES CHARGED BY A COMMITTEE ON ACCREDITATION TO PROGRAMS**

*CAAHEP requires its collaborating CoAs to inform the Board of Directors in advance of any plans to increase the fees charged to programs.*

*A CoA makes an appropriate announcement of a change in its fee structure in advance of implementation.*

**5.04 STATUSES OF PUBLIC RECOGNITION**

*CAAHEP confers the following statuses of public recognition related to accreditation:*

*Initial Accreditation*

*Continuing Accreditation*

*Probationary Accreditation*

*Administrative Probation*

*Withhold Accreditation*

*Withdraw Accreditation: Voluntary or Involuntary*

**5.05 PROCESS FOR DETERMINING ACCREDITATION RECOMMENDATIONS**

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

**5.06 STATUSES OF ACCREDITATION NOT REQUIRING BOARD ACTION**

*The statuses of Administrative Probation, Voluntary Withdrawal of Accreditation and Voluntary Inactive Accreditation do not require a vote by the CAAHEP Board of Directors.*

**5.07 PUBLIC NOTIFICATION OF A PROGRAM'S ACCREDITATION STATUS**

*CAAHEP provides the public with information about a program's accreditation status upon request and as required by law.*

*CAAHEP considers a program that is on probation to retain its status as an accredited program, and includes the name of the program in official listings without differentiation.*

*CAAHEP discloses the probationary status of a program in all responses to telephone and written inquiries.*

**5.08 PUBLIC USE OF CAAHEP ACCREDITATION STATUS BY PROGRAMS AND SPONSORING INSTITUTIONS**

*CAAHEP requires institutions and programs to be accurate in reporting to the public the program's accreditation status.*

*Publication of a program's accreditation status must include the full name, mailing address and telephone number of CAAHEP.*

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

**5.09 RECORD KEEPING OF CAAHEP'S ACCREDITATION ACTIONS**

*CAAHEP maintains accurate and up-to-date documentation of accreditation decisions for purposes of public notification, records and research.*

**5.10 COORDINATED ON-SITE EVALUATIONS**

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

**5.11 APPEAL OF ADVERSE ACCREDITATION ACTIONS**

*CAAHEP provides a program's sponsor institution the mechanism to appeal an accreditation decision to withhold or withdraw accreditation.*

**5.12 COMPLAINTS REGARDING CAAHEP, CoAs AND ACCREDITED PROGRAMS**

*CAAHEP and its CoAs follow due process procedures when written and signed complaints are received by the Commission or a CoA alleging that they or an accredited program are not following established Commission policies or accreditation Standards.*

*CAAHEP and its CoAs maintain indefinitely a record of all complaints received.*

## CHAPTER 4

### COMMITTEES ON ACCREDITATION

CAAHEP is the final accreditor, but the day-to-day work of accreditation is done by our collaborating Committees on Accreditation (CoAs).

It is the CoA for each discipline that reviews the self-studies, schedules the site visits and then meets to formulate recommendations for the consideration of the CAAHEP Board of Directors.

CAAHEP requires that each CoA must be sponsored by “appropriate communities of interest.” For some CoAs, this means just one sponsor while for others, it means many sponsoring organizations. What follows is a list of all current CoAs with their contact information and the list of their sponsors (effective July 2009).

#### **ANESTHESIOLOGIST ASSISTANT**

##### **Accreditation Review Committee for the Anesthesiologist Assistant**

Jennifer Anderson-Warwick

Executive Director

2027 Burnside Drive

Allen, Texas 75013

Phone: 469-656-1103

Email: arcaamember@gmail.com

Sponsors: **American Academy of Anesthesiologist Assistants**  
**American Society of Anesthesiologists**

#### **CARDIOVASCULAR TECHNOLOGIST**

##### **Joint Review Committee on Education in Cardiovascular Technology**

William Goding, MEd, RRT

Executive Director, JRC-CVT

6 Pine Knoll Drive

Beverly, MA 01915-1425

Phone 978-456-5594/Fax 978-927-1214

E-mail: [office@jrccvt.org](mailto:office@jrccvt.org)

Sponsors: **American College of Cardiology**  
**American College of Radiology**  
**American Society of Echocardiography**  
**Society for Vascular Ultrasound**  
**Society of Invasive Cardiovascular Professionals**

### **CYTOTECHNOLOGIST**

#### **Cytotechnology Programs Review Committee**

Debby MacIntyre

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](mailto:dmacintyre@cytopathology.org)

Sponsor: **American Society of Cytopathology**

### **DIAGNOSTIC MEDICAL SONOGRAPHER**

#### **Joint Review Committee on Education in Diagnostic Medical Sonography**

Kelley Nicoloff

JRC-DMS

2025 Woodlane Drive

St. Paul, MN 55125

Phone: 651-731-7241/ Fax: 651-731-0410

Email: [knicoloff@jcahpo.org](mailto:knicoloff@jcahpo.org)

Sponsors: **American College of Cardiology Foundation**  
**American College of Obstetricians and Gynecologists**  
**American College of Radiology**  
**American Institute of Ultrasound in Medicine**  
**American Society of Echocardiography**  
**American Society of Radiologic Technologists**  
**Society for Vascular Surgery**  
**Society for Vascular Ultrasound**  
**Society of Diagnostic Medical Sonographers**

**ELECTRONEURODIAGNOSTIC TECHNOLOGIST**

**Committee on Accreditation for Education in Electroneurodiagnostic Technology**

Theresa Sisneros

Executive Director

6654 South Sycamore Street

Littleton, CO 80120

Phone: 303-738-0770/Fax: 303-738-3223

Email: [office@coa-end.org](mailto:office@coa-end.org)

Sponsors: **American Academy of Neurology**  
**American Clinical Neurophysiology Society**  
**American Society of Electroneurodiagnostic Technologists**  
**American Society of Neurophysiologic Monitoring**

**EMERGENCY MEDICAL SERVICES PROFESIONAL**

**Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions**

George W. Hatch, Jr., EdD, LP, EMT-P

CoAEMSP Executive Director

4101 W. Green Oaks Blvd. - Suite 305-599

Arlington, TX 76016

Phone: 817-330-0089 Ext. 112/Fax: 817-330-0979

Email: [george@coaemsp.org](mailto:george@coaemsp.org)

Sponsors: **American Academy of Pediatrics**  
**American Ambulance Association**  
**American College of Cardiology Foundation**  
**American College of Emergency Physicians**  
**American College of Osteopathic Emergency Physicians**  
**American College of Surgeons**  
**American Society of Anesthesiologists**  
**International Association of Fire Chiefs**  
**National Association of EMS Physicians**  
**National Association of Emergency Medical Services Educators**  
**National Association of Emergency Medical Technicians**  
**National Association of State EMS Directors**  
**National Registry of Emergency Medical Technicians**

**EXERCISE SCIENCES**

**Committee on Accreditation for the Exercise Sciences**

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](mailto:trush@acsm.org)

Sponsor: **American Academy of Cardiovascular and Pulmonary Rehabilitation**  
**American College of Sports Medicine**  
**American Council on Exercise**  
**Cooper Institute**  
**Medical Fitness Association**  
**National Academy of Sports Medicine**  
**National Strength and Conditioning Association**

### **KINESIOTHERAPIST**

#### **Committee on Accreditation of Education Programs for Kinesiotherapy**

Jerry W Purvis

USM

118 College Drive #5142

Hattiesburg, MS 39406

Phone 601-266-5371/Fax 601-266-4445; E-mail: [Jerry.Purvis@usm.edu](mailto:Jerry.Purvis@usm.edu)

Sponsors: **American Kinesiotherapy Association**

### **LACTATION CONSULTANS**

#### **Accreditation and Approval Review Committee on Education in Human Lactation and Breastfeeding**

Judith Lauwers, BA, IBCLC

Education Coordinator

International Lactation Consultant Association

c/o 228 Park Lane

Chalfont PA 18914

Phone and Fax 215-822-5545

Email: [judi@ilca.org](mailto:judi@ilca.org)

Sponsors: **International Lactation Consultant Association**  
**International Board of Lactation Consultant Examiners**

**MEDICAL ASSISTANT**

**Medical Assisting Education Review Board**

Judy A. Jondahl, MS, RN, Director of Accreditation

Medical Assisting Education Review Board

20 N Wacker Drive, Suite 1575

Chicago, IL 60606-2963

Phone 312-899-1500, Ext 133 or 800-228-2262

Fax 312-899-1259; E-mail: [jjondahl@maerb.org](mailto:jjondahl@maerb.org)

Sponsor: **American Association of Medical Assistants  
American Medical Association**

**MEDICAL ILLUSTRATOR**

**Accreditation Review Committee for the Medical Illustrator**

No Staff

c/o CAAHEP

1361 Park Street

Clearwater, FL 33756

727-210-2150; Fax 727-210-2354

Sponsor: **Association of Medical Illustrators**

**ORTHOTIST AND PROSTHETIST**

**National Commission on Orthotic and Prosthetic Education**

Robin Seabrook, Executive Director

NCOPE

330 John Carlyle St., Suite 200

Alexandria, VA 22314

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Sponsors: **American Academy of Orthotists and Prosthetists  
American Board for Certification in Orthotics and Prosthetics**

**PERFUSIONIST**

**Accreditation Committee-Perfusion Education**

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Sponsors: **American Academy of Cardiovascular Perfusion  
American Association for Thoracic Surgery  
American Board of Cardiovascular Perfusion  
American Society of Extracorporeal Technology  
Perfusion Program Directors' Council  
Society of Cardiovascular Anesthesiologists  
Society of Thoracic Surgeons**

### **POLYSOMNOGRAPHIC TECHNOLOGIST**

Committee on Accreditation for Polysomnographic Technologists Education

William W. Goding

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Sponsors: **Association of Polysomnographic Technologists  
American Academy of Sleep Medicine  
Board of Registered Polysomnographic Technologists**

### **SPECIALIST IN BLOOD BANK TECHNOLOGY**

**Committee on Accreditation of Specialist in Blood Bank Technology Schools**

Sharon Moffett

Director of Education

American Association of Blood Banks

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Phone: 301-215-6589/Fax: 301-951-3729

E-mail: [smoffett@aabb.org](mailto:smoffett@aabb.org)

Sponsor: **AABB (formerly American Association of Blood Banks)**

### **SURGICAL ASSISTANT**

**Accreditation Review Council on Education in Surgical Technology and Surgical  
Assisting (ARC/STSA).**

**SURGICAL TECHNOLOGIST**

**Accreditation Review Council on Education in Surgical Technology and Surgical  
Assisting (ARC/STSA)**

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Sponsors (both Surgical Assisting & Surgical Technology):

**American College of Surgeons**

**Association of Surgical Technologists**

**National Surgical Assistant Association**