MEMORANDUM

TO: ABHES-Accredited Institutions and Programs
Recognized Accrediting Agencies
State Departments of Education
U.S. Department of Education
Interested Parties

FROM: India Tips, Interim Executive Director

DATE: August 17, 2018

SUBJECT: Final Revisions to Accreditation Manual

The Commission of the Accrediting Bureau of Health Education Schools (ABHES) considered carefully the comments received to its June 20, 2018, Call for Comment. The Commission acted to adopt the below final standards and/or revisions to the 18th Edition of the Accreditation Manual, effective January 1, 2019. New language is underlined, and deleted language struck.
CHAPTER II
ELIGIBILITY AND CLASSIFICATIONS

SECTION B – Classifications of Facilities

The following definitions apply to facilities accredited institutionally by ABHES. Institutions holding programmatic accreditation are considered main campuses but may operate an approved separate classroom, educational center. It is important to note that other regulatory bodies may have different designations. Please note that an ABHES Annual Report is required to be completed by all main and non-main and satellite campuses.

Subsection 1 – Main campus

The main campus of an institution holds the accreditation for all of the locations where education is offered. An institution’s grant of accreditation may include its main, non-main(s), satellite campus and separate educational center(s) classroom(s). A non-main campus has its educational offerings included in the grant of accreditation of the main campus. A separate educational center campus offers only one complete program of study and is included in the grant of accreditation of the main or non-main campus has its educational offerings included in the main or non-main campus to which it is assigned.

Students enrolled at separate educational center classroom(s) are counted as students enrolled at either the main campus, or non-main or satellite campus to which the separate educational center classroom is assigned for purposes of compiling the Annual Report for ABHES and for computing its annual sustaining fee.

Subsection 2 – Non-main campus

a) A non-main campus meets the following requirements:

b) It is within the same ownership as the accredited main campus.

c) It offers at least one complete program leading to an occupational objective. It may offer programs not offered at the main campus.

d) It has documented legal authorization to operate in the state where the non-main campus is located.

e) It is described as a non-main campus in a common catalog.

f) It uses the same name as the main campus.

Subsection 3 – Satellite campus Separate educational center

A satellite campus meets the following requirements:

Separate educational center is an extension of an approved main or non-main campus and meets the following requirements:

a) It is licensed or otherwise approved exempted by the appropriate state regulatory body.

b) It offers only one complete program of study.

e)b) It is located at a different address from the main or non-main campus. (If the educational center is within reasonable walking distance, it is considered a part of the main or non-main campus.)
d) The main or non-main campus ensures that all educational and student services are provided and readily accessible to students at the separate educational center. It provides all services that are offered at the main or non-main campus.

d) It maintains permanent student records at the satellite campus or at the main or non-main campus that are readily accessible to the satellite campus, separate educational center, and students.

e) All administrative and enrollment services are delivered by the main or non-main campus.

f) The purpose of the facility is delivery of instruction.

g) If a complete program of study is offered, then a majority of programs offered must be conducted at the main or non-main campus.

Facilities used to provide distance education methods of delivery are exempt from meeting the requirements for a separate educational center. If no instruction is provided at the separate facility, then it is not considered a separate educational center.

Subsection 4 – Separate classroom

A separate classroom meets the following requirements:

a) Activities are limited to instruction.

b) A complete program of instruction is not provided.

c) Administrative and support services are offered through the main, non-main or satellite campus.

d) All permanent records are maintained at the main, non-main or satellite campus.

e) It has a different address from the main, non-main or satellite campus and is within customary and reasonable commuting distance of that campus. (If the classroom is within reasonable walking distance, it is considered a part of the main, non-main or satellite campus.)

Facilities used to provide distance education methods of delivery are exempt from meeting the requirements for separate classroom space.
CHAPTER III - GENERAL PROCEDURES  
(APPLIES TO INSTITUTIONS AND PROGRAMS)

SECTION A - Application, Evaluation, Approval Process, and Recordkeeping

Subsection 4 – Evaluation teams

Upon receipt of a completed Self-Evaluation Report, ABHES staff:

a. Selects an evaluation team, including a team leader. Institutions may challenge, with cause, a prospective team member prior to the site evaluation visit.

b. Instructs team members regarding their duties.

c. Provides each team member with necessary ABHES visitation materials.

d. Instructs the institution to provide its Self-Evaluation Report and Updated Information Form to ABHES and the evaluation team.

e. Assists in travel logistics and secures hotel accommodations for the evaluation team.

f. Orients the team as a group prior to the visit, or individually as required, concerning visitation procedures and reporting.

g. Ensures the completion of the required report(s).

Evaluation team members are competent and knowledgeable individuals, qualified by education and experience in their field of evaluation, and trained by ABHES in its policies, procedures, and standards to conduct on-site evaluation visitations.

Visiting teams to institutions, must include at least one academic and one administrator. Evaluation teams to programs or single-purpose institutions include one educator (an academic or administrator) and at least one practitioner. Furthermore, an individual on an evaluation team cannot be designated to fulfill more than one of the preceding designations, which are defined in the separate glossary section. Team members are not responsible for establishing policies nor do they make accreditation decisions.

Institutions delivering programs, or portions of programs, by distance education will have that delivery evaluated by a distance education specialist.

The Commission will conduct joint visitations and cooperate with other recognized accrediting agencies and government agencies as is practical and appropriate.

ABHES recognizes that institutions use various types of surveillance equipment for safety purposes, however, ABHES prohibits the use of audio or video recording and monitoring of team activities.
SECTION B – Institutional Changes

Institutions and programs should be aware that review by ABHES may take several weeks; thus, timely notification is necessary so that changes are approved prior to implementation.

Subsection 1 – Changes requiring approval

The following changes must be submitted to ABHES for approval prior to implementation on the appropriate applications (www.abhes.org) for consideration by staff. The Commission may become involved in the consideration if necessary.

(* denotes a site visit required)

i. *Change of location;

ii. Change of name of controlling institution;

iii. Addition of new program that does not represent a significant departure from the existing offering of educational programs or method of delivery (note: currently accredited institutional members must adhere to the requirements for initial programmatic eligibility when adding a surgical technology program, which includes the submission of the Application for Programmatic Accreditation);

iv. Addition of courses for specific audiences seeking professional development rather than program completion. These courses may be excluded from the scope of an institution’s grant of accreditation, with the following limitations:
   a. All advertising and publications (e.g. catalog) referencing ABHES accreditation clearly state that such excluded programs or courses are not included within an institution’s grant of accreditation.
   b. Courses are not being combined with other excluded courses to circumvent accreditation requirements and/or those of other governmental bodies.

ABHES reserves the right to deny approval of any submissions when the coursework has been determined as occupational or vocational.

v. *Change from non-main to main campus.
ABHES may require an onsite evaluation for programs which appear to have a significant impact on institutional operations, including mission; equipment; faculty; learning resources; facilities; and budget.

Business or activity conducted on the institution’s campus, which is not included under the grant of accreditation. *Applies only to institutional accreditation.*

**Subsection 2 – Approval of substantive change**

An accredited institution or program must notify ABHES of every substantive change as defined by this section by completing the appropriate substantive change application.

Substantive change as defined by this section will not be included within an existing grant of accreditation to an institution or program until the effective date of approval of the specific change by the ABHES Commission. The effective date of approval will not be retroactive, but rather will be the date of the letter from ABHES to the institution or program notifying it that Commission has met and has acted to approve the substantive change. The only exception to this policy is that ABHES may designate the date of a change in ownership as the effective date of its approval of the substantive change if the Commission action is made within 30 days of the change in ownership.

The ABHES Substantive Change Committee acts on applications for substantive change that occur within a grant of accreditation. The committee will grant approval when it determines that the institution or program continues to meet all accreditation requirements. Approval will not be granted for any substantive change that adversely affects the capacity of the institution to continue to meet accreditation requirements.

In order for a substantive change to be considered for approval and inclusion in a grant of accreditation, ABHES requires submission of the appropriate application, required documentation, and fee. Visit [www.abhes.org](http://www.abhes.org) and link to “Applications.” Each application identifies the application requirements and fee.

**Substantive changes that must be approved prior to inclusion in a grant of accreditation are the following:**

(* denotes a site visit required)

a. Change in the established mission or objectives of an institution or objectives of a program;

b. *Change in legal status, ownership, or form of control;* 

c. *The addition of courses or programs that represent a significant departure from the existing offerings of educational programs, or method of delivery, from those that were offered when ABHES last evaluated the institution (Note: currently accredited institutional members must adhere to the requirements for initial programmatic eligibility when adding a surgical technology program, which includes the submission of the Application for Programmatic Accreditation);* 

d. *The addition of programs of study at a degree or credential level different from that which is included in the institution's current accreditation;* 

e. A change from clock to credit hours;

f. A substantial change in the number of clock or credit hours awarded for successful completion of a program.

g. Execution of a contract under which another organization or institution not certified to participate in Title IV, HEA programs offers more than 25 percent of one or more educational programs;
h. *The establishment of an additional location—a separate educational center—geographically apart from the main campus or approved non-main campus that offers at least 50% of an educational program. This provision applies regardless of the classification of the additional location as a non-main, separate classroom or satellite campus.

i. The acquisition of any other institution or any program or location of another institution.

j. The addition of a permanent location at a site at which the institution is conducting a teach-out for students of another institution that has ceased operating before all students have completed their program of study.

Subsection 4 – Additional requirement regarding specific changes

The following modifications in an institution’s or program’s academic offerings must be reported to the Commission:

A. Revised Program Application

The Application for Minor Program Revision or Application for Substantive Program Revision are required for:

   a. A revision of up to 25 percent of program content in total hours or courses or in total lecture hours or in total lab hours or in total clinical hours requires submission of an Application for Minor Program Revision.

   b. A modification of 26 to 50 percent of program content in total hours or courses or in total lecture hours or in total lab hours or in total clinical hours requires submission of an Application for Substantive Program Revision.

B. New Program Application

The Application for New Program Approval is required for:

   a. A modification from a currently approved program to a higher degree

   b. A modification of more than 50 percent of program content (total hours or courses)

   c. The addition of a new program, or reactivation of a discontinued program

C. Notification

Notification to ABHES is required for:

   a. A negative action, including probation, placed upon an institution or program by a recognized accrediting agency, state licensure body, or federal regulatory agency.

   b. The discontinuation of a program (defined as any program that has not been in operation for a continuous twelve-month period). Institutions and programs must submit notification when a program is discontinued. Notification must be submitted on the ABHES Notice of Discontinuation of Program and/or Delivery Method Form found at www.abhes.org.
c. The discontinuation of previously approved delivery method, i.e. residential, blended or full distance education (defined as any delivery method that has not been in operation for a continuous twelve-month period). Notification must be submitted on the ABHES Notice of Discontinuation of Program and/or Delivery Method Form found at www.abhes.org.

d. The hiring or appointment of a new On-site Administrator or designated representative (e.g., Campus President, Director, Program Director). Notification must be submitted on the ABHES Change of Leadership Form.

e. The expansion of distance education delivery to an existing program(s), using courses from a currently approved distance education program.

d-f. Change in length of weeks to an existing program(s).

e-g. The practice of allowing non-degree students to enroll in a course or courses while officially enrolled as a degree-seeking student in another institution of higher education. Notification must be submitted on the institution’s letterhead and emailed to info@abhes.org.

The Annual Report is not a means of notification and may not substitute for such notifications.

D. Addition or Expansion Modification of Distance Education

ABHES defines distance education as a formal educational process to deliver instruction to students who are separated from the instructor and support regular and substantive interaction between the instructor and students, and among students. Correspondence education is not within ABHES’ scope of recognition and therefore is not eligible for accreditation by ABHES.

The following applications must be submitted and approved, prior to the implementation or expansion of distance education, as indicated:

1. Application for Initial Distance Education Delivery

   a. The initial addition of distance education to a currently accredited institution or an institution holding a grant of programmatic accreditation.

   b. A significant change to the delivery modality or curriculum provider previously approved by ABHES. A change in the Learning Management System need not be reported unless the change impacts the curriculum.

2. Application for Expansion Modification of Distance Education Delivery:

   a. An inclusion of laboratory-based courses delivered by distance education to a program currently approved for distance education delivery.

   b. The expansion of an approved blended program to full distance education.

   c. The expansion of distance education delivery courses to an existing program not currently approved for distance education.

3. Application for Shared Distance Education Courses
The expansion of distance education delivery to an existing program(s), using courses from a currently approved distance education program.

4—Addendum to New and Revised Program Applications

The addendum must be submitted for the expansion of distance education as part of a new or revised program application. If the program is the institution’s first full distance education program or laboratory-based courses delivered by distance education, an Application for Distance Education Delivery or Application for Expansion of Distance Education Delivery is required.

The addendum is included as part of the Application for New Program Approval, Application for Substantive Program Revision and Application for Minor Program Revision. (ABHES reserves the right to request additional information or application, as necessary, to determine compliance with accreditation requirements regarding distance education delivery.)

For those institutions or programs applying for the first time to offer program(s) by distance education (not currently approved by ABHES to offer programs by distance delivery), an on-site verification visit will be conducted by a distance education specialist within six (6) months of beginning the approved distance education instruction. The verification visit is used to ensure that the institution has the necessary resources in place to deliver distance education offerings effectively. A significant expansion to an institution’s distance education offerings may require a remote or on-ground site visit by a distance education and program specialist.

It is the responsibility of an institution to (1) notify local, state, and federal entities of program modifications, as necessary, and, (2) obtain any and all state authorization to offer distance education, as applicable, prior to applying for Commission approval. Programmatic members will provide evidence of their institutional accreditor’s approval for the delivery method. In cases where accrediting standards and state regulations differ, the more stringent of these apply. New or expanded distance education courses and programs may not be implemented or advertised until ABHES approval has been granted.

Subsection 5—Addition of non-main or satellite campus

An institution must submit to ABHES an Application for Non-Main Campus Inclusion or an Application for Satellite Campus Inclusion, which includes a business plan for the addition of a non-main campus or satellite campus. This business plan will demonstrate that the institution has the administrative and financial ability to operate the non-main or satellite campus.

If the non-main campus will deliver any programs in a blended or full distance format, the institution must also complete the Application for Distance Education Delivery.

Upon receipt and review of these documents the Commission will approve, defer or deny inclusion of the campus in an institution's current grant of accreditation. If inclusion is granted, the campus is required to undergo a staff verification visit within six (6) months of the date instruction begins. The results of the verification visit are made available to the Commission at its next meeting.

Following a verification visit, an institution is required to submit a Self-Evaluation Report, date to be determined by ABHES staff based on the expected date of the campus’s first graduates. A full campus inclusion visit is conducted within 24 months of the approval of the campus inclusion. All information relative to an application, including the Self-Evaluation Report and the visitation report, will be considered by the Commission at its next scheduled meeting.
The Commission reserves the right to require an on-site evaluation to the main campus and the proposed non-main or satellite campus prior to the inclusion of the campus. An institution may not file more than one application for a non-main or satellite campus within a twelve-month period.

A newly accredited institution owned or operated by an individual(s) or organization that did not previously hold ABHES accreditation through another institution(s) may not file a non-main or satellite campus application until a 12-month period of initial accreditation has transpired.

If an owner with no prior accreditation history with ABHES acquires a main campus that is ABHES accredited, the school cannot apply for a non-main or satellite campus until a after a 12-month period of ownership has transpired. A new non-main or satellite campus may be included within a main campus’s grant of accreditation without the prior two-year operational period required of a new institution.

**Subsection 6 – Separate classroom(s), Separate educational center(s)**

An institution or program must submit to ABHES an Application for Separate Classroom Inclusion for the addition of a separate classroom. A site visit to the separate classroom is conducted within six (6) months of inclusion.

If more than one separate classroom is necessary, documentation demonstrating need and administrative capabilities must be submitted to the Commission and approved prior to the submission of an application and use of the facility.

An institution or program must submit to ABHES an Application for Separate Education Center Inclusion for the addition of a separate educational center. If less than 50% of a program is offered at the separate educational center, ABHES will consider the application as notification. If at least 50% of an educational program is delivered at the separate educational center, then the application is considered as a substantive change.
CHAPTER IV

EVALUATION STANDARDS APPLICABLE TO INSTITUTIONALLY-ACCREDITED MEMBERS
CHAPTER IV
EVALUATION STANDARDS APPLICABLE TO INSTITUTIONALLY-ACCREDITED MEMBERS

The Accrediting Bureau of Health Education Schools (ABHES) is recognized by the Secretary of Education of the United States Department of Education (Secretary) to accredit private postsecondary institutions that are predominately engaged in health education. The Secretary also recognizes ABHES to accredit individual programs in Medical Assisting, Medical Laboratory Technology, and Surgical Technology that are offered by private or public institutions.

Standards define the qualitative and quantitative characteristics of an effective institution. These characteristics, in turn, assist an institution's staff and faculty in evaluating and adjusting as necessary its major activities so as to ensure achievement of accreditation and the continuous improvement of quantitative and qualitative outcomes. These standards direct an evaluation team and the Commission to evaluate an institution as part of the accrediting process.

In order to receive and maintain a grant of institutional accreditation, an institution must adhere to the policies and procedures set forth in Chapters I, II, and III, an institution and must:

1. Demonstrate compliance with all ABHES accreditation standards set forth in Chapter IV; AND

2. Demonstrate that each educational program offered at the institution complies with the evaluation standards that apply to all programs set forth in Chapter V; AND

3. Demonstrate that each educational program offering a degree complies with the evaluation standards set forth in Chapter VI; AND

4. Demonstrate that each educational program offered in a field for which ABHES has established additional program-specific standards complies with the evaluation standards set forth in Chapter VII and Chapter VIII is in compliance with those standards. Program-specific standards are identified in the Table of Contents as additional chapters applying to particular programs.

5. Demonstrate that each educational program offering a distance education method of delivery complies with the evaluation standards set forth in Chapter IX.

The various degree and program-specific chapters that provide evaluation standards are intended to be complementary and additive and the institution must satisfy all applicable standards.

SECTION A – Mission and Objectives

IV-A.1. An institution publishes a stated mission supported by specific objectives that defines the purpose for its existence.

The mission of an institution defines its purpose and reflects market needs as well as the student body it intends to serve. A mission statement is concise and is supported by specific goals and objectives that enable an institution to assess its overall educational effectiveness.
SECTION B – Financial Capability

IV.B.1. An institution demonstrates that it has the financial resources to ensure continuity of operation and to fulfill its obligations to students and employees.

The financial well-being of an institution requires regular oversight by management. The institution demonstrates it has revenues and assets available to meet the institution’s responsibilities, including continuity of service and the accomplishment of overall educational objectives. Institutions will submit audited financial statements. Factors to be considered include but are not limited to ratio of current assets to liabilities for the most recent operating year, history of operating results, and net worth.

SECTION C – Administration (“Administrator”) and Management

The following requirements apply to the main and each non-main campus included within an institution’s accreditation.

IV.C.1. The on-site administrator demonstrates effective management capability.

Each campus evidences that there is an on-site administrator responsible for the management of operational effectiveness, adherence to the accreditation standards, Standards of Accreditation and overall quality of curricular offerings.

The on-site administrator is:

i. Is responsible for the daily operation of an institution.

ii. Qualified to perform the duties of the position.

iii. Engaged in professional development activities annually that complements the operations of the institution.

iv. Implements policies and procedures in keeping with the mission and scope of the institution, accreditation standards, and other regulatory requirements.

The on-site administrator or designated representative employed by the institution and involved in the accreditation and self-evaluation process, (e.g. school director, director of education, program director) from each campus is required to attend an ABHES Accreditation Workshop.

IV.C.2. The on-site administrator Administrative and management personnel are qualified for their positions.

Minimally, the on-site administrator and management of each campus evidences the following:

i. Are qualified to perform the duties of the position as prescribed by the institution.

ii. Administrators and managers evidence Evidence training and management skills through experience and/or education to fulfill their responsibilities and functions.

iii. Administrators and managers are responsive to the needs and requirements of faculty, staff, and students.
IV.C.3. The on-site administrator and Management management demonstrates integrity in the execution of its duties.

Management personnel:

i. ensure that educational activities, admissions, student financial aid, plant and equipment, and student services are conducted in compliance with all applicable accreditation standards.

ii. assume full responsibility for the recruitment of its staff and their actions in the execution of their job-related responsibilities and provides each with training, supervision, and evaluation.

iii. ensure continued compliance with applicable local, state, and federal laws.

IV.C.4. Non-academic Clerical and other support staff are available to support the institution’s operations.

SECTION D - Compliance with Government Requirements

IV.D.1. An institution complies with current applicable local, state, and federal laws.

IV.D.2. An institution that participates in a Federal student aid program is required to self-report to ABHES.

An institution that participates in a Federal student aid program is required to self-report to ABHES the following:

i. Its status as a participant in the Federal program and immediately informs ABHES of any change in that status.

ii. Its Federal student loan default rates as defined by the United States Department of Education, and for any rates that are defined by the Department as too high, it must also submit a corrective action plan to address such rates.

iii. Any audit, program review or any other inquiry by such Federal agencies including as the United States Department of Education or any Office of Investigative-Inspector General regarding the institution’s participation in Federal financial aid programs, and promptly updates ABHES regarding all communications with the Department until resolution or conclusion.

iv. Any findings or actions by the Department of Education relative to the institution’s participation in the Title IV program.

Failure of an institution to maintain compliance with its requirements under the Title IV program will be evaluated by ABHES to determine whether it raises a question of potential noncompliance with accreditation requirements. ABHES will direct the institution to provide whatever evidence it deems necessary to resolve the question and may conduct an on-site visitation. Failure to demonstrate compliance with all accreditation requirements may result in a directive to show cause why accreditation should not be withdrawn.
SECTION E – Representations, Advertising, and Recruitment

Subsection 1 – Representations

IV.E.1. Representations are accurate and ethical.

All communications with existing and prospective students about the nature of the institution, its educational programs, its financial charges and the employability of its graduates are accurate and not misleading.

Such representations are not used in a manner that gives an incorrect impression about the institution and its programs.

Subsection 2 – Advertising

IV.E.2.a. Advertising and promotional materials contain clear and provable statements.

Advertising is ethical in every respect and does not include misleading or erroneous statements. Errors are expeditiously corrected through the same means of advertising (e.g., newspaper, website).

All advertising and promotional materials must:

i. clearly indicate that education and not employment is being offered;

ii. use the correct name and address of the institution; (A post office box number is not acceptable as an address.)

and

iii. correctly references accreditation for each location

Endorsements, commendations, or recommendations may be used in institutional catalogs, recruitment literature, or advertising, provided prior written consent has been obtained, and such communications are maintained and are subject to inspection. Testimonials may be used only when they are strictly factual and portray current conditions.

Advertising and promotional materials may not:

i. Offer programs of instruction at "reduced tuition" from what is in fact marked up or fictitious tuition.

ii. Make offers of scholarships or partial scholarships in such a manner as to deceive students or to prospective or current students without providing specific detailed eligibility requirements.

iii. Emphasize financial aid as the focal point.

iv. Use so-called "blind" advertisements that may be considered misleading and contrary to the ethics of an accredited institution.

v. Use "Employment" or "Help Wanted" classifications.
vi. Represent any service as "free" when in fact such service is regularly included as part of the program of instruction.

vii. Use exaggerated or unsubstantiated claims.

viii. Make inaccurate representations about competitors.

ix. Use any name, title, or other designation, by way of advertising or otherwise, that is misleading or deceptive as to the character of an institution, its courses or programs of instruction, its faculty, or its influence in obtaining credentialing or employment for students. **An institution whose name includes “university” must demonstrate that it meets the ABHES definition of “university,” as appropriate, either at the time of application for accreditation or through a Change in Name Application.**

All institutions currently using “university” in their name and accredited by ABHES on or before June 8, 2018, may continue to use the title “university.”

x. Falsely represent the character or scope of any program of instruction, service offered or its transferability of credit.

xi. Use a photograph, cut, engraving or illustration in catalogs, sales literature, or otherwise in such manner as to convey a false impression as to the size, importance, location of the institution, or the institution's equipment and facilities.

xii. Advertise unapproved programs. Only those programs approved by ABHES may be included in an institution’s advertising, publications or other promotional materials. Programs or courses excluded from ABHES accreditation, in accordance with the policy described in IV.G.1 are clearly identified as non-ABHES accredited.

xiii. Advertise a non-accredited campus together with an ABHES-accredited campus.

**IV.E.2.b. An institution accurately presents its accreditation status to the public.**

If an institution chooses to refer to its accreditation in advertising, it must use the statements “Accredited by the Accrediting Bureau of Health Education Schools,” “ABHES Accredited,” or “Accredited by ABHES.” The statement must clearly distinguish between programmatic and institutional accreditation.

If an institution releases incorrect information regarding its accreditation status, the contents of a site visit report, or accreditation actions with respect to the institution, the institution must expeditiously make a public disclosure of correction through the same means of advertising. Institutions in the application stage, including but not limited to a new campus or program, may not make reference to ABHES accreditation nor the expectation of accreditation.

The institution clearly communicates any programmatic accreditation status to its prospective and enrolled students in the following situations: (i) the program does not currently hold programmatic accreditation that might have implications for the graduates to become employed in the profession, or (ii) the program is subject to an adverse action that might result in the loss of accreditation.
Subsection 3 – Recruiting and Admissions

IV.E.3.a. Recruiting and admission methods and strategies reflect realistic expectations with regard to salary, employment opportunities and placement.

If institutional personnel provide information with regard to salary, employment opportunities and employment information to prospective students, it must be accurate and identify the source and date of information.

IV.E.3.b. Personnel responsible for recruiting and admissions representatives are trained and monitored to present accurate information in an ethical and responsible manner.

An accredited institution assumes the responsibility for representations made by admissions personnel or other employees enrolling students on its behalf.

Personnel responsible for admission of students are trained to provide prospective students with information on the educational programs offered, student services, and post-graduation credentialing requirements.

Methods of selecting, training, supervising, and compensating recruiting and admissions personnel reflect commonly accepted business practices. Field representatives, when used, must be directly responsible to the institution as agreed to in a written document signed by both parties. The institution provides a formal orientation, training and regular supervision of its representatives before permitting them to represent the institution. Field representatives, when used, must be directly responsible to the institution as agreed to in a written document signed by both parties.

Personnel responsible for admission of students are trained to provide prospective students with information on the educational programs offered, student services, and post-graduation credentialing requirements.

An accredited institution assumes the responsibility for representations made by admissions personnel or other employees enrolling students on its behalf.

IV.E.3.c. Personnel responsible for recruiting and admissions representatives meet all applicable regulatory requirements.

Institutional personnel comply with all state and federal regulatory requirements as related to recruiting and admissions procedures.

IV.E.3.d. An institution does not provide a commission, bonus, or other financial incentive or payment to employees involved in the admissions of students or financial aid based directly or indirectly on success in securing enrollments.

Subsection 4 – Enrollment documents

IV.E.4. An enrollment agreement and other enrollment documents fully and accurately provide required enrollment information that meets the requirements of Appendix D, Enrollment Agreements.

The institution furnishes to an enrolling student, upon registration, a copy of the institution's enrollment agreement and other enrollment documents outlining the specifics of the applicant’s chosen educational program including cost and other financial information.
Unless otherwise contained in the enrollment agreement, each student must sign and date a separate statement confirming student receipt and review and institutional explanation of policies and procedures regarding (i) student cancellation of enrollment (ii) withdrawal, dismissal, or termination of students, (iii) notification and procedures for program termination, and (iv) refund policies.

Subsection 5 – Catalog

IV.E.5.a. An institution publishes an informative and accurate catalog and addenda, as applicable, that is in compliance with the requirements of Appendix C, Catalogs.

A catalog serves as an official document of an institution and is professional in appearance and provides accurate information. A catalog is written in English, legible, organized, grammatically correct, and in compliance with applicable accreditation requirements and local and federal government laws and regulations.

Catalog addenda (inserts) must may be used in accordance with the guidelines found in Appendix C, Catalogs, and reference the published volume of the catalog to which they apply. Institutions under the same ownership structure may use a common catalog; however, differences, when applicable, are denoted (e.g., faculty, programs).

IV.E.5.b. An institution provides a current catalog and addenda, as applicable, to each student upon enrollment.

A catalog may be either bound hard copy or delivered electronically. A bound hard copy is available if requested by an applicant.

Subsection 6 – Disclosure

IV.E.6. An institution discloses in writing, prior to enrollment, any material circumstance that may adversely impact an applicant’s ability to complete a program or gain employment in the field for which they are trained (e.g. criminal record, credentialing requirements for employment).

SECTION F – Student Finance

Subsection 1 – Tuition and fees

IV.F.1.a. Tuition and other fees charged are reasonable in light of the market demand and the operational costs of the educational services provided (e.g., length of the program of study, equipment and resources required).

IV.F.1.b. All charges are clearly and accurately stated in an institution’s catalog, and addendum as applicable, and enrollment agreement.

IV.F.1.c. A schedule of charges is administered uniformly.

Students admitted under similar circumstances are charged consistently.
IV.F.1.d.  An institution maintains a current record of charges and payments and makes available confirmation of all applicable transactions.

The institution maintains current and accurate records and keeps students informed of their financial status and payment obligations.

Subsection 2 – Collection practices and procedures

IV.F.2.  Collection practices and procedures are fair, reflect sound and ethical business practices, and encourage student retention and goodwill.

The institution has a written collections policy and demonstrates that it is applied consistently to all students.

Subsection 3 – Cancellation and refund policies

IV.F.3.a.  An institution has and uniformly applies a published cancellation and refund policy that complies with all applicable state, federal and accrediting agency requirements.

The institution's refund policy provides for a refund to a student the larger amount required by, state law or federal law. Institutions that participate in Title IV programs comply with all federal requirements.

Records are maintained on refunds and enrollment cancellations.

The minimum acceptable refund policy for all students includes the following:

i. A description of the procedures a student must follow to officially withdraw. (Note: Regardless of whether a student follows these procedures, if an institution terminates a student or determines that a student is no longer enrolled, all withdrawal/termination procedures must be followed.)

ii. A cancellation clause, which allows a student, at a minimum, to cancel within three business days of signing an enrollment agreement, with a full refund of all monies paid. Subsequent to this three-day cancellation period, an applicant requesting cancellation prior to the start of classes is entitled to a refund of all monies paid less a registration fee of 10% of the contract price or $100, whichever is less. Institutions may require notice of cancellation to be given by certified or registered mail provided this requirement is stated in the enrollment agreement. An institution may require that notice of termination or cancellation be made by the purchaser if a student is under legal age.

iii. A statement that defines a student’s last day of attendance as the last day a student had academically related activity, which may include projects, clinical experience, or examinations.

iv. A statement which defines a determined date of withdrawal. This is the date that an institution determined that a student was no longer in school, referred to as the date of determination.

v. A statement of the institutional formula or rules for refunds based on program length or cost which provides a fair and equitable refund. The policy defines the obligation period for which a student is charged (program, academic year, credit hour, quarter, semester or other term designation).

vi. Items of extra expense to a student such as instructional supplies or equipment, tools, student activities, laboratory fees, service charges, rentals, credentialing fees, deposits and all other charges need not be considered in tuition refund computations when they are separately shown in the enrollment agreement, catalog, or in other data furnished to a student before enrollment.
IV.F.3.b. Refunds are made within 45 days after the date of the institution’s determination that the student has withdrawn.

The institution evidences through clear and accurate recordkeeping that refunds to withdrawn students are made. State or federal requirements, if more stringent, are followed.

SECTION G – Programs

IV.G.1. Standard academic conversion methodology is applied in calculating and awarding academic credit. (Please note that clock-hour programs do not fall under these requirements.)

Institutions adhere to the following definitions and use the formula in calculating credit hours awarded on a course-by-course basis:

Semester - minimum of 15 weeks in length. One semester credit is equal to:
   i. one hour of lecture per week for a semester or the equivalent number of hours.
   ii. two hours of lab per week for a semester or the equivalent number of hours.
   iii. three hours of externship/clinical per week for a semester or the equivalent number of hours.

Quarter - minimum of 10 weeks in length. One-quarter credit is equal to:
   i. one hour of lecture per week for a quarter or the equivalent number of hours.
   ii. two hours of lab per week for a quarter or the equivalent number of hours.
   iii. three hours of externship/clinical per week for a quarter or the equivalent number of hours.

Continuous Term - a non-traditional term length, allowing enrollment at various points in the calendar year.

Programs offered on a block basis or continuous term may elect either the semester or quarter formula for determination of credit. The minimum conversion formulas are as follows:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>15 hours of lecture</td>
</tr>
<tr>
<td>20</td>
<td>30 hours of laboratory</td>
</tr>
<tr>
<td>30</td>
<td>45 hours of externship/clinical</td>
</tr>
</tbody>
</table>

Partial credits for a course are rounded to the next lowest half or whole number. A course may be comprised of any combination of lecture, laboratory and/or externship. A clock (or contact) hour is defined as a minimum of 50 minutes of supervised or directed instruction in any 60-minute period. Care is taken in scheduling breaks.

An example of the calculation is as follows:

<table>
<thead>
<tr>
<th>Quarter system</th>
<th>Semester system</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 hours lecture = 0.60</td>
<td>6 hours lecture = 0.40</td>
</tr>
<tr>
<td>25 hours lab = 1.25</td>
<td>25 hours lab = 0.83</td>
</tr>
<tr>
<td>70 hours externship = 2.30</td>
<td>70 hours externship = 1.55</td>
</tr>
<tr>
<td>Total = 4.15</td>
<td>Total = 2.78</td>
</tr>
</tbody>
</table>

Rounding occurs following the calculation of the lecture, laboratory and externship components resulting in a total of 4.0 quarter or 2.5 semester credits when rounded down to the next lowest half or whole number.
If a program offers both a distance education and a traditional campus-based component, the quality of the education and credit awarded is equivalent in all three aspects of the curriculum: didactic, laboratory, and clinical.

Institutions should be aware that federal requirements regarding the calculation of clock and credit hours, including minimum number of weeks per academic year required for Title IV purposes, may vary from ABHES requirements.

All programs that award credit hours must include outside hours regardless of whether the institution requests recognition. Minimum course-by-course outside hours for certificates, diplomas, associate of occupational science degrees, and associate of applied science degrees are calculated by using the following formula: Definitions, conversions and calculations for recognition of outside (student preparation) hours are applied to programs which are terminal and not fully transferable.

Institutions and programs are expected to adhere at a minimum to the following formula for outside preparation hours on a course-by-course basis:

i.) Semester Credit Hours - 7.5 outside preparation hours for each credit hour of lecture/laboratory (outside preparation hours for clinical experiences will be reviewed and evaluated on a case-by-case basis. In general, however, clinical experiences may not require outside preparation hours. If outside hours are awarded, the institution or program must provide justification and the rationale for these hours).

ii.) Quarter Credit Hours - 5.0 outside preparation hours for each credit hour of lecture/laboratory (outside preparation hours for clinical experiences will be reviewed and evaluated on a case-by-case basis. In general, however, clinical experiences may not require outside preparation hours. If outside hours are awarded, the institution or program must provide justification and the rationale for these hours).

The institution or program may elect to include more outside preparation hours than the minimums listed above and these will be reviewed for their academic quality and rigor for the particular course. Minimum course-by-course outside hours for academic associate degrees, baccalaureate degrees, and master’s degrees are calculated by using the following formula:

i.) iiii.) Academic degree programs reflect programs that are academic in scope such as Academic Associate degrees, Baccalaureate degree, and Master’s degree programs. As such, institutions should calculate outside work in the following manner: (a) For one (1) hour of classroom or direct faculty instruction, a minimum of two (2) hours of outside preparation

ii.) iiii.) (b) For one (1) hour of laboratory work and other academic work leading to award of credit hours, a minimum of one (1) hour of outside preparation.

The institution may elect to include more outside hours than the minimums listed above and these will be reviewed for academic quality and rigor by course. The institution is also expected to justify outside preparation hours and substantiate how these hours are determined. Justification of the outside additional hours must be on file for on-site evaluation teams to review. Departures from these expectations may be permissible on an exception basis.
IV.G.2. An institution that participates in Federal Financial Aid programs complies with Federal requirements for clock-to-credit hour conversions.

ABHES will evaluate whether the institution is meeting the Federal Financial Aid requirements. If the Commission finds systemic or significant non-compliance regarding one or more programs at the institution, ABHES will promptly notify the U.S. Secretary of Education.

SECTION H - Satisfactory Academic Progress

IV.H.1. An institution complies with the requirements of Appendix B, Standards of Satisfactory Academic Progress.


An institution consistently monitors and applies its policy equally to all students to ensuring they are meeting satisfactory academic progress in their educational program.

IV.H.3. Students are encouraged and offered assistance when experiencing difficulty in progressing satisfactorily in their programs.

Students who fail to do satisfactory work are encouraged through advising and instructor assistance to improve their performance. Students whose performance does not improve are handled in accordance with the institution's policy for standards of satisfactory academic progress.

SECTION I - Student Satisfaction

IV.I.1. Students are satisfied with the administrative and student services offered by an institution.

An institution demonstrates through the use of regularly administered surveys that students are satisfied with the administrative and student services offered by an institution. Identified areas of deficiency are addressed for improvement.

IV.I.2. A published grievance procedure for addressing complaints by students is made available.

A grievance procedure is provided in writing, whether through catalog publication or other means, to each student upon admission.

IV.I.3. An institution maintains a written record of all formal complaints and their disposition.

In accordance with the published grievance procedure the complaint record includes clear documentation of the complaint and details of its resolution.
SECTION J – Physical Environment

IV.J.1. **Common areas complement and support instruction and learning.**

All common areas such as lobbies, offices, restrooms, lounges, and campus grounds are accessible, clean, well-lighted, safe, suitably furnished, and large enough to meet the purpose of the area.

IV.J.2. **An institution has a written emergency preparedness plan that is available to all students and staff.**

The emergency preparedness plan includes, but is not limited to, the following,

i. Risk Assessment

ii. Evacuation

iii. Lockdown (if the danger is a threat to students on campus)

iv. Communications (means of communicating with staff, students, and family members during, and immediately post, incident)

v. Media (designated persons who may address the media and what information, minimally, that will be released)

vi. Training (method and timeframe for orienting staff and students)

IV.J.3. **Records are maintained in a manner that is safe from risk of loss and are located at a reasonably accessible place.**

Examples of prevention of risk of loss include fire-resistant cabinets, and/or computer back up, or web based storage. Off-site storage may be used but must meet the provisions of the standard. Other records are maintained in accordance with current educational, administrative, business and legal practices.
CHAPTER V

EVALUATION STANDARDS APPLICABLE TO ALL EDUCATIONAL PROGRAMS
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SECTION A – Goals and Oversight

V.A.1. Program enrollment is justified.

The program demonstrates availability of clinical externship sites, as applicable, and the community demand for employment in the field.

V.A.2. Program goals-objectives are in keeping with the requirements of the profession.

Program goals-objectives are written in a manner to ensure that the curriculum is current with industry standards, meets the demands of the communities of interest (e.g., students, graduates, employers, and the public) and that students obtain related hands-on training, if applicable, that enables them to obtain viable employment in the field.

V.A.3. Resources exist to meet the educational goals and objectives.

A program documents the following:

i. Allocation of sufficient resources to support curriculum, including periodic revisions to reflect current practices, to maintain equipment, to procure supplies and teaching resources and to hire and retain a qualified faculty.

ii. Processes are in place for annually evaluating the program resources against a program’s goals and objectives.

iii. Evaluation process includes input from program management.

V.A.4. Instructional continuity is maintained through faculty stability.

Faculty employed must be sufficient to ensure sound direction and continuity of development for the educational programs. The institution demonstrates that the faculty’s average length of service to the institution allows the institution to meet its stated mission.

Programs document, assess and remediate, as necessary, efforts made to retain faculty for the purposes of maintaining a strong teaching and learning environment in the educational setting including classroom, laboratory and clinical components.

V.A.5.a. A program has an active advisory board of in-field specialists, current in the applicable specialty, representing its communities of interest, to assist administration and faculty in fulfilling stated educational objectives.

At a minimum, the institution has an advisory board comprised of at least three community representatives, not employed by the institution, for each discipline or group of related programs (e.g., medical assisting and medical administrative assisting). These individuals collectively provide a reasonable sampling of the community and are knowledgeable about the current state of the field.
Institutions offering master’s degrees have a minimum of one representative, not affiliated with the institution, who possesses a terminal degree, i.e. earned doctorate, or professional degree such as J.D. or M.D.

Programs offering complete or partial content by distance education with blended or full distance education method of delivery have a minimum of one representative, not affiliated with the institution, specializing in this method of delivery. The distance education specialist’s role is, at a minimum, to review and comment on the method of delivery, process, and infrastructure in the context of the courses or programs.

The board convenes a minimum of once per 12-month period and addresses a broad range of topics that may include the program’s mission and objectives, curriculum, outcomes, program strength and weaknesses in preparing graduates, current and projected community needs for graduates in the field, annual evaluation of program effectiveness, and student, graduate, clinical externship, and employer feedback.

V.A.5.b. Prepared meeting minutes are maintained, distributed and used to improve program effectiveness.

Meeting minutes are detailed and include member participation, topics discussed, summary of significant outcomes and activities, areas of unfinished business with projection for completion, and a list of recommendations made by the advisory board, and the program’s or institution’s response to these recommendations.

The minutes are distributed to the advisory board, program personnel, and interested parties in a timely manner.

V.A.6. Services of support personnel are available to facilitate program operation.

Non-academic institutional personnel provide clerical and other administrative support services that contribute to program stability.

SECTION B – Curriculum, Competencies, Clinical Experience (see Glossary for definition of clinical experiences)

V.B.1. Program curriculum is structured and students are scheduled to ensure a sequence of instruction that validates the curriculum’s defined competencies.

V.B.2. Competencies required for successful completion of a program are identified in writing and made known to students.

Each student is clearly informed of competency requirements and the means of assessing individual student achievements of these requirements. Students are made aware any time the competencies or means of assessment are revised.

V.B.3. Program length and structure allows for attainment of required competencies.

V.B.4.a. External clinical experiences are available to serve the diverse needs of a program(s). (for applicable programs)

Prior to initial assignment of students to a clinical experience site, an individual employed by the institution who meets the minimum qualifications of a program faculty member is responsible to prepare a signed
documented evaluation ensuring that a viable environment exists for an effective learning experience that provides an opportunity for students to demonstrate required competencies.

Students are provided assistance in seeking placement at an externship site; the responsibility for placing students rests with the institution or program.

A program administrator maintains current, signed clinical affiliation agreements for all active clinical experiences.

**V.B.4.b. A program has clinical experiences to meet its goals and objectives. (for applicable programs)**

Clinical experiences are available for all enrolled students as they progress to that portion of the program. Students do not wait for sites and back-up sites are available to ensure that the educational process is continuous. If any clinical experience may occur beyond a customary and usual commuting distance to the location where the student receives the remainder of the program instruction, students are informed and agree in writing to the arrangement prior to enrollment. (see glossary for explanation)

A monitoring plan exists to ensure that students:

i. Students are oriented to the facility and the daily routine of the facility.

ii. Students initially observe activities and procedures and then begin to perform tasks and procedures.

iii. A clinical externship includes assisting staff members with daily tasks, while under the supervision of staff.

iv. As their externship experience progresses, students move into an array of different tasks and procedures as their clinical experience progresses.

iv-v. Are assessed with evaluation tools that student case logs or check lists are maintained to ensure a variety of competencies are performed.

v-vi. Students do not replace or substitute for existing staff while participating in clinical externships.

vi-vii. There is a system in place by which completed externship required hours, which are monitored by the student, on-site supervisor, and externship coordinator to ensure that all requirements are met.

**V.B.4.c. Supervision and evaluation of student performance is provided during the clinical experiences. (for applicable programs)**

An individual employed by the institution who meets the minimum qualifications of program faculty member is responsible for ensuring and documenting oversight and evaluation of students while on clinical experiences and is in regular contact with sites.
SECTION C – Instruction

Subsection 1 - Syllabi

V.C.1.a  *Current course syllabi are maintained that fully and clearly describe the important characteristics of each course and meet the requirements of Appendix F (Course Syllabi Requirements).*

Course syllabi are reviewed regularly and revised, as necessary, to ensure the course encompasses current educational and training requirements.

V.C.1.b  *A current course syllabus is provided to each student at the beginning of each course.*

Subsection 2 – Instructional resources and delivery

V.C.2.a  *Instructors use a variety of contemporary teaching approaches or strategies to accomplish program goals and enhance student ability to achieve program outcomes.*

Examples may include, but are not limited to, case study, problem-based scenarios, computer simulations, web-based and distance technologies, and field or community experiences. Instructional methods are conducive to students’ capabilities and learning needs. Faculty and program administrators ensure that instructional techniques and delivery strategies are compatible with the program objectives and curricular offerings.

Directed study is permissible on a case by case basis and credit may be awarded. No more than 10 percent of the didactic portion a student’s program may be delivered in this format. Directed study must be under the supervision of a faculty member and a learning contract, signed by the faculty member and the student, must be developed to ensure that the course objectives are met. Directed study is the exception and not the rule. The number of courses that a student is allowed to take independently is limited. See the Glossary definition of Directed Study for further detail.

V.C.2.b  *Relevant and industry-current learning resources exist to complement the program.*

Learning resources are accessible to all students during and beyond classroom hours and may be provided through hard copy reference materials and/or full-text virtual libraries. A program relying exclusively upon virtual libraries demonstrates that these resources meet the standard. All students, faculty, and relevant personnel are trained in use of the library and adequate learning resources are available to support each program offered by an institution. Interlibrary agreements may supplement, but not replace, these resources.

The program requires the following:

i.  The learning resources provided or used by the program promote study, research and aid faculty in delivery and improving the program.

ii.  Learning resources are current and relevant to program offerings and student population and include standard reference texts, periodicals and multi-media materials.

iii. Knowledgeable staff, possessing documented experience or related training are available to assist students in the use of the technologies.
iv. Students are made aware of available learning resources, including location, staff, hours of operation and materials.

v. In evaluating the use of learning resources by students, usage is tracked and consideration is given to accessibility and to the methods used by faculty to encourage the use of these resources by students.

vi. When purchasing learning resources and related reference materials that are pertinent to the program (e.g. periodicals, computer hardware and software, instructional media), faculty guidance is included.

vii. Current inventory records are maintained.

**V.C.2.c.** Primary and supplementary instructional materials are relevant to the educational course content and objectives of each program.

Supplementary instructional materials supplement the textbook. These materials are comprehensible and comply with fair use and copyright guidelines.

**V.C.2.d.** Equipment and supplies are readily available to support the delivery of didactic and supervised clinical and administrative practice components required in the curriculum.

Industry-current equipment in good working order and program supplies are available in a quantity that accommodates all enrolled students in classes/laboratories. Instructional equipment, laboratory supplies, and storage are provided for student use and for teaching the didactic and supervised clinical education components of a curriculum.

**SECTION D – Student Assessment**

**Subsection 1 – Admissions**

**V.D.1.** An institution adheres to its admission policies and enrolls only students who can reasonably be expected to benefit from the instruction.

An admissions process exists to screen and evaluate each applicant's credentials before an applicant is notified of acceptance or rejection. A personal interview may be arranged at the discretion of the institution.

Admission requirements clearly state the basis for admission, which may including testing, advanced standing, experiential learning requirements, and transfer of credit. Remedial courses and refresher courses are not considered for credit. When accepting students, reasonable assurances are made that applicant qualifications and background are compatible with institutional and curricular objectives to ensure the likelihood of student success.

Applicants are beyond the age of compulsory institution attendance in the state in which the institution is located and can be reasonably expected to benefit from the training offered by the institution. Institutions that accept non-high school graduates (ability-to-benefit students) into their programs must meet the additional requirements of Appendix A, Enrollment of Ability-to-Benefit (“ATB”) Students, with the exception of any program that is 300 clock hours or less. The information relative to ATB student admission is submitted prior to enrollment.
The evidence of high school graduation or its equivalent, with the exception of high school students concurrently enrolled in another school, is supplied to an institution within 30 days after the student's first class or lesson begins, and as permissible may be a signed attestation of graduation. The evidence or signed attestation of graduation must include the name of the high school attended, city, state, graduation year. The institution has the responsibility of having a policy at the campus level to verify the high school or program was approved by the applicable governing or state authority and accrediting body (recognized by the U.S. Secretary of Education or by the Council on Higher Education Accreditation), as applicable. Dual Enrollment agreements must be submitted for approval prior to implementation. The information relative to ATB student admission is submitted prior to enrollment.

Subsection 2 – Scheduling and grading of examinations

V.D.2.a. Each student demonstrates the attainment of the required program competencies in order to successfully complete the program.

Evaluations by instructors are provided at intervals throughout a program. These may be demonstrated through the use of completed competency checklists, faculty assessments and written or practicum examinations.

V.D.2.b. Students are apprised of their academic status throughout a course through continuous evaluation and review of examination results with the instructor.

Instructors grade assessments, examinations and evaluate other educational activities, and provide feedback review results with students.

Subsection 3 – Student experience

V.D.3.a. The training educational environment exposes students to relevant work experiences in theory, clinical, and laboratory courses.

Students experience a relevant and diverse training environment appropriate for exposure to work experience or employment. The educational experience simulates the expectations of a work environment.

V.D.3.b. Students are satisfied with the training and educational experience and services offered by an institution or program.

Students express overall satisfaction with the training and educational services.

Subsection 4 – Advising

V.D.4. Students are provided academic progress reports and academic advising to meet their individual educational needs.

Tutorial and other academic services are available to meet student needs. Students are made aware of these services.

Subsection 5 – Graduation

V.D.5. An institution adheres to its graduation policies and graduates students who have completed all program requirements.
A program supports students to meet graduation requirements and complete the program by preparing them to succeed on final, comprehensive, or capstone assessment of competencies, if applicable. Graduation credentials and transcripts may not be withheld without justification if the student has completed all lecture, laboratory, clinical, and financial requirements of the program.

SECTION E – Program Management and Faculty

Subsection 1 – Program administration

V.E.1.a. A program is managed.

Each main, non-main and satellite location provides for full-time, on-site oversight for each program which may be met through one or a combination of individuals satisfying the requirements set forth below.

i. (a) Graduation from an accredited program recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation (CHEA) in the specialty field or subject area in which they teach
(b) Graduation from an otherwise recognized training entity (e.g., hospital-based program) in the specialty field or subject area in which they teach; or (c) Graduation from an institution located outside of the United States and its territories in the specialty field or subject area in which they teach. The institution must have on file from an agency which attests to the qualitative and quantitative equivalency of the foreign education and the specific courses. The institution must use the credential evaluation services of an agency that has published standards for membership, affiliations to U.S.-based international higher education associations, and are frequently linked to and used by federal agencies, state agencies, educational institutions and employers (e.g., NACES and AICE). Exceptions to this requirement must be justified through documentation of an individual’s alternative experience or education in the field (e.g. completed course work, related professional certifications, documentation of expertise).

ii. At least three years’ teaching or occupational experience in the subject field.

iii. A baccalaureate degree from an institution accredited by an agency recognized by the U.S. Secretary of Education.

V.E.1.b. The individual(s) responsible for the organization, administration, periodic review, planning, development, evaluation and general effectiveness of the program has experience in education methodology.

A program provides for management and oversight, including, of the faculty, faculty training and development, and faculty evaluation. This individual holds a baccalaureate degree from an institution accredited by an agency recognized by the U.S. Secretary of Education (or by the Council on Higher Education Accreditation.) Evidence of the following must be provided:

i. Recommendation of resources to support the program.

ii. Curriculum development and periodic revision based on learning science and current professional practices in the field of study.

iii. Selection, supervision, assignment and evaluation of faculty.
iv. Periodic assessment and recommendation for modification of facilities and equipment in relation to current professional practices in the field of study.

V.E.1.c. **Program supervisors** Individual(s) responsible for program management are provided time, resources, and opportunities for professional development.

Professional development activities may include and are not limited to professional association seminars, industry conferences, profession-related meetings and workshops, and research and writing for profession-specific publications.

V.E.1.d. Annual training for individual(s) responsible for program management are for program supervisors is provided for the improvement of education-related management skills.

Documentation of training and evidence of attendance is required. Training topics focus on program management functions and administrative responsibilities as it pertains to the educational product.

V.E.1.e **Program supervisors** Individual(s) responsible for program management are scheduled non-instructional time to effectively fulfill managerial functions.

Subsection 2 – General faculty requirements

V.E.2.a. Faculty consists of qualified individuals who are knowledgeable and current in the specialty field.

Faculty evidence the following:

i. (a) Graduation from an accredited program recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation (CHEA) in the specialty field or subject area in which they teach; or

(b) Graduation from an otherwise recognized training entity (e.g., hospital-based program) in the specialty field or subject area in which they teach; or

(c) Graduation from an institution located outside of the United States and its territories in the specialty field or subject area in which they teach. The institution must have on file from an agency which attests to the qualitative and quantitative equivalency of the foreign education and the specific courses. The institution must use the credential evaluation services of an agency that has published standards for membership, affiliations to U.S.-based international higher education associations, and are frequently linked to and used by federal agencies, state agencies, educational institutions and employers (e.g., NACES and AICE). Exceptions to this requirement must be justified through documentation of an individual’s alternative experience or education in the field (e.g., completed course work, related professional certifications, documentation of expertise).—

iii. Additionally, the faculty member possesses two (2) years of occupational (i.e., practical) experience in the subject field in which they teach; or

A minimum of three (3) years of job-related training and experience, as described above, for those instructors who are not graduates from an accredited program in the field in which they teach AND
iii. Hold a current license, certification or other credential as-if required by local, state and/or federal laws to work in the field, with the exception of those teaching in non-core (e.g., general education) courses.

Individuals who do not meet the above education criteria may qualify through justifying documentation of alternative or education in the field (e.g., completed course work, related professional certifications, documentation of expertise).

These individuals must evidence:

i. A minimum of three years of occupational (i.e. practical) experience in the subject field in which they teach.

i-ii. A current license, certification or other credential if required by local, state, and/or federal laws to work in the field, with the exception of those teaching in non-core (e.g., general education) courses.

V.E.2.b. Faculty receive training in educational methods, testing and evaluation and evidence strength in instructional methodology, delivery and techniques as indicated by evaluation by supervisory personnel within 30 days of beginning instruction, and annually thereafter.

V.E.2.c. Personnel records for all full-time and part-time (including adjunct) faculty meet the requirements of Appendix E, Section B, Records Maintenance, and are up to date and maintained in a well-organized and easily accessible manner.

V.E.2.d. Faculty meetings are held and the minutes are recorded.

Faculty attends these meetings. Minutes of these meetings are recorded and include topics discussed, resolution of outstanding issues and record of faculty participation and attendance. The minutes are distributed to program personnel and interested parties in a timely manner.

Subsection 3 – Ratios and teaching load

V.E.3.a. Faculty numbers support program goals, stated educational objectives, and enrollment.

V.E.3.b. Laboratory ratio of students to instructor does not exceed 20 to 1.

A program ensures that the number of students scheduled in a laboratory setting at one time prevents adverse effects on educational delivery. Deviations from the stated ratio are assessed in terms of their effectiveness.

Laboratory numbers may depend on the following factors:

i. existing professional skills of students

ii. previous educational experience of students

iii. amount of lecture given in laboratory or clinical practice classes

iv. amount of direct supervision provided by an instructor in a laboratory or clinical setting
v. use of technology in providing alternative methods of instruction

vi. type of procedures being demonstrated or conducted (e.g., invasive procedures require greater instructor oversight)

V.E.3.c. Teaching loads for instructors are reasonable at all times.

Allowance is made for non-instructional duties. The teaching load consists of classes taught, contact hours and subject preparation time. Care is taken in assigning administrative duties and classes so as not to overburden faculty.

Subsection 4 – In-service training

V.E.4. A program of Faculty participate in in-service training with a focus on is provided for the improvement of faculty skills in effective teaching methodology and is conducted at least twice annually.

Documentation of in-service training is required and should include topic(s) discussed, name(s) of presenter, and synopsis of the session(s) presented, and evidence of faculty attendance are maintained in each faculty member’s file. Minimally the two required annual in-service training sessions focus on effective teaching; however additional sessions may be held with varied focus.

Subsection 5 – Professional development

V.E.5. Faculty is required to participate in professional growth activities annually. Faculty is provided time, resources, and opportunities for professional development.

Faculty is provided time, resources, and opportunities for professional development. Faculty are required to participate in professional growth activities annually beginning with their first year of employment and annually thereafter. Documentation needs to demonstrate a combination of professional growth activities which may include, but are not limited to, programs of continuing education, either for professional development or to maintain professional certification, membership and participation in professional organizations, participation in field-related workshops or seminars, and subscription to relevant periodicals or journals. Copies of certificates of attendance, current licensure/certification(s), and any other professional growth documentation are maintained in each faculty member’s file, as required by Appendix E, Section B (Records Maintenance).

SECTION F – Safety

V.F.1. Programs document establish and publish security, safety, and infection control policies in compliance with institutional policy and applicable local, state, and federal regulations.

This requirement includes, but is not limited to, published policies on firearms, hazardous materials and exposure to radiation, blood-borne pathogens, and infectious diseases. These policies are provided in writing to all students, faculty, and appropriate support staff personnel and are continuously
Examples may include policies on weapons, hazardous materials, and personal protective equipment. Additionally, policies on blood borne and infectious diseases are provided, as applicable, to clients participating in clinical services within the program.

SECTION G - Student and Graduate Services

V.G.1. A program provides a variety of student support services.

A program designates qualified individuals who oversee student support and provides such services during regularly scheduled hours to accommodate student schedules.

Services provided to students include:

i. orientation

ii. personal referral information referrals to community resources

iii. employment assistance

V.G.2. A program actively assists graduates with career placement. Accurate records of graduate placement and related activities are maintained for the program.

Evidence of graduate placement activities are maintained. Records of initial graduate placement are retained (see Appendix E, Section A).

SECTION H – Disclosures

V.H.1. A program is approved by the Commission.

Programs must be offered and delivered as approved by the Commission. Changes (as defined by Section III, Subsection B) in these programs or the addition of new programs have been approved by the Commission prior to implementation.

V.H.2. A program accurately presents its accreditation status to the public.

If a program releases incorrect information regarding its accreditation status, the contents of a site visit report, or accreditation actions with respect to the program, it must expeditiously make a public disclosure of correction through the same means of advertising.

No reference to ABHES accreditation can be made in reference to any program prior to final action by ABHES granting inclusion of a program within an institution’s current grant of accreditation or the granting of programmatic accreditation. Institutions or programs in the initial application stage, either for accreditation or a substantive change (see III.B. of the Accreditation Manual) may not make any reference to ABHES accreditation.

The program clearly communicates its accreditation status to its prospective and enrolled students in the following situations: (i) the program does not currently hold programmatic accreditation that might have implications for the graduates to become employed in the profession, or (ii) the program is subject to an adverse action that might result in the loss of accreditation.

V.H.3. All representations regarding the program are accurate, complete and not misleading.
All statements made by personnel are based on accurate, verified facts and are provided in a manner and in a context to assure that a reasonable recipient is not mislead. Any information with regard to salary, employment opportunities and employment information to students, prospective students and the public is accurate and realistic.

Prior to admission, students are clearly advised of any credentialing or licensing requirements available or necessary for employment in the field.

SECTION I – **Student Achievement and Program Effectiveness**

**Subsection 1 - Student achievement indicators**

**V.I.1.a.**  
*A program demonstrates that students complete their program.*

The retention rate is determined by using the ABHES required method of calculation, for the reporting period July 1 through June 30, as follows:

\[
\text{Retention Rate} = \frac{(EE + G)}{(BE + NS + RE)}
\]

EE = Ending Enrollment (Number of students in class, on clinical experience and/or leave of absence on June 30)

G = Graduates

BE = Beginning Enrollment (Number of students in class, on clinical experience and/or leave of absence on July 1)

NS = New Starts

RE = Re-Entries (number of students that re-enter into school who dropped from a previous annual report time period)

At a minimum, an institution maintains the names of all enrollees by program, start date, and graduation date using the ABHES Retention Back Up Documentation Form.

**V.I.1.b.**  
*A program demonstrates that graduates participate in credentialing examinations required for employment.*

If a license or credential is required by a regulatory body (e.g., state or other governmental agencies) in the state in which the student or program is located, or by the programmatic accrediting body, then the participation of program graduates in credentialing or licensure examinations is monitored and evaluated.

The credentialing participation rate is determined by using the ABHES required method of calculation, for the reporting period July 1 through June 30, as follows:

\[
\text{Examination participation rate} = \frac{GT}{GE}
\]

GT = Total graduates taking examination

GE = Total graduates eligible to sit for examination

**V.I.1.c.**  
*A program demonstrates that graduates are successful on credentialing examinations required for employment.*
If an institution or program is required to monitor participation rates, then it must review graduate success on credentialing and/or licensing examinations. This review includes curricular areas in need of improvement.

A program maintains documentation of such review and any pertinent curricular changes made as a result.

The credentialing pass rate is determined by using the ABHES required method of calculation, for the reporting period July 1 through June 30, as follows:

**Examination Pass Rate = GP/GT**

GP = Graduates passing examination (any attempt)
GT = Total graduates taking examination

At a minimum, the names of all graduates by program, actual graduation date, and the credentialing or licensure exam for which they are required to sit for employment are maintained using the ABHES Credentialing Back Up Documentation Form.

V.I.I.d. **A program demonstrates that graduates are successfully employed in the field, or related field, for which they were trained.**

An institution has a system in place to assist with the successful initial employment of its graduates. A graduate must be employed for 15 days and the verification must take place no earlier than 15 days after employment.

At a minimum, an institution maintains the names of graduates, place of employment, job title, employer telephone numbers, and employment and verification dates using the ABHES Placement Back Up Documentation Form. Additionally, an institution must maintain additional documentation and rationale to justify all graduates placed. If the institution utilizes a graduate attestation, it must have a policy at the campus level to validate the attestation in place. All graduate attestations must be signed and dated by the graduate.

The placement rate is determined by using the ABHES required method of calculation, for the reporting period July 1 through June 30, as follows:

**Placement Rate = (PF + R*)/(G-U)**

PF = Placed graduates placed in their field of training
R* = Graduates placed in a related field of training
G = Total graduates
U** = Graduates unavailable for placement

**Placed graduates** are defined as those employed in a position wherein the majority of the graduate’s job functions are related to the skills and knowledge acquired through successful completion of the training program.

*Related field refers to a position wherein the majority of the graduate’s job functions require the use of skills and knowledge acquired through successful completion of the training program.

**Unavailable** is defined only as documented: health-related issues, military obligations, incarceration, continuing education status, or death. **Institutions must have on file additional documentation and rationale**
to justify graduates identified in this category. Examples of documentation may include but is not limited to a doctor’s note, military orders, arrest documentation, enrollment agreement, acceptance letter, or death certificate.

**Important Note:** graduates pending required credentialing/licensure in a regulated profession required to work in the field—and, thus, not employed or not working in a related field as defined above—should be reported through back-up information required in the Annual Report. This fact will then be taken into consideration if the program placement rate falls below expectations and an Action Plan is required by ABHES.

The institution must provide additional documentation (examples may include but not limited to position description, job description, employer letter, graduate attestation) and rationale to justify graduates identified as self-employed, employed in a related field, or unavailable for employment.

**V.I.1.e.** A program demonstrates that its required constituencies participate in completing program surveys.

A program must evidence that it has a systematic process for regularly surveying the following constituencies: students, clinical extern affiliates, graduates, and employers. The purpose of the surveys is to collect data regarding a perception of a program’s strengths and weaknesses. Results of the constituency surveys are shared with the administration, faculty, and advisory board. Accordingly, a program must document that at a minimum the survey data included in its effectiveness assessment include the following:

**Student:**
Student surveys provide insight regarding student satisfaction relative to all aspects of the program, including the following:

a. Instruction

b. Educational resources

c. Student services

d. Clinical experience

**Clinical extern affiliate:**
Clinical extern affiliate surveys provide insight regarding affiliates’ satisfaction relative to program training, including the following:

a. A critique of students’ knowledge and skills upon completion of their in-school training and reflect how well the students are trained to perform their required tasks.

b. An assessment of the strengths and weaknesses, and proposed changes, in the instructional activities for currently enrolled students.

c. Evaluate the responsiveness and support provided by the designated school representative, who visited the site and remained in contact with the site throughout the duration of the students’ externship.

**Graduate:**
Graduate surveys provide insight regarding graduates’ satisfaction with the following:
a. Preparedness for entry into the program field

b. Training and education

c. Career services

**Employer:**
Employer surveys provide insight regarding employers’ satisfaction with the following:

a. Skill level of employees

b. Would hire another graduate from the program

The survey participation rate is determined by using the ABHES required method of calculation, for the reporting period July 1 through June 30, as follows:

**Survey Participation Rate = SP / NS**

SP = Survey Participation (those who actually filled out the survey)
NS = Number Surveyed (total number of surveys sent out)

**V.I.1.f. A program demonstrates that each constituency satisfaction rate is determined based on program surveys.**

The satisfaction rate is determined by using the ABHES required method of calculation, for the reporting period July 1 through June 30, as follows:

**Satisfaction Rate = SL/SP**

SL = Satisfaction Level
SP = Survey Participation

*The satisfaction level is determined by the institution and the definition must be provided in the institution’s Program Effectiveness Plan.*

**Subsection 2 – Program Effectiveness Plan (PEP) content**

**V.I.2. A program has an established documented plan for assessing its effectiveness annually as defined by specific outcomes.**

While each program must represent each element required below, the plan may be a comprehensive one which collectively represents all programs within the institution or may be individual plans for each distinct program.

A plan should contain a cover page and identify the program objectives, which must be consistent with all other documents describing the program.

The PEP specifies a process and a timetable for the annual assessment of program effectiveness, and identifies the process for how data is collected, timetable for data collection, and parties responsible for data collection.
The Program Effectiveness Plan clearly describes the following elements:

a. **program retention rate**

The retention rate for the previous two years and the current year is identified which is determined by using the ABHES required method of calculation for the reporting period July 1 through June 30. Based upon these rates, the institution must conduct an analysis of the data to identify any trends, including those related to the student population (characteristics/demographics) and other applicable factors; and based upon the analysis, identify its retention rate goal for the next reporting year and the factors considered in determining such a goal and the activities undertaken to meet the goal.

b. **credentialing examination participation rate**

The credentialing examination participation rate for the previous two years and the current year is identified which is determined by using the ABHES required method of calculation for the reporting period July 1 through June 30. Based upon these rates, the institution must conduct an analysis of the data to identify any trends, including those related to the student population (characteristics/demographics) and other applicable factors; and based upon the analysis, identify its credentialing participation rate goal for the next reporting year and the factors considered in determining such a goal and the activities undertaken to meet the goal.

c. **credentialing examination pass rate**

The credentialing examination pass rate for the previous two years and the current year is identified which is determined by using the ABHES required method of calculation for the reporting period July 1 through June 30. Based upon these rates, the institution must conduct an analysis of the data to identify any trends, including those related to the student population (characteristics/demographics) and other applicable factors; and based upon the analysis, identify its credentialing pass rate goal for the next reporting year and the factors considered in determining such a goal and the activities undertaken to meet the goal.

d. **job placement rate**

The job placement rate for the previous two years and the current year is identified which is determined by using the ABHES required method of calculation for the reporting period July 1 through June 30. Based upon these rates, the institution must conduct an analysis of the data to identify any trends, including those related to the student population (characteristics/demographics) and other applicable factors; and based upon the analysis, identify its placement rate goal for the next reporting year and the factors considered in determining such a goal and the activities undertaken to meet the goal.

e. **satisfaction surveys of students, clinical extern affiliates, graduates and employers**

At a minimum, an annual review of results of the surveys is conducted, and results are shared with administration, faculty and advisory boards. Decisions and action plans are based upon review of the surveys, and any changes made are documented (e.g., meeting minutes, memoranda).

f. **delivery method assessment**

If program is offered in a blended or full distance education format, the PEP includes an assessment of the effectiveness of the instructional delivery method.

g. **curriculum assessment**
An assessment of the curriculum that uses the tools which might include examinations, advisory board input, competency and skill outcomes, faculty review of resource materials, and graduate and employer surveys. Results of the assessment are not required to be reported to ABHES, but are considered in annual curriculum revision by such parties as the program supervisor, faculty, and the advisory board. Changes adopted are included in the program effectiveness plan.

SECTION J – Student Record Management

V.J.1. A program maintains academic transcripts indefinitely, and other academic records that comply with Appendix E, Section A (Records Maintenance).

Academic transcripts must include the program in which the student is/was enrolled; the student’s start date and date of graduation, termination or withdrawal; the student’s academic achievement in terms of clock hours or units of credits for courses attempted and earned; and the credential conferred to a program graduate. The grading system used must be explained on the transcript and must be consistent with that appearing in the institutional catalog.

Documentation to support compliance with recordkeeping maintenance is easily accessible and readily available.

V.J.2. A program maintains records of externship and clinical site evaluation of student performance during externships and external clinical experiences.

Supporting documentation is easily accessible and readily available.
CHAPTER VII – MA
EVALUATION STANDARDS
FOR MEDICAL ASSISTING

The Accrediting Bureau of Health Education Schools is recognized to accredit Medical Assisting programs programmatically. Institutions offering Medical Assisting programs and programs seeking or holding programmatic accreditation by ABHES must comply with the Accreditation Manual. All programs must comply with Chapter V. In addition, degree-granting programs must comply with Chapter VI. This chapter contains additional specific requirements for a Medical Assisting program.

For purposes of this chapter, a Medical Assisting program includes any program using the words “medical assisting” or “medical assistant” or any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning. This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter.

DESCRIPTION OF THE PROFESSION

Medical assistants are multi-skilled health professionals who perform a wide range of roles in physician’s offices and other health care settings. Medical assistants work under the supervision of a licensed medical professional, such as a physician, nurse practitioner, or physician assistant. Duties may include preparing patients for examination; assisting with examinations, various procedures, and treatments; performing tests; educating patients; updating and managing patient medical records; performing administrative tasks; and entering orders through electronic health records, including prescriptions and diagnostic testing. Medical assistants help patients navigate the health care system, advocate for themselves, and comply with orders.

Medical assistants are primarily employed in health care delivery settings, such as physician practices; however, medical assistants may be employed in other settings, including medical clinics, urgent care centers, accountable care organizations (i.e., patient centered medical home or PCMH model), insurance and billing organizations, or laboratories.

CREDENTIALING

Credentialing in medical assisting is required in some states to work in the field, is often required by employers, and is encouraged for graduates of ABHES-accredited programs. Programs are expected to prepare students for national credentialing examinations that are available in this field of study.
SECTION A –Curriculum, Competencies, and Externship

MA.A.1. The depth and breadth of the program’s curriculum enables graduates to acquire the knowledge and competencies necessary to become an entry-level professional in the Medical Assisting field.

Competencies required for successful completion of the program are delineated, and the curriculum ensures achievement of these entry-level competencies through mastery of coursework and skill achievement. Focus is placed on credentialing requirements and opportunities to obtain employment and to increase employability.

To provide for attainment of entry-level competencies, the program curriculum must include, but is not limited to the following:

1. General Orientation

Graduates will be able to:
   a. Describe the current employment outlook for the medical assistant
   b. Compare and contrast the allied health professions and understand their relation to medical assisting
   c. Describe and comprehend medical assistant credentialing requirements, the process to obtain the credential and the importance of credentialing
   d. List the general responsibilities and skills of the medical assistant

2. Anatomy and Physiology

Graduates will be able to:
   a. List all body systems and their structures and functions
   b. Describe common diseases, symptoms, and etiologies as they apply to each system
   c. Identify diagnostic and treatment modalities as they relate to each body system
   d. Apply a system of diet and nutrition
      1) Explain the importance of diet and nutrition
      2) Educate patients regarding proper diet and nutrition guidelines
      3) Identify categories of patients that require special diets or diet modifications

3. Medical Terminology

Graduates will be able to:
   a. Define and use the entire basic structure of medical terminology and be able to accurately identify the correct context (i.e., root, prefix, suffix, combinations, spelling and definitions)
   b. Build and dissect medical terminology from roots and suffixes to understand the word element combinations
   c. Apply medical terminology for each specialty
   d. Define and use medical abbreviations when appropriate and acceptable

4. Medical Law and Ethics

Graduates will be able to:
   a. Follow documentation guidelines
   b. Institute federal and state guidelines when:
      1) Releasing medical records or information
      2) Entering orders in and utilizing electronic health records
c. Follow established policies when initiating or terminating medical treatment
d. Distinguish between employer and personal liability coverage
e. Perform risk management procedures
f. Comply with federal, state, and local health laws and regulations as they relate to healthcare settings
  1) Define the scope of practice for the medical assistant within the state where employed
  2) Describe what procedures can and cannot be delegated to the medical assistant and by whom within various employment settings
  3) Comply with meaningful use regulations
g. Display compliance with the Code of Ethics of the profession
h. Demonstrate compliance with HIPAA guidelines, the ADA Amendments Act, and the Health Information Technology for Economic and Clinical Health (HITECH) Act

5. **Human Relations**

**Graduates will be able to:**

a. Respond appropriately to patients with abnormal behavior patterns
b. Provide support for terminally ill patients
   1) Use empathy when communicating with terminally ill patients
   2) Identify common stages that terminally ill patients experience
   3) List organizations and support groups that can assist patients and family members of patients experiencing terminal illnesses
c. Assist the patient in navigating issues and concerns that may arise (i.e., insurance policy information, medical bills, and physician/provider orders)
d. Adapt care to address the developmental stages of life
e. Analyze the effect of hereditary and environmental influences on behavior
f. Demonstrate an understanding of the core competencies for Interprofessional Collaborative Practice i.e. values/ethics; roles/responsibilities; interprofessional communication; teamwork
g. Partner with health care teams to attain optimal patient health outcomes
h. Display effective interpersonal skills with patients and health care team members
i. Demonstrate cultural awareness

6. **Pharmacology**

**Graduates will be able to:**

a. Identify drug classification, usual dose, side effects and contraindications of the top most commonly used medications
b. Demonstrate accurate occupational math and metric conversions for proper medication administration
c. Prescriptions
   1) Identify parts of prescriptions
   2) Identify appropriate abbreviations that are accepted in prescription writing
   3) Comply with legal aspects of creating prescriptions, including federal and state laws
d. Properly utilize the Physician’s Desk Reference (PDR), drug handbooks, and other drug references to identify a drug’s classification, usual dosage, usual side effects, and contraindications

7. **Administrative Procedures**

**Graduates will be able to:**

a. Gather and process documents
b. Navigate electronic health records systems and practice management software
c. Perform billing and collection procedures
d. Process insurance claims
e. Apply scheduling principles
f. Maintain inventory of equipment and supplies
g. Display professionalism through written and verbal communications
h. Perform basic computer skills

8. Clinical Procedures

Graduates will be able to:
   a. Practice standard precautions and perform disinfection/sterilization techniques
   b. Obtain vital signs, obtain patient history, and formulate chief complaint
   c. Assist provider with general/physical examination
   d. Assist provider with specialty examination, including cardiac, respiratory, OB-GYN, neurological, and gastroenterology procedures
   e. Perform specialty procedures, including but not limited to minor surgery, cardiac, respiratory, OB-GYN, neurological, and gastroenterology
   f. Prepare and administer oral and parenteral medications and monitor intravenous (IV) infusions
   g. Recognize and respond to medical office emergencies
   h. Teach self-examination, disease management and health promotion
   i. Identify community resources and Complementary and Alternative Medicine practices (CAM)
   j. Make adaptations for patients with special needs (psychological or physical limitations)
   k. Make adaptations to care for patients across their lifespan

9. Medical Laboratory Procedures

Graduates will be able to:
   a. Practice quality control
   b. Perform selected CLIA-waived tests that assist with diagnosis and treatment
      1) Urinalysis
      2) Hematology testing
      3) Chemistry testing
      4) Immunology testing
      5) Microbiology testing
      6) Kit testing
   c. Dispose of biohazardous materials
   d. Collect, label, and process specimens
      1) Perform venipuncture
      2) Perform capillary puncture
      3) Perform wound collection procedures
      4) Obtain throat specimens for microbiologic testing
   e. Instruct patients in the collection of
      1) Clean-catch mid-stream urine specimens
      2) Collection of fecal specimen
      3) Collection of sputum specimens

10. Career Development

Graduates will be able to:
   a. Perform the essential requirements for employment, such as resume writing, effective interviewing, dressing professionally, time management, and following up appropriately
   b. Demonstrate professional behavior
c. Explain what continuing education is and how it is acquired

**MA.A.2. A clinical experience is required for completion of the program.**

The following is considered in choosing, placing and maintaining clinical site affiliations:

(a) **Assignment**
Clinical externships include placement at a facility that performs a balance of administrative and clinical activities that will expose students to the necessary skills required of the profession and has a minimum of 160 clock hours.

(b) **Activities**
An externship experience includes assisting clinical and administrative staff members with daily tasks while under direct supervision. Students should only perform the duties of a medical assistant and the activities included in the program’s curriculum.

(c) **Supervision**
*(no additional requirements beyond Chapter V)*

(d) **Requirements for completion**
*(no additional requirements beyond Chapter V)*

**SECTION B – Program Supervision, Faculty, and Consultation**

**Subsection 1 – Supervision**

**MA.B.1.** The program supervisor is qualified and experienced in the field.

A program supervisor has:

i. a minimum of an associate degree;

ii. a minimum of three years of full-time experience in a healthcare facility, with including a minimum of one year of clinical healthcare experience with direct patient care including 40 hours in an ambulatory healthcare setting;

iii. classroom teaching experience; and,

iv. a current medical assistant registration or certification through a nationally recognized and accredited certifying agency.

**Subsection 2 – Faculty and consultation**

**MA.B.2.a.** Faculty formal education/training and experience support the goals of the program.
*(no additional requirements beyond Chapter V)*

**MA.B.2.b.** Faculty numbers and ratios support the goals of the program.
*(no additional requirements beyond Chapter V)*
MA.B.2.c. **A program is served by an advisory board of program-related specialists to assist administration and faculty in fulfilling stated educational objectives.**

The program’s advisory board consists of at least one current faculty member and at least one non-employee representative from each of the following communities of interest:

i. program graduate

ii. ___employer

iii. **current medical assistant practitioner**

The institution is also required to have a licensed (within the United States or its territories) physician, physician assistant, or nurse practitioner who is associated with the staff and faculty in a consulting capacity.

**An individual may not serve in more than one capacity.**

**SECTION C – Laboratory Facilities and Resources**

MA.C.1.a. **The institution’s laboratory facilities include:**

(no additional requirements beyond Chapter V)

MA.C.1.b. **Equipment and instruments are available within the institution’s classroom or laboratory to achieve the program’s goals and objectives.**

Current and up-to-date equipment and instruments are available and maintained.

At a minimum, the institution’s **classroom or** laboratory must include:

i. EKG machine

ii. Microscopes

iii. Refrigerator

iv. Working sink

v. Eyewash station

vi. Glucometer

vii. Instruments for examinations and minor procedures

viii. Biohazard sharp container

ix. Biohazard waste container

x. Examination table

xi. Adaptive devices (walkers, wheelchairs, canes, crutches, gait belt)

xii. Centrifuge

xiii. Mayo stand

xiv. Sphygmomanometers (manual and electronic)

xv. Stethoscopes

xvi. Adult and infant scales

xvii. Eye chart

xviii. Model skeleton

xix. Autoclave

xx. Thermometers (temporal, aural and oral)

xxi. Electronic health records and practice management software

xxii. Pulse oximeter
CHAPTER VII-MLT
EVALUATION STANDARDS
FOR MEDICAL LABORATORY TECHNOLOGY

The Accrediting Bureau of Health Education Schools is recognized to accredit Medical Laboratory Technology Technician programs programatically. Institutions offering Medical Laboratory Technology Technician programs and programs seeking or holding programmatic accreditation by ABHES must comply with the Accreditation Manual. All programs must comply with Chapter V. In addition, degree-granting programs must comply with Chapter VI. This chapter contains additional specific requirements for a Medical Laboratory Technology Technician program.

DESCRIPTION OF THE PROFESSION

Medical Laboratory Technicians, sometimes called Clinical Laboratory Technicians, use a variety of precise equipment, technologies and methodologies to examine and analyze the fluids, cells, and tissues of the human body. These laboratory analyses assist physicians in patient diagnosis, treatment, and disease prevention. Medical Laboratory Technicians are educated in the various disciplines included, but not limited to hematology, microbiology, clinical chemistry, immunology, immunohematology and body fluids, and urinalysis.

Medical Laboratory Technicians are thoroughly trained in the use of sophisticated equipment and instruments.

Medical Laboratory Technicians are employed in hospital, reference, and research laboratories; clinics; blood centers; physician offices; medical industry and biotechnology companies; and regulatory agencies.

CREDENTIALING

Credentialing in medical laboratory technology is required by some most states to work in the field, is often required by employers, and is encouraged for graduates of ABHES-accredited programs. Programs are expected to prepare students in necessary aspects of the curriculum included in the national credentialing examinations that are available in this field of study.
SECTION A – Curriculum, Competencies, Externship, and/or Internal Clinical Experience

MLT.A.1. The depth and breadth of the program’s curriculum enables graduates to acquire the competencies necessary to become an entry-level professional in the medical laboratory technology field.

Competencies required for successful completion of the program are delineated, and the curriculum promotes achievement of these entry-level competencies through mastery of content and skill achievement. Focus is placed on obtaining the skills and knowledge necessary for credentialing and opportunities to obtain employment.

In order to present the subject matter necessary for successful completion of the program and to meet the stated objectives, the program is normally two academic years in length (60-semester credit hours, 90-quarter credit hours, or its recognized clock-hour equivalent), and has the following:

1. At least 800 hours in combined clinical and laboratory experience, including a minimum of 400 hours in an externship environment. Each program will be assessed for its effectiveness in achieving the program objectives and state requirements;

2. Requisites (career development, medical terminology, medical law and ethics, college math, anatomy and physiology, and communication skills); and

3. A program curriculum that prepares the graduate to deal with workplace issues in a professional manner. Student competencies are developed for effective interpersonal relationships with other health care professionals, problem solving, work management, and quality patient care. Graduates from the program should be prepared to express logical ideas in writing and to demonstrate appropriate communication techniques for dealing with diverse patient populations.

4. A program curriculum to include experience with manual and automated processes and equipment, as applicable.

To provide for student attainment of entry-level competence, the curriculum includes but is not limited to the following:

1. General Laboratory Orientation

Graduates will be able to:

a. Understand the program curriculum
b. Use laboratory glassware and pipette devices properly
c. Process electronic patient information
d. Operate laboratory equipment and perform maintenance
e. Adhere to biohazard safety procedures
f. Adhere to policies and procedures for fire, chemical, and electrical safety
g. Operate and maintain a microscope
h. Perform requisition processing
i. Perform specimen processing
j. Define laboratory information systems
2. Medical Law and Ethics

Graduates will be able to:
   a. Demonstrate and comply with HIPAA rules and regulations
   b. Complete a chain of custody form
   c. Demonstrate an understanding of OSHA compliance rules and regulations
   d. Demonstrate an understanding of the core competencies for Interprofessional Collaborative Practice i.e. values/ethics; roles/responsibilities; interprofessional communication; teamwork

3. Anatomy and Physiology

Graduates will be able to:
   a. Demonstrate understanding of structures and functions of all body systems
   b. Identify anatomical structures as they relate to laboratory testing
   c. Identify common disorders affecting all body systems and those laboratory tests used to diagnose disorders

4. General Chemistry

Graduates will be able to:
   a. Understand inorganic and organic chemical reactions
   b. Understand clinical methodologies performed by automated chemistry analyzers
   c. Calculate clinical results using standard curves

5. Urinalysis and Body Fluids

Graduates will be able to:
   a. Perform urinalysis procedures
   b. Perform procedures for analysis of body fluids, including but not limited to, synovial, pleural, and spinal fluids

6. Hematology

Graduates will be able to:
   a. Perform procedures for hematology including:
      1) Hemoglobin and hematocrit
      2) RBC, WBC counts, and platelet counts
      3) Blood smears and differentials
      4) Erythrocyte sedimentation rates
      5) Reticulocyte counts
   b. Evaluate bone marrow slides and LAP scores
   c. Perform coagulation procedures to include:
      1) Prothrombin Time/INR
      2) Fibrinogen
      3) Activated Partial Thromboplastin Time
      4) Factor assays
      5) D-Dimer assays
7. Immunohematology

Graduates will be able to:

a. Perform procedures for immunohematology including:
   1) ABO and Rh blood group systems
   2) Antibody screening
   3) Compatibility testing
   4) Prenatal and newborn screening
b. Demonstrate an understanding of:
   1) Antibody identification and titer
   2) Other major blood groups
   3) Component preparation
   4) Fetal maternal considerations
   5) Donor eligibility, collection and processing

8. Microbiology

Graduates will be able to:

a. Perform Gram staining techniques
b. Select and inoculate appropriate culture media
c. Select appropriate incubation techniques
d. Perform identification of normal flora versus pathogenic growth
e. Perform bacterial identification tests
f. Isolate microbes from blood cultures
g. Demonstrate an understanding of:
   1) Antiibiograms
   2) Phage typing
   3) Parasitology
   4) Mycology
   5) Virology
   6) Acid fast staining

9. Immunology/Serology

Graduates will be able to:

a. Understand basic immunologic mechanisms
b. Perform serological testing procedures including:
   1) RPR
   2) Monospot
   3) HCG
   4) RF
c. Perform serological dilution titers
d. Demonstrate an understanding of selected test procedures for immunology and serology, including VDRL, Rubella and fluorescent techniques

10. Clinical Chemistry

Graduates will be able to:

a. Perform specific analyte testing, including:
   1) Enzymes
   2) Glucose
3) Lipids/lipoproteins
4) Electrolytes
5) Therapeutic drug monitoring
6) BUN and creatinine

b. Demonstrate an understanding of principles and procedures for chemical analysis
c. Demonstrate an understanding of components of metabolic panels/profiles

11. Quality Assurance

Graduates will be able to:
- Document and evaluate quality control procedures
- Document corrective action procedures related to “out of control” results
- Perform instrument calibration
- Demonstrate knowledge and understanding of:
  1) Utilizing Levy Jennings charts and Westgard Rules to perform statistical analysis
  2) Reference ranges
  3) Proficiency testing

12. Specimen Collection

Graduates will be able to:
- Perform routine venipunctures
- Perform dermal punctures
- Perform blood cultures
- Demonstrate understanding of:
  1) Instructing patients in urine, stool, and semen collection procedures
  2) Special collection procedures, including forensic testing, sweat chloride, paternity testing and PKU

13. Career Development

Graduates will be able to:
- Understand the importance of passing a national certification exam and holding membership in a professional organization
- Write a resume
- Demonstrate proper job interview techniques
- Explain what continuing education is and how it is acquired to enhance career development

MLT.A.2. A clinical experience is required for completion of the program.

The following is considered in choosing, placing and maintaining clinical site affiliations:

(a) Assignment
The program provides a clinical laboratory experience for the students in a CLIA approved laboratory. Clinical experiences include placement at facilities that perform various types of activities that will expose students to the necessary skills required of the profession.
All approved clinical experiences are in a laboratory that examines materials derived from the human body and are in a:

i. clinical or research laboratory (a) directed by a person holding an earned doctorate degree in one of the sciences or (b) approved for service to patients under "Conditions for Coverage of Services of Independent Laboratories" under Medicare; OR

ii. hospital laboratory accredited by the Joint Commission on Accreditation of Health Organizations, Commission of Hospitals of the American Osteopathic Association or College of American Pathologists.

Simulations may be substituted for clinical experiences (no more than 20 percent of the total required clinical hours) in the areas of immunohematology and/or microbiology.

(b) Activities
The clinical experience covers the major sections of clinical laboratory testing, including chemistry, hematology/coagulation, body fluids/urinalysis, immunology/serology, immunohematology, and microbiology.

(c) Supervision
(no additional requirements beyond Chapter V)

(d) Requirements for completion
(no additional requirements beyond Chapter V)

SECTION B – Program Supervision, Faculty, and Consultation

Subsection 1 – Supervision

MLT.B.1. The program supervisor is credentialed and experienced in the field.

The program supervisor holds a credential from a nationally recognized and accredited agency as a medical technologist or a clinical laboratory scientist and at a minimum holds a bachelor’s degree in the sciences. The program supervisor has five years of practical laboratory experience.

Subsection 2 – Faculty and consultation

MLT.B.2.a. Faculty formal education/training and experience support the goals of the program.

Program faculty must demonstrate knowledge and proficiency in their content areas, and faculty teaching didactic and clinical core courses must:

i. be currently credentialed by a nationally recognized and accredited agency as a medical laboratory technologist or technician;

ii. hold, at minimum, an associate degree; and,

iii. have at least two years of practical experience in the subject area.
Faculty participate in teaching courses, supervising applied laboratory learning experiences, evaluating student achievement, developing curriculum, formulating policy and procedure, and evaluating program effectiveness.

**MLT.B.2.b. Faculty size/numbers support the goals of the program.**

Student to instructor ratio in the laboratory does not exceed 10:1.

**MLT.B.2.c. A program must be served by an advisory board of program-related specialists to assist administration and faculty in fulfilling stated educational objectives.**

The program’s advisory board consists of at least one current faculty member and at least one non-employee representative from each of the following communities of interest:

i. program graduate

ii. an affiliated clinical site preceptor

iii. a current practitioner

An individual may not serve in more than one capacity.

**SECTION C – Educational Facilities and Resources**

**MLT.C.1.a. Laboratory facilities are fully operational and readily available to accommodate all enrolled students.**

Laboratory areas are sufficient in size to accommodate students, faculty, and equipment during instruction.

**MLT.C.1.b. Instruments and equipment for instruction and experience are available in the program’s laboratory facility.**

At a minimum, the institution’s laboratory facility must include:

i. Microscope

ii. Specimen collection tubes

iii. Centrifuge

iv. Spectrophotometer and/ or chemistry analyzer

v. Glassware and pipettes

vi. Specimen collection devices (e.g., needles, syringes, band aids, tubes)

vii. Microscope slides

viii. Blood culture bottles

ix. Reagent strips

x. Diagnostic testing kits

xi. Hemocytometers

xii. Stains

xiii. Incubator

xiv. Culture media

xv. Identification systems for biochemical testing

xvi. Automated instrumentation
CHAPTER VIII
EVALUATION STANDARDS
FOR RADIOLOGIC TECHNOLOGY/RADIOGRAPHY

The Accrediting Bureau of Health Education Schools does not accredit radiologic technology programs, but as an institutional accrediting agency, includes this program within an institution’s grant of accreditation. ABHES-accredited radiologic technology programs must comply with all policies, procedures and standards described throughout the Accreditation Manual, including the general evaluation standards as outlined in Chapter IV, degree standards as outlined in Chapter VI, as well as the Appendices. These standards place emphasis on commonly-accepted requirements for professional practice in Radiologic Technology and have been informed, in part, by the programmatic accreditation standards of the Joint Review Committee on Education in Radiologic Technology (JRCERT), a recognized programmatic accreditor in the field of radiologic technology. These standards were used as a resource in the development of the ABHES standards, as well as ABHES’ own independent research.

The Accrediting Bureau of Health Education Schools (ABHES) does not programatically accredit radio-logic technology/radiography programs, but is as an institutional accrediting agency. The radiologic technology program will be included within the institution’s grant of accreditation. The radiologic technology/radiography program offered at an ABHES-accredited institution must comply with all policies, procedures, and standards described throughout the Accreditation Manual, including the general evaluation standards applicable to all institutions (Chapter IV), the standards applicable to all programs offered (Chapter V). In addition, degree-granting programs must comply with Chapter VI. These standards place emphasis on commonly-accepted requirements for professional practice in Radiologic Technology/Radiography and have been informed, in part, by the programmatic accreditation standards (JRCERT Standards for an Accredited Educational Program in Radiography, Copyright 2014) of the Joint Review Committee on Education in Radiologic Technology (JRCERT), a recognized programmatic accreditor in the field of radiologic technology. These standards were used as a resource in the development of the ABHES standards, as well as ABHES’ own independent research.

Accordingly, each Self-Evaluation Report (SER), on-site evaluation, and Site Visitation Report evaluates each program individually against all ABHES accreditation standards. A program specialist is used to evaluate each individual program offered by an institution. Individual programs that do not demonstrate compliance with the standards, policies, and procedures set forth in the Accreditation Manual may be excluded from the institution’s grant of accreditation or may cause the institution’s accreditation to be subject to adverse action.

For purposes of this chapter, a radiologic technology/radiography program includes any additional programs identified by any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning. This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter.

For purposes of this chapter, a radiologic technology (aka medical imaging or radiography) program includes any programs identified by any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning and educational focus. These standards apply

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1 JRCERT Standards for an Accredited Educational Program in Radiography, Copyright 2010.
to only full scope radiologic technology programs. This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter.

**DESCRIPTION OF THE PROFESSION**

Within the diagnostic imaging field of radiography, radiologic technologists (also referred to as radiographers) produce radiographic images for diagnostic and medical intervention procedures and are not limited in scope or license to specific regions of human anatomy. Such trained individuals perform specific pre-, intra-, and post-procedure duties that allow for patient safety and comfort, while providing accurate radiographic images for the medical provider quality patient care. Radiologic technologists/Radiographers are trained to use-utilize various techniques, safety devices, and equipment to protect their patients, themselves, and their coworkers from unnecessary exposure to radiation. Experienced technologists/Radiographers may specialize in more complex imaging procedures and advanced modalities, to include, but not limited to, computed tomography (CT), magnetic resonance imaging (MRI), or mammography.

**CREDENTIALING**

The American Registry of Radiologic Technologists (ARRT) offers voluntary certification for radiologic technologists. In addition, many states require certification for attainment of a state license, use ARRT-administered exams for state licensing purposes. Credentialing as an ARRT certified radiologic technologist/Attaining ARRT certification is encouraged for all graduates of programs within institutions accredited by ABHES; some states require certification for licensure. ARRT certification and/or state licensure is also a requirement of many employers. Students must be advised, prior to admission and throughout the program, of any credentialing requirements necessary to achieve employment in the field, including eligibility requirements to sit for the ARRT exam. Focus must be placed on credentialing requirements and opportunities to obtain employment and to increase employability. Adherence to an approved radiography curriculum is expected to prepare students to take the ARRT national certification examination.
SECTION A – Curriculum, Competencies, and Clinical Experience

RT.A.1. The depth and breadth of the program’s curriculum enables graduates to acquire the skills and competencies necessary to become an entry-level professional in the radiologic technology field of radiography.

Program mission, goals and student learning outcomes must be defined. The program must develop and implement a well-structured curriculum consistent with its mission, goals and student learning outcomes. An appropriately sequenced curriculum provides the foundation of didactic knowledge and laboratory experiences to achieve the competency requirements.

Minimally, all programs are expected to provide a curriculum consistent with the current Radiography Curriculum, developed by the American Society of Radiologic Technologists (ASRT). This may be demonstrated by completion of the current JRCERT Radiography Curriculum Analysis Grid (www.jrcert.org) that incorporates the current content described in the ARRT Content Specifications for the Examination in Radiography and the ARRT Radiography Didactic and Clinical Competency Requirements. These curriculum elements should be reflective of those provided in the current version of the American Society of Radiologic Technologists (ASRT) Radiography Curriculum. The program must demonstrate its ability to meet stated program objectives, competencies, and program effectiveness data as outlined in Chapter V, Section I in the Manual.

RT.A.2. Competencies required for successful completion of a program are identified in writing and made known to students.

Clinical and patient care competency is defined as the demonstrated ability to perform clinical procedures consistent with the expectations of an entry level radiographer independently and without direction from external sources. Clinical competency shall include proper positioning of the patient, the ability to adapt the exam process to the patient’s condition, accurate and efficient equipment operation, the ability to evaluate resulting image(s), and the ability to identify and make appropriate corrections to improve sub-optimal images as needed.

Competencies required for successful completion of the program are consistent with or exceed those outlined in the clinical competency requirements of the current ASRT Radiography Curriculum–Didactic and Clinical Competency Requirements. The competencies are clearly delineated and the curriculum ensures achievement of these entry-level competencies through coursework, laboratory requirements, and clinical experience.

RT.A.3. Clinical experience is required for completion of the program.

The clinical experiences prepare the student/graduate to encounter practical applications of knowledge gained, derived from a standard code of ethics within the professional clinical setting; to function as a productive healthcare team member in a skilled environment and to apply principles of conflict resolution. Clinical assignments are progressive and competency-based. In addition, the clinical experience prepares the graduate to practice patient confidentiality according to the policies and procedures for the Health Insurance Portability and Accountability Act (HIPAA); produce and evaluate radiographic images of consistent quality and take corrective actions as appropriate; operate and maintain radiography equipment; practice appropriate personal and patient radiation safety principles and procedures; handle
emergencies effectively (including local and national emergency response); perform patient assessment and document clinical history; understand and apply concepts of total quality management; and communicate effectively with patients, family members, and other health care professionals.

The following are considered in choosing, placing and maintaining a clinical experience:

a) Assignment and Administration

Clinical experience sites will be selected and assigned to provide equitable learning opportunities for all students. Clinical sites will provide consist of skilled and professional facilities that perform various types of radiologic and related patient care activities which expose students to the necessary skills required for competency achievement. The student should have the opportunity to observe and/or participate in current and developing advanced imaging modalities and technologies. In all cases, the clinical experience facilities must be properly licensed and regulated by the appropriate governing authority.

The program establishes and maintains clinical experience agreements for each assigned site or facility as described in Chapter V-V.B.4 of the Accreditation Manual. The institution must maintain documentation that supports and chronicles communication between the program and clinical site.

The number of students assigned to the setting must not exceed the number of clinical staff assigned to the radiography department. The student to clinical staff ratio must not exceed 1:1. Students may not replace existing staff or be compensated while participating in clinical experiences and this fact is made known to students. Students may not replace existing clinical site personnel and may not receive compensation while participating in the clinical experience. Admissions or other clinical experience preparatory documents (e.g., clinical agreement) must include these disclosure requirements. Under no circumstances may a student be considered an employee or serve as a staff substitution. Rather, students serve in a capacity to experience relevant processes and procedures in order to learn and master the required skills of the profession.

b) Activities

All students are oriented to the clinical facility and the daily routine, functions, services, and operations and safety policies/procedures of the facility. Initially, students must observe the required processes and procedures and, following successful completion of clinical site orientation, perform relevant tasks and procedures under direct supervision. Clinical site orientation should include a review of site-specific policies and procedures. As students progress in the clinical experience, the student transitions towards exam or procedure competency. Following competency achievement, students may qualify to perform those exams or procedures under indirect supervision. In all instances, student procedure logs or checklists must be maintained to ensure that a variety of the necessary or required tasks have been performed. Student records must contain documentation of student repeat examinations and must indicate that such examinations occurred under direct supervision.

1. General Patient Care

General patient care and imaging procedures competencies required for successful completion of the program meet or exceed those are outlined in the current ASRT ARRT Radiography Curriculum—Didactic and Clinical Competency Requirements. If state or institutional
regulations forbid radiologic technology students from performing these procedures on patients, then simulations are acceptable.

2.—Imaging Procedures

Imaging procedure competencies required for successful completion of the program meet or exceed those outlined in the ARRT Radiography Didactic and Clinical Competency Requirements.

For each exam or procedure, the graduate demonstrates the ability to evaluate physician orders; conduct patient assessment; coordinate room preparation; operate equipment; select required techniques; conduct patient positioning; practice radiation safety procedures; image processing; and evaluation while following applicable state and federal regulations, as well as policies and procedures of the clinical site and program.

Programs must provide students with learning opportunities in advanced modalities, medical imaging technologies. It is the program’s prerogative as to how these learning opportunities occur. Advanced modalities medical imaging technologies may include, but are not limited to, computed tomography, magnetic resonance imaging, sonography, nuclear medicine, and vascular imaging/interventions. If mammography or other gender sensitive procedures are provided (i.e., mammography), a statement regarding any student access limitations (included, equal opportunities must be disclosed to prospective students available to all students regardless of gender.

b) Supervision

There is supervision by qualified clinical staff or technologists of all students in the field while participating in a clinical experience with a minimum of a 1:1 student-registered technologist ratio. Direct supervision is indicated during all exams and procedures prior to the student’s achievement of competency on that specific exam or procedure and during all repeat images. Direct supervision is the direct observation of student performance by a qualified technologist throughout the entire performance of the exam including patient assessment, image evaluation and approval. Indirect supervision is the immediate availability of a qualified technologist to assist a student, generally considered within verbal distance. Indirect supervision is only applicable during exams and/or procedures in which the student has previously achieved and documented competency. Program design must include the responsibilities of the clinical instructor or preceptor and specific functions related to student supervision, including student evaluation process and conflict resolution procedures. The institution ensures that the responsible individual or preceptor understands the program expectations as defined.

Appropriate supervision promotes patient safety and sound educational practices. Programs maintain and publish supervision policies or guidelines that clearly delineate the expectations of students and clinical staff. Students must be directly supervised until competency is achieved. Direct supervision is defined as student supervision by a qualified radiographer who is physically present in the examination room during the procedure and:

- Reviews the procedure in relation to the student achievement;
- Evaluates the condition of the patient in relation to the student’s knowledge; and,
- Reviews and approves the procedure and image.

Once competency is achieved, the student may work under indirect supervision. Indirect supervision is defined as supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. Immediately available is defined
as the physical presence of a qualified radiographer adjacent to the examination room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is used on patients.

The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety. A qualified radiographer must be physically present during the conduct of a repeat image and must approve a student’s procedure prior to re-exposure.

d) Program Completion

e) Clinical experiences should be designed and congruent with the curriculum in relation to sequencing of content and be appropriate and educationally valid. Subsequent to attempts to achieve competency on any examination or procedure in the clinical setting, students must receive relative didactic instruction and demonstrate entry-level skills in the laboratory setting. All required competencies required within the program’s curriculum must be achieved prior to the student’s eligibility for graduation.

SECTION B – Program Supervision, Faculty, and Consultation

Subsection 1 – Program supervision

RT.B.1. The program supervisor possesses supervisory experience and is credentialed in the field.

The Program Supervisor (Educational Supervisor) is a graduate of an accredited radiography program and holds a minimum of a master's degree, possesses current ARRT certification in radiography or equivalent (e.g., unrestricted state license for the state in which the clinical education setting is located), with a minimum of three years of full-time clinical experience in medical imaging, and possesses two years of experience as an instructor in a program accredited by an agency recognized by the United States Department of Education or the Council for Higher Education Accreditation (CHEA), and with evidence of learned knowledge and/or experience in instruction, student evaluation, academic advising, educational methods, and supervision of personnel.

The Program Supervisor is responsible for the organization, administration, periodic review, planning, development, evaluation, consistency with educational mission and scope, and overall effectiveness of the program. The Program Supervisor also has input into budget preparation, and the Program Supervisor may have limited teaching assignments; however, such assignments must allow for adequate time for educational, accreditation and administrative responsibilities. The Program Supervisor is a full-time position. Full-time and part-time status is determined by and consistent with the sponsoring institution’s definition. In cases when a program supervisor/faculty member’s appointment is less than twelve (12) months and students are enrolled in didactic and/or clinical courses, the program supervisor must assure that all program responsibilities are fulfilled.

Subsection 2 – Faculty and consultation

RT.B.2.a. Faculty formal education/training and experience support the goals of the program.
All program faculty members work under the direction of the program supervisor. Job descriptions and responsibilities of program personnel are clearly explained to include, but are not limited to:

1. **Clinical Coordinator (or Clinical Supervisor):**
   i. is a graduate of an accredited radiography program and
   ii. holds a minimum of a baccalaureate degree *(master’s degree required for baccalaureate degree programs)*
   iii. possesses current ARRT certification in radiography or equivalent
   iv. demonstrates minimum of two years of full-time clinical experience in the diagnostic radiography, and
   v. possesses one year of experience as an instructor in a program accredited by an agency recognized by the United States Department of Education or the Council for Higher Education Accreditation (CHEA),
   vi. evidences experience in instruction, student evaluation, and academic advising.

For those faculty members teaching in a baccalaureate degree (RT) program, these individuals must hold a master’s degree in addition to the requirements noted above.

The Clinical Coordinator is responsible for the supervision and training of Clinical Instructors and preceptors and is the primary point of communication between the clinical site(s) and the program. The Clinical Coordinator is responsible for scheduling of students in all clinical assignments to ensure alignment with curriculum sequencing, as well as equitable and educationally valid experiences. The Clinical Coordinator may have limited teaching assignments; however, such assignments must allow for adequate time for administrative responsibilities. A full-time Clinical Coordinator position is held by one individual or a collective role between no more than two qualified individuals; however, programs may have more than one full-time Clinical Coordinator position.

2. **Full-Time and Part-Time Program Faculty** are graduates of an accredited radiography program and hold a certificate in radiography, a baccalaureate degree (full-time and part-time program faculty have until January 1, 2018, to evidence compliance with the baccalaureate degree requirement), and a current ARRT certification in radiography with a minimum of two years of full-time clinical experience in diagnostic radiography. Courses which do not require expertise in the technical performance of radiography may be taught by individuals who possess qualifications commensurate with the individual courses being taught.

2. For those faculty members teaching in a baccalaureate degree (RT) program, these individuals must hold a master’s degree in addition to the requirements noted above.

   no additional requirements beyond Chapter V

3. **Clinical Instructors/Preceptors** hold a minimum of a certificate or diploma in radiography from an accredited program and current ARRT certification in radiography or equivalent with a minimum of two years of clinical experience in medical imaging.

   One full-time equivalent clinical instructor/preceptor for every ten (10) students must be maintained. Preceptors are sponsored by the clinical site and work under the direction of their clinical site supervisor. The program must have input in the nomination and appointment of
Clinical Staff (Preceptors): hold a minimum of a certificate or diploma in radiography from an accredited program and current ARRT certification in radiography or equivalent (e.g., unrestricted state license for the state in which the clinical education setting is located). Clinical Staff must understand clinical competency system, the requirements for student supervision and support the educational process.

Clinical Preceptors are working radiographers with a minimum of one year of full-time (or its equivalent) clinical experience in diagnostic radiography who evaluate students for competency achievement. Preceptors are sponsored by the clinical site and work under the direction of their clinical site supervisor. The Program must have input in the nomination and appointment of preceptors. The Program documents preceptor orientation and ongoing training to include responsibilities specific to clinical instruction and student competency evaluation, annual program updates, and documentation to support the communication between the Program and the Preceptor.

The Program must document regular evaluations of all personnel and which are shared with the respective personnel in a timely manner to assure role effectiveness, positive communications, and opportunities for professional development. Programs must provide evidence of the students' role in evaluations to include overall evaluations of the Program and validity of clinical education settings.

Faculty must comply with Chapter V (non-degree programs) and, as applicable, Chapter VI (degree-granting programs):

**RT.B.2.b.** Faculty numbers and ratio support the goals of the program.

The program limits class size to ensure instruction without risking student or faculty safety. Supervision during laboratory instruction is defined as student-to-faculty ratio of 10:1. No additional requirements beyond Chapter V

**RT.B.2.c.** A program is served by an advisory board of program related specialists to assist administration and faculty in fulfilling stated educational objectives.

The advisory board is comprised of individuals from the community of interest (i.e. currently licensed or registered radiographer and other practitioners in the field; physicians (as appropriate); scientific consultants; academic professionals; and administrators) who have knowledge of radiological science education. No additional requirements beyond Chapter V

**SECTION C – Educational Laboratory Facilities and Resources**

**RT.C.1.a.** The program has sufficient physical resources to meet the needs of the program’s curriculum and outcomes, and assure the quality and educational effectiveness of the instructional plan. If on-site laboratories are provided, these must be operational and readily available to accommodate all enrolled students. Laboratories must support student learning, be operational and readily available to accommodate all enrolled students.
1. Laboratory areas are of a size to accommodate students, faculty and equipment during instruction.
2. Equipment and instruments are available in quantity and quality to accommodate student during instruction.
3. Energized laboratories, if applicable, are in compliance with applicable federal and/or state radiation safety regulations.
4. Student use of an energized laboratory must be under the direct supervision of a qualified instructor.
5. Off-site laboratories designated for patient care must demonstrate availability for student and instructional use.

RT.C.1.b. Equipment and instruments are available within the institution’s clinical educational settings or laboratory facility to achieve the program’s goals and objectives. Radiographic equipment must also follow state guidelines and follow radiation protection specifications. Equipment and instruments include, but are not limited to, the following:

- Radiographic table energized or non-energized x-ray tube, collimator and control panel
- Image receptors (digital and/or analog based)
- Image receptor holders (Bucky tray or other)
- Image processing equipment (digital scanners and/or darkroom with chemical processor)
- Image display device (computer monitor and/or viewbox)
- Various foam positioning sponges
- Various radiographic lead markers
- Lead aprons and shields
- Positioning phantom (full-body anthropomorphic and/or phantom limbs)

SECTION D - Radiation Safety

RT.D.1.a. The program has established radiation safety policies and procedures compliant with federal and state radiation protection laws.

1. Radiation safety policies and practices promote the application of ALARA (as low as reasonably achievable) principles.
2. The program evaluates assures that the students appropriately perform application of radiation safety practices in the laboratory and clinical settings.
3. Students must not hold image receptors.
4. Students should not hold patients during radiographic procedures when immobilization devices are the appropriate standard of care.
5. Programs must establish a safety screening protocol for students having access to magnetic resonance environments.

RT.D.1.b. Students must be issued radiation exposure monitors that are in keeping with current field requirements regarding type and length of exposure.

1. The program requires students to wear an assigned radiation monitor in all potential exposure situations to include laboratory, clinical, or other observational experiences.
The program has an established process for timely review of student dosimetry reports by a qualified radiation safety officer (RSO) or other qualified individuals.

2.3. Dosimetry reports that contain student social security numbers must be maintained in a secure and confidential manner.

3. The program documents timely (e.g., 30 calendar days of receipt of report) communication of dosimetry report results to students. The program must maintain and monitor student radiation exposure data. This information must be available to students within thirty (30) school days following receipt of data.

4.5. The program has established thresholds that are lower than US Nuclear Regulatory Commission occupational dose limits for student exposure and an established process for investigation and counseling for excessive exposure readings.

RT.D.1.c. The program has an established student pregnancy policy compliant with federal and state radiation protection laws.

1. Students must have access to the program’s pregnancy policy upon enrollment.

2. The program’s pregnancy policy allows for voluntary written disclosure of pregnancy, including a voluntary written withdrawal of this disclosure.

2-3. The program’s pregnancy policy provides enrollment choices for disclosed pregnant students including remaining actively enrolled in the program including, but not limited to, an option for student continuance in the program without modification. The program may offer clinical component options such as clinical reassignment and/or leave of absence.

3-4. The program’s pregnancy policy allows disclosed pregnant students to seek counseling from a radiation safety officer (RSO) or other qualified individuals.

5. Students must have access to the program’s pregnancy policy upon enrollment. Upon student disclosure, the student must be provided a fetal dose monitor and instructions for use.

6. The program has established thresholds that are lower than US Nuclear Regulatory Commission occupational dose limits for embryo/fetus exposure and an established process for investigation and counseling for excessive exposure readings.
IX.E.2.b. Document timely, regular and substantive interaction between faculty and students and among students in distance education courses.

Faculty evidences this interaction within the distance education delivery system through the use of a variety of techniques including, but not limited to, synchronous or asynchronous discussions (using audio, video or keyboarding methods), team projects, and grading feedback. This applies to both blended and full distance education delivery.
APPENDIX B

STANDARDS OF SATISFACTORY ACADEMIC PROGRESS

An essential element in providing appropriate instruction and support services to students is monitoring their academic progress. The ABHES Commission requires all institutions to develop a policy for delineating, publishing and applying reasonable standards to measure whether students are maintaining satisfactory progress in their educational programs.

Institutions who participate in Federal Title IV financial assistance programs must comply with the regulations specified by the U.S. Department of Education for student eligibility. The Commission has determined that the institutional policy, which applies to all students, must include the following requirements.

Institutions are encouraged to be familiar with the regulations specified by the U.S. Department of Education for student eligibility for receiving Federal Title IV financial assistance.

Regardless of delivery method, each of these requirements must be strictly observed:

1. (a) An institution has written standards of satisfactory academic progress for all students published in appropriate institutional literature, and (b) these standards are consistently applied to all students within categories of students and academic programs as established by an institution, regardless of financial aid status. An institution may maintain separate standards for academic quality and attendance requirements, but standards must be applied to all students equally.

2. A satisfactory academic progress policy provides quantitative and qualitative standards, grade point average, or completion of work projects, which can be measured against a norm.

3. The policy defines a maximum time frame, not to exceed 150% of the normal program length, in which the educational objective must be successfully completed (e.g., number of academic years, months/weeks, terms or modules, etc.). The maximum time frame is to be divided into increments, during which a minimum percentage of work is to be completed. The increment is not to be more than one academic year in length or one half of a program, whichever is shorter.

4. A specific policy describing the effect on the student for not completing a program within the specified time frame must be published and adhered to fully.

5. An institution's policies define the effect on satisfactory progress of course withdrawals, incomplete grades, repeated courses, transfer credits, proficiency credits, non-credit courses, remedial courses, or non-punitive (pass/fail) grades, as applicable.

6. An institution's policy has appropriate and clearly specified conditions for reinstatement if the application of satisfactory academic progress has resulted in termination.

7. An institution must have an appeal process for students who do not meet the requirements of its satisfactory progress policy.

8. If an institution has a policy on warning or probation, the requirements of placement on and removal from such probation must be defined.
The following items are to be incorporated:

1. Name, address, and telephone number.
2. Date of catalog printing.
3. Statement of history and ownership.
4. Names of the officers (may be included as an insert).
6. Listing of approvals, licensures, memberships in professional or trade associations (approvals or affiliations are clearly stated and properly presented, e.g., licensed by the state; member of associations).
7. Listing of agencies that accredit an institution, including the address and telephone number. The scope of accreditation is clearly designated (institutional or program accreditation).
8. Academic calendar listing program timelines, calendar break periods, and holidays (this may be included as an insert).
9. Listing of administrative staff and faculty (full- and part-time) that includes each faculty member’s level of education, degrees, and name of institution conferring same. If a faculty member is on a part-time basis, or is considered a consultant or adjunct, such facts are clearly stated. The names of the management team of an institution and their titles are listed (this may be included as an insert).
10. Admission requirements and procedures (if applicable, include a clear statement of requirements for students to be admitted under the ability-to-benefit standard).
11. Educational programs offered, which includes the following information:

   a. **Program Objectives:** clearly defined statement of goals of program, type of instruction, level of occupation for which training is intended and for whom the training is intended. The courses and academic standards required for successful completion of the programs and the credential given for successful completion are also stated.

   b. **Program Schedule:** the number of total weeks and contact hours for the program. If credit hours are awarded, the credits are listed. A separate statement for the definition of credit (quarter or semester and its equivalent to clock hours) is included in the catalog.

   c. **Course Descriptions:** sufficiently detailed to define the scope and sequence, hours, and credit awarded, if applicable (subject or "course" descriptions appears in the catalog but may be listed in a separate section).

   d. **Program Delivery:** an institution must identify the type of instructional delivery (i.e. residential, distance learning, or a combination of both.)
12. A general description of the facility, including classrooms, laboratories and equipment. All pictures used must be identified in the institutional catalog, brochures, and other printed material and clearly and explicitly state if they are not actually a part of the institution's facilities. All laboratories, classrooms, and other physical facilities are those actually used by an institution in the instruction of its students and are properly labeled.


14. Grading scale (system).

15. Student services describing available services to students, such as academic advising, tutoring, career advising, placement assistance, and facilities, specifically regarding accessibility for disabled students.

16. Cancellation and refund policies (see ABHES requirements for minimum standards) and policies for refunds to Title IV programs.

17. Tuition breakdown, including registration fee, tuition, and any other fees charged for each program. Any other costs such as books, supplies, and any/all costs of equipment and materials required to complete the program must be listed. Tuition payment plans, financial aid information and policies are listed (may be included as an insert).

18. A clear statement that an institution does not guarantee employment.


20. Rules and regulations (may be included in a student handbook with proper references made in the catalog).

21. A policy and published criteria addressing advanced placement and credit for experiential learning (if the institution does not accept advanced placement and credit for experiential learning this fact must be stated).

22. Full and complete disclosure of any portion of a program that is delivered in a language other than English.

23. A policy for transfer of credit that requires consideration of credit or clock hours earned at another institution accredited by an agency recognized by the United States Department of Education (USDE) or the Council for Higher Education Accreditation (CHEA.) If the institution accepts credits earned at another institution that is not located in the United States or its territories the policy must include that the specific education is evaluated by an agency which attests to the qualitative and quantitative equivalency of the foreign education and the specific course or courses for which transfer credit is to be awarded. The institution must use the credential evaluation services of an agency that has published standards for membership, affiliations to international higher education associations, and are frequently linked to and used by federal agencies, state agencies, educational institutions and employers (e.g., NACES and AICE).

If a common catalog is used for more than one institution, the following also applies:

24. All institutions are of common ownership.

25. Any pictures of facilities are labeled to identify the institution.
26. Supervisory personnel from the corporate or highest administration level are identified.

27. Any information common to all institutions is clearly identified.

28. Full addresses are included and proper campus designation (main, non-main, satellite, separate classroom) is made.
APPENDIX D
ENROLLMENT AGREEMENTS

The following items are to be incorporated into an institution's enrollment agreement:

1. Title of agreement and date printed.
2. Name, address, and telephone number of the institution.
4. Number of weeks typically required for completion.
5. Total clock hours if the program is a clock-hour program or total credit hours (quarter or semester) if the program is approved as a credit hour program.
6. Credential (degree, diploma, certificate) awarded upon completion.
7. Program tuition including registration fee and any other fees charged and the tuition period for which the agreement covers.
8. Estimated costs of learning resources that are required and available for purchase through the institution and any/all other costs of on-site equipment and materials required to complete the program.
9. Program start date and anticipated end date.
11. Acknowledgement that a student has received and read the agreement.
12. Signatures of applicant, parent or guardian, as applicable, and school official, and date signed.
13. Signature of institution's administrator responsible for making admission determination (excludes admission representative) and date signed.
APPENDIX E
RECORDS MAINTENANCE

Institutions and program(s) maintain records in an easily accessible and orderly fashion. Minimally, the following records must be maintained. A variety of methods may be used for retention of these documents.

A. **Students** (current, withdrawn, graduate, LOA)
   1. Enrollment agreement
   2. Signed attestation of high school graduation or equivalent (e.g. diploma, transcript or GED)
   3. Admission determination documentation (e.g., admission exam, counseling documentation for students admitted under an ability-to-benefit determination)
   4. Financial records (e.g., required financial aid documentation, tuition payments, refund calculations and evidence of monies returned). Required for institutional members only.
   5. Academic transcript (must be maintained indefinitely)
   6. Attendance records (if applicable)
   7. Progress reports or correspondence
   8. Evaluations for externships and/or internal clinical experiences
   9. Documentation of placement activity

   Records must be maintained for a minimum of three (3) years after the end of the institution’s most recent fiscal year during which the students were last enrolled.

B. **Faculty**
   1. Signed job description appropriate to position and level of responsibility.
   2. Resume or curriculum vitae.
   3. Evidence of all certificates, diplomas, and/or degrees (official or unofficial transcripts).
   4. Evidence of current license, certification or other credential as-if required by local, state, and/or federal laws to work in the field.
   5. Annual performance evaluations by supervisor.
   6. Evidence that classroom evaluation for new instructors is completed within 30 days of beginning instruction.
   7. Documentation of continued professional development, as applicable to employment position (e.g., continuing education, membership in professional organizations, attendance at relative workshops or seminars).
   8. Documentation of participation in in-service training.
89. Fully completed, signed and annually updated ABHES Faculty Data Sheets.

910. Completed Hepatitis B immunization or declination forms for at risk faculty.
APPENDIX F
COURSE SYLLABI REQUIREMENTS

The following items must be incorporated into course syllabi and be consistent with the information disclosed in the institution’s catalog, if applicable:

1. Course title
2. Course description and methods of instruction
3. Course objective
4. Clock and/or credit hours awarded
5. A description of the outside workhours, excluding clock hour only programs, and estimated hours to complete (if none are required, this fact must be stated)
6. Prerequisites required (if none are required, this fact must be stated)
7. Key instructional resources and materials to be used
8. Method of evaluation (i.e. quizzes, examinations, presentations, participation) and weight (percentage) provided to each
9. Grading scale, including requirements for successful completion
10. Print date and/or date of revision
11. Course delivery mode (e.g. residential, blended, full distance education)
**APPENDIX G**

**FEES**

**APPLICATIONS**
*(Note: site visit expenses, as applicable, are not included)*

**Accreditation (Initial and Renewal)**

<table>
<thead>
<tr>
<th>Type</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Institutional or Programmatic Accreditation</strong></td>
<td></td>
</tr>
<tr>
<td>Initial</td>
<td>$4,000</td>
</tr>
<tr>
<td>(first location and all programs for institutional applicants; per program for programmatic applicants)</td>
<td></td>
</tr>
<tr>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>(each non-main and satellite campus, includes all programs for institutional applicants)</td>
<td>$4,000</td>
</tr>
<tr>
<td><strong>Renewal Institutional or Programmatic Accreditation</strong></td>
<td>$2,500</td>
</tr>
<tr>
<td>Renewal (each main and non-main campus)</td>
<td></td>
</tr>
<tr>
<td><em>(includes change in status from programmatic to institutional)</em></td>
<td></td>
</tr>
</tbody>
</table>

**Other**

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval to Conduct Other Business on School Premises</td>
<td>$150</td>
</tr>
<tr>
<td>Approval of Shared or Common Distance Education Courses</td>
<td>$750</td>
</tr>
<tr>
<td>Change in Academic Measurement</td>
<td>$750</td>
</tr>
<tr>
<td><em>(clock-to-credit hour or credit-to-clock hour)</em></td>
<td></td>
</tr>
<tr>
<td>Change in Location</td>
<td>$500</td>
</tr>
<tr>
<td>Change in Name</td>
<td>$300</td>
</tr>
<tr>
<td>Change in Ownership</td>
<td></td>
</tr>
<tr>
<td>Main campus</td>
<td>$3,000</td>
</tr>
<tr>
<td>Each non-main campus</td>
<td>$2,000</td>
</tr>
<tr>
<td>Programmatically accredited, per campus</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Change of Status</strong> (institutional to programmatic)</td>
<td>$300</td>
</tr>
<tr>
<td><strong>Distance Education</strong></td>
<td></td>
</tr>
<tr>
<td><em>(Each additional location, identical program, submitted at the same time)</em></td>
<td>$1,200</td>
</tr>
<tr>
<td><strong>Distance Education Addendum</strong></td>
<td>$250</td>
</tr>
<tr>
<td>Expansion Modification of Distance Education</td>
<td>$500</td>
</tr>
<tr>
<td>Excluded Continuing Education Courses/Program</td>
<td>$500</td>
</tr>
<tr>
<td>Minor Program Revision (under 25%)</td>
<td>$500</td>
</tr>
<tr>
<td>New Program Approval (including substantive change (50% +))</td>
<td>$1,200</td>
</tr>
</tbody>
</table>
Non-main Campus Inclusion $3,000
Non-main Campus to Main Campus Reclassification $3,000

Satellite Campus Inclusion $3,000

Separate Classroom Space Educational Center Inclusion $1,000

Substantive Program Revision (change of 25% - 49%) $1,000
(Each additional location, identical program, submitted at same time) $400

VISITS

Commission-Directed Focus Visit Fee (plus on-site evaluation expenses) $3,000

On-Site Evaluation Visit Expenses
Per team member for the first day $1,500
Per team member for each additional day $500

Visit Cancellation Fee (effective date of visit confirmation letter) (plus incurred costs of team member expenses) $500

PROGRAM-SPECIFIC WARNING

In-Person Appearance Fee $3,000
In-Person Commission Expense Fee $3,000

Teleconference Meeting Fee $2,000

SHOW-CAUSE

In-Person Appearance Fee $3,000
In-Person Commission Expense Fee $3,000

Teleconference Meeting Fee $2,000

APPEAL

Appeal Fee (denial, withdrawal) $5,000
Expense deposit $10,000

WORKSHOPS

Accreditation Workshop Fees
Registration Fee $650 early bird; $700 within 30 days or on site
School-Sponsored (per 10 attendees; $400 per additional attendee) $6,000
LATE SUBMISSIONS

Annual Report Delinquency Fee  
(if received after published due date)  $2,500

Financial Statements Late Fee  $1,500

General Late Submission Fee  
(if received after Commission directed deadline)  $700

ANNUAL SUSTAINING FEES *

Institutional Accreditation:

<table>
<thead>
<tr>
<th>Group</th>
<th>Gross Annual Tuition</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td></td>
<td>$2,200</td>
</tr>
<tr>
<td>II</td>
<td>$0 - 199,999</td>
<td>2,700</td>
</tr>
<tr>
<td>III</td>
<td>200,000 - 399,999</td>
<td>3,800</td>
</tr>
<tr>
<td>IV</td>
<td>400,000 - 599,999</td>
<td>5,500</td>
</tr>
<tr>
<td>V</td>
<td>600,000 - 799,999</td>
<td>5,500</td>
</tr>
<tr>
<td>VI</td>
<td>800,000 - 999,999</td>
<td>6,500</td>
</tr>
<tr>
<td>VII</td>
<td>1,000,000 - 2,999,999</td>
<td>8,200</td>
</tr>
<tr>
<td>VIII</td>
<td>3,000,000 - 4,999,999</td>
<td>8,700</td>
</tr>
<tr>
<td>IX</td>
<td>5,000,000 - 7,999,999</td>
<td>10,400</td>
</tr>
<tr>
<td>X</td>
<td>8,000,000 - 9,999,999</td>
<td>12,000</td>
</tr>
<tr>
<td>XI</td>
<td>10,000,000 - and up</td>
<td>15,000</td>
</tr>
</tbody>
</table>

Programmatic Accreditation (Medical Assistant, Medical Laboratory Technology, Surgical Technology):

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of Students Enrolled</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>1 - 75</td>
<td>$1,500</td>
</tr>
<tr>
<td>II</td>
<td>76 - 200</td>
<td>3,200</td>
</tr>
<tr>
<td>III</td>
<td>201 - 300</td>
<td>4,000</td>
</tr>
<tr>
<td>IV</td>
<td>301 - 500</td>
<td>5,500</td>
</tr>
<tr>
<td>V</td>
<td>501 - 750</td>
<td>6,500</td>
</tr>
<tr>
<td>VI</td>
<td>751 - 900</td>
<td>7,500</td>
</tr>
<tr>
<td>VII</td>
<td>901 - 1200</td>
<td>8,500</td>
</tr>
<tr>
<td>VIII</td>
<td>1201 - 2500</td>
<td>9,500</td>
</tr>
<tr>
<td>IX</td>
<td>2501 - 3500</td>
<td>10,500</td>
</tr>
<tr>
<td>X</td>
<td>3501 - 4500</td>
<td>11,500</td>
</tr>
<tr>
<td>XI</td>
<td>4501 - 6000</td>
<td>12,500</td>
</tr>
<tr>
<td>XII</td>
<td>6001 - and up</td>
<td>14,000</td>
</tr>
</tbody>
</table>

*An Institution/Program which becomes a member (including non-main and/or satellite campus inclusions) during the first quarter of the fiscal year shall pay the full amount of applicable annual sustaining fees. An Institution/Program which becomes a member (including non-main and/or satellite campus inclusions) during any succeeding quarter shall pay a proportional amount of the applicable sustaining fees determined by the number of quarters remaining in the fiscal year after becoming a member including the quarter in which the Institution/Program became a member.
GLOSSARY

**Outside hours** – Out of class student work, sometimes referred to as student preparation, homework, projects, etc. completed outside of scheduled class time.

**University** – An institution of higher learning providing facilities for teaching and research and authorized to grant academic degrees; specifically, one made up of an undergraduate division which confers bachelor’s degrees and a graduate division which comprises a graduate school and professional schools of which may confer master’s degrees or doctorates.