



ABHES Evaluator Application

ABHES would like to sincerely thank you for your interest in becoming an evaluator. In order to serve as an evaluator, ABHES must confirm that each applicant meets the required qualifications. It is paramount that all information provided is legible, accurate, and complete. In order to achieve this effort, below are helpful tips to keep in mind when filling out the application.

Remember...

- The resume you submit with your application should clearly reflect your qualifications for the specialty area(s) in which you intend to evaluate.
- The experience and education requirements for each specialty area are indicated on the application. If your resume does not reflect at least these minimum requirements, you will not be considered for that specialty area.
- At minimum, core training is required for all potential ABHES evaluators before going on your first accreditation visit. You will be invited to attend the next available core training once your application is accepted. (note: additional training may also be required for your specialty area)
- The ABHES Evaluator Application will be considered incomplete without your electronic signature and an attached resume, which is to be sent to evaluator@abhes.org.
- ABHES will not retain any incomplete applications. Thus, it is suggested that you keep a copy of your application to resubmit in the event it is found to be incomplete.
- If you meet minimum qualifications and have completed all required training(s), but not invited on an accreditation visit, please be patient, as evaluators are confirmed based upon need.
- It is your responsibility to inform ABHES (evaluator@abhes.org) of any and all changes that deviate from your original application (employment, physical address, phone number, education, certification(s), etc.), so that we have the most accurate and up-to-date information on file.

Contact Information

Your personal contact information will be included on the visit confirmation letter for each confirmed visit.

Prefix: Mr. Ms. Dr.

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Work Phone: _____

Primary email: _____ Alternate email: _____

What is the best way to reach you? Email Cell Phone Work Phone Other: _____

Emergency Contact Name: _____ Cell Phone: _____
Optional

Bilingual or fluent in languages other than English? YES NO
If yes, please list languages: _____

Employment

Your employment information will be included on the visit confirmation letter for each confirmed visit.

Retired or currently not employed? Date of transition: _____

Place of Employment (last place of employment if retired or currently not employed)

Company: _____

Job Title: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Work Phone: _____ Work email: _____

Are you currently practicing in your field? YES NO
(If yes, this information *must* be reflected on your resume)

of Years Specialty Area

- _____ Computed Tomography (CAT Scan)
- _____ Computer Technology (Microsoft Certified System Engineering, Network & Database Engineering Software Engineering, Internet Webmaster)
- _____ Colon Hydrotherapy
- _____ Cosmetology
- _____ Culinary Arts
- _____ Criminal Justice
- _____ Diagnostic Medical Sonography / Ultrasound Technician
- _____ Dialysis Technician
- _____ Dietetic Technician
- _____ Dental Assisting
- _____ Dental Assisting w/Expanded Functions
- _____ Dental Hygiene
- _____ Dental Laboratory Technician
- _____ Early Childhood Development
- _____ EKG / Electrocardiogram Technology
- _____ Electrical Trades
- _____ Embalming Technician/ Funeral Director
- _____ Emergency Medical Dispatcher
- _____ Emergency Medical Technician
- _____ Fashion Design
- _____ Fire Fighter
- _____ General Office
- _____ Geriatric Assistant
- _____ Gerontology
- _____ Healthcare Management
- _____ Heating /Air

of Years Specialty Area

- _____ Health Information Technology,
- _____ Hemodialysis
- _____ Histotechnology
- _____ Home Health Aide
- _____ Homeland Security
- _____ Hospitality
- _____ Human Resources
- _____ Legal Assistant
- _____ Massage Therapy/Therapeutic Massage Therapy
- _____ Marketing
- _____ Medical Assisting*
- _____ Medication Aide
- _____ Medical Laboratory Technology/Assisting*
- _____ Medical Office (Medical Secretary, Transcriptionist, Medical Records Specialist)
- _____ Mental Health Counselor
- _____ Magnetic Resonance Imaging (MRI)
- _____ Nuclear Medicine
- _____ Neurodiagnostic Technology
- _____ Nursing (RN, LPN, PN, VN, CNA, NA)
- _____ Occupational Therapy
- _____ Optical/Ophthalmic
- _____ Paramedic
- _____ Paralegal
- _____ Patient Care Technician
- _____ Perfusionist
- _____ Personal Trainer / Fitness
- _____ Pharmacy Technology

of Years Specialty Area

- _____ Phlebotomy
- _____ Physical Therapy (Physical Therapy Technician or Aide)
- _____ Polysomnographic Technology
- _____ Psychiatric Technician
- _____ Private Investigating Services
- _____ Radiation Therapy
- _____ Radiologic Technology/Radiography
- _____ Rehabilitation Services
- _____ Respiratory Therapy

of Years Specialty Area

- _____ Sewing
- _____ Surgical Assisting
- _____ Surgical Technology*
- _____ Sterile Processing Technology
- _____ Travel and Tourism
- _____ Veterinary Assisting/Technology
- _____ Welding
- _____ Other, please specify _____

Distance Education Experience

Requirements are as follows:

- At least two years of instructional experience, development, or evaluation of distance education programs
- ABHES Distance Education Training
- ABHES Core Training

of Years Specialty Area

- _____ Instructional Experience (specific to distance education environment)
- _____ Curriculum Development/Instructional Design of Distance Education
- _____ Evaluation of Distance Education Design and Delivery
- _____ Online Learning
- _____ Teleconferencing A/V
- _____ Other, please specify: _____

Administrative Specialist (Team Leader) Experience

Requirements are as follows:

- At least two years of related education management experience
- Knowledge of and ability to review: student refunds, clock/credit hour conversion and allocation, satisfactory academic progress, program effectiveness plans (PEP); and general compliance with federal regulations required to be evaluated by accrediting agencies
- Suggested previous service on site visits with ABHES or other recognized accrediting agencies
- ABHES Team Leader Training
- ABHES Core Training

of Years **Specialty Area**

- _____ Department of Education Regulations (compliance with government requirements)
- _____ Student Finance (review of tuition and fees, collection practices and procedures, cancellation and refund policies and calculation of Title IV refunds)
- _____ Satisfactory Academic Progress (knowledge and understanding of Appendix B, Standard of Satisfactory Academic Progress)
- _____ Clock/Credit Hour Conversion & Allocation (assessment of appropriate outside coursework)
- _____ Student Admissions/Recruitment (review of program advertising and program representations)
- _____ Student Satisfaction
- _____ Program Effectiveness Plan (development and review)
- _____ Student Outcomes (retention, placement and credentialing)
- _____ Student Record Maintenance (review for compliance of Appendix E, Records Maintenance)
- _____ Degree Program Standards (evaluate standards of degree programs as applicable)
- _____ General Office (e.g. Receptionist, Office Administration, Computerized Office Assistant)
- _____ Service on visitation teams with ABHES or other recognized accrediting body
- _____ Other, please specify: _____

Baccalaureate Degree Specialist Education and Experience

Requirements are as follows:

- Earned doctorate, professional degree (such as a J.D. or M.D.), or master’s degree from an institution/program accredited by an agency recognized by the United States Department of Education or the Council for Higher Education Accreditation (CHEA)
- A minimum of five years of experience instructing, advising and evaluating students at the bachelor’s level; or, program administration and supervision of faculty at the bachelor’s level
- Knowledge of educational methods and experience in the review, evaluation, and assessment of programs at the bachelor’s level including curriculum, educational resources, and student services
- ABHES Baccalaureate Degree Specialist Advanced Training
- ABHES Core Training

of Years **Specialty Area**

- _____ Instruction (educational methods and student evaluation specific to the bachelor’s degree level)
- _____ Curriculum Review (knowledge of educational methods, development, review and assessment of baccalaureate programs)
- _____ Program Administration and Faculty Oversight (specific to the bachelor’s degree level)
- _____ Student Services (academic advising, tutoring, placement services to support baccalaureate programs)
- _____ Educational Resources (assessment and/or selection of resources to support baccalaureate programs)

Master's Degree Specialist Education and Experience

Requirements are as follows:

- Earned doctorate, professional degree (such as a J.D. or M.D.), or master's degree from an institution/program accredited by an agency recognized by the United States Department of Education or the Council for Higher Education Accreditation (CHEA)
- A minimum of three years of experience instructing, advising and evaluating students at the master's level; or, program administration and supervision of faculty at the master's level
- Knowledge of educational methods and experience in the review, evaluation, and assessment of programs at the master's level, including curriculum and educational resources
- Scholarly research
- ABHES Master's Degree Specialist Advanced Training
- ABHES Core Training

of Years Specialty Area

_____ Instruction (educational methods and student evaluation specific to the master's degree level)

_____ Curriculum Review (knowledge of educational methods, development, review and assessment of master's programs)

_____ Program Administration and Faculty Oversight (specific to the master's degree level)

_____ Student Services (academic advising, tutoring, and other services to support master's programs)

_____ Educational Resources (assessment and/or selection of resources to support master's programs)

EVALUATOR DISCLOSURE AND RECUSAL CONCERNING ACTIONS INVOLVING POTENTIAL CONFLICTS OF INTEREST

The Accrediting Bureau of Health Education Schools (ABHES) conducts its evaluation of institutions and programs in an objective and confidential manner. In order to ensure objectivity, impartiality, and integrity in the accreditation process, an evaluator should not be involved in evaluations of institutions or programs that constitute a conflict of interest, or may be perceived as such, should not accept any gratuity from a reviewed institution, and should not disclose any information received as the result of the evaluator's involvement in the accreditation process.

Recusal from Activities Involving Conflicts of Interest

It is the responsibility of each evaluator to identify to the Executive Director actual or potential conflicts of interest. It will then be determined whether the evaluator should be recused from review of the institution or program.

Examples of possible conflicts of interest between an evaluator and the institution or program under review include:

- Ownership of stock in the company or parent organization controlling the institution or program;
- Current or prior service as an employee, officer or director of, consultant to, or in a business or financial relationship with the institution or program;
- Competition in the same service area as the institution or program (normally defined as within a 50-mile radius);
- Personal friendship other than casual business relationship with owners, operators, or senior employees of the institution or program; and,
- Any other interest which affects or may affect the objective judgment of the evaluator in the performance of his or her responsibilities.

Duty Not to Accept Gifts or Other Consideration

Evaluators shall not solicit or accept, for themselves or any other person, gifts, gratuities, entertainment, loans or other consideration from individuals that are associated with an institution or program subject to accreditation by ABHES where the circumstances indicate that the consideration may be motivated by the donor's interest in the evaluator's findings or recommendations or the final accreditation determination.

Before, during and after an accreditation visit, evaluators may not engage in any behavior that might suggest they would consider or seek, either at present or in the future, any employment, consultation or other relationship of any type with the institution or program evaluated. Accordingly, without regard to whether the evaluator receives compensation, evaluators may not provide any institution or program with assistance or advice in any way related to ABHES accreditation following a visit.

Duty of Confidentiality

Evaluators will treat all information obtained through the evaluation process as confidential. Once the visit has concluded, evaluators shall have no contact with the host institution regarding the visit. Evaluators shall release no specific information about the reason for the visit, violations, or possible actions to students or employees of the institution. Inquiries about the findings, recommendations or actions of the Commission shall be referred to the Executive Director.

ATTESTATIONS

I agree that, as a condition of my services as an ABHES evaluator, I will abide by the ABHES Conflicts of Interest and Confidentiality policy described above.

I agree that the information I have provided above regarding my qualifications to serve as an ABHES evaluator accurately represents my academic and professional experiences to date.

I acknowledge that I have read the electronic signature policy provided under the evaluator tab at <http://www.abhes.org/evalformsandreports> and choose to submit this form, including my scanned or copied signature, electronically. (Please note: you may opt out and submit a hard copy of this form to the ABHES offices at 7777 Leesburg Pike, Suite 314 N., Falls Church, VA 22043.)

Print Name: _____

Signature: _____ Date: _____



Upon completion, submit to evaluator@abhes.org