



ABHES BULLETIN

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

From: India Y. Tips, Executive Director

Date: June 1, 2022

Subject: Proposed Revisions to ABHES *Accreditation Manual* – Call for Comment

The Accrediting Bureau of Health Education Schools (ABHES) reviews its accreditation policies, procedures, and standards annually and invites your comments regarding the proposed revisions to the noted sections of the *Accreditation Manual* as a result of this regular review.

In the attached proposed revisions, note that new language is underlined and deleted language is ~~struck~~.

Upon careful review of the proposed revisions, please complete the Call for Comment Survey and submit any comments or recommendations for Commission consideration using the following link:

[Call for Comment on Proposed Revisions to the Accreditation Manual – June 2022](#)

Upon receipt and review of the results of the Call for Comment, the Commission may adopt the revision as proposed, adopt the revision with further changes, defer action for additional consideration, or reject the proposed revision. For adopted revisions, ABHES will establish an effective date and announce the revisions prior to that date.

Comments will be considered at the July 2022 Commission meeting. Complete the survey to submit your comments no later than Thursday, June 30, 2021.

Thank you in advance for your participation.

INTRODUCTION TO ACCREDITATION

~~Unlike other countries, which have centralized authority exercising national control over educational institutions, the U.S. Constitution reserved to the states and local governments the primary responsibility for education. In interpreting and exercising that responsibility, however, the states often differed radically, and the unevenness and lack of uniformity of educational standards and practices led in the late 19th century to the beginnings of what later came to be called accreditation.~~

Commented [KC1]: Revisions in this section streamline and modernize the introduction to better match the overviews of ABHES provided on the website.

~~The Accrediting Bureau of Health Education Schools (ABHES) is an independent non-profit accrediting agency unrelated to any trade or membership organization. ABHES serves as both an institutional and programmatic accreditor. Formed in 1964 as the Accrediting Bureau of Medical Laboratory Schools, the present name was assumed in 1974 to identify ABHES' activities and expanded scope more properly. ABHES is recognized by the U.S. Secretary of Education as an accrediting body determined to be a reliable authority as to the quality of training offered by the educational institutions and programs it accredits.~~

~~ABHES is recognized by the U.S. Secretary of Education for the accreditation of private, postsecondary institutions in the United States offering predominantly allied health education programs leading to a certificate, diploma, and degrees at the level of the Associate of Applied Science, Associate of Occupational Science, Academic Associate, Baccalaureate and Master's; and the programmatic accreditation of medical assisting, medical laboratory technology, and surgical technology programs, through the Associate degree, including those offered via distance education. The scope extends to the Substantive Change Committee, jointly with the Commission, for decisions on substantive changes.~~

~~The mission of ABHES is to serve as a nationally recognized accrediting agency of institutions predominantly providing health education and programmatic accreditation in specific health education disciplines.~~

~~ABHES enhances the quality of education and training and promotes institutional and programmatic accountability through systematic and consistent program evaluation. Its key objective is to assure the quality of the programs it accredits and assist in the improvement of the programs. This quality-determination is accomplished by rigorous and systematic evaluation based on valid standards.~~

~~Accreditation by ABHES allows graduates of certain programs to meet eligibility requirements for credentialing examinations administered by various recognized certifying agencies.~~

~~Accreditation ~~was and~~ is a direct creation of the academic and professional educational communities. The accrediting bodies are voluntary, non-governmental associations of institutions, programs, and professionals or practitioners in particular fields involved as a community in fulfilling two fundamental purposes: **quality-assessment** (evaluating an institution or program to determine whether it meets or exceeds stated standards of quality); and **quality-enhancement** (assisting the institution or program in continuing to improve itself). Accreditation meets these purposes through a rigorous self-evaluation by the institution or program, an appraisal by competent professionals who are respected peers, and a subsequent review and decision by the ABHES Commission.~~

~~ABHES standards define the qualitative and quantitative characteristics of an effective institution/program. These characteristics assist staff and faculty in evaluating and adjusting its major activities to ensure achievement of accreditation and the continuous improvement of qualitative and quantitative outcomes. The standards in this manual are used by evaluation teams and the Commission to determine an institution's compliance with quality expectations. There are two types of educational accreditation: **institutional**, and **specialized or programmatic**. Accrediting bodies that conduct accreditation are national or regional in scope and comprise the institutions that have achieved and maintain accredited status. Accrediting bodies that conduct accreditation of a program that prepares students for a profession or occupation are often closely associated with professional associations in the field.~~

The Accrediting Bureau of Health Education Schools (ABHES) conducts both institutional and specialized, programmatic accreditation. Formed in 1964 as the Accrediting Bureau of Medical Laboratory Schools, its present name was assumed in 1974 to identify more properly its activities and expanded scope. ABHES is recognized by the Secretary of Education as a specialized, national accrediting body determined to be a reliable authority as to the quality of training offered by the educational institutions and programs it accredits. Its approved and recognized scope includes degree and non-degree granting private, postsecondary institutions offering educational programs predominantly in allied health; and the programmatic accreditation of public and private medical assistant, medical laboratory technology, and surgical technology programs.

Accreditation provides assurance of quality through a rigorous self-evaluation by the institution or program, an appraisal by competent professionals who are respected peers, and a subsequent review and decision by the ABHES Commission. Periodic re-examinations are required to ensure that standards are being maintained, areas in which improvement is needed are identified, and plans are developed for addressing needed improvements. The accrediting body annually publishes lists of institutions and programs that continue to achieve an acceptable level of quality based on the established standards included in this manual.

The *Accreditation Manual* describes the (1) general information relative to Commission operations; (2) eligibility criteria and requirements for institutional and programmatic application; (3) procedures used in the accreditation process; and (4) standards used in evaluating both institutions, including each of its programs, and those seeking programmatic accreditation.

HOW TO USE THE ABHES ACCREDITATION MANUAL

Commented [KC2]: This section was added to provide clarity on how the different pieces of the manual connect and apply

The *Accreditation Manual* is organized as follows:

Chapter I: General information relative to Commission operations

Chapter II: Eligibility criteria and requirements for institutional and programmatic applicant

Chapter III: Procedures used in the accreditation process

Chapter IV: Standards used in evaluating institutions

Chapter V: Standards used in evaluating each program

Chapter VI: Standards used in evaluating degree-level programs

1. Associate of Applied/Occupational Science
2. Associate of Science
3. Bachelors
4. Master's

Chapter VII: Standards used in evaluating programs programmatically accredited by ABHES

1. Medical Assisting
2. Medical Laboratory Technology
3. Surgical Technology

Chapter VIII: Standards used in evaluating specific programs

1. Dental Assisting I
2. Dental Assisting II
3. Diagnostic Medical Sonography
4. Massage Therapy and Bodywork
5. Pharmacy Technology
6. Radiologic Technology/Radiography

Chapter IX: Standards used in evaluating distance education methods of delivery

Appendices:

- A. Enrollment of Ability-to-Benefit Students
- B. Standards of Satisfactory Academic Progress
- C. Catalogs

- D. Enrollment Agreements
- E. Records Maintenance
- F. Course Syllabi Requirements
- G. Fees
- H. Bylaws

Glossary

How to Apply ABHES Standards

To receive and maintain a grant of institutional accreditation:

1. Adhere to the policies and procedures set forth in **Chapters I, II, and III.**
2. Demonstrate compliance with all evaluation standards in **Chapter IV.**
3. Demonstrate that each educational program offered by the institution complies with the evaluation standards set forth in **Chapter V.**
4. Demonstrate that each educational degree program offered complies with the evaluation standards set forth in **Chapter VI.**
5. Demonstrate that each educational program offered in a field for which ABHES has established additional program standards complies with the applicable evaluation standards set forth in **Chapters VII and VIII.**
6. Demonstrate that each educational program offered via a distance education method of delivery complies with the evaluation standards set forth in **Chapter IX.**

To receive and maintain a grant of programmatic accreditation:

1. Adhere to the policies and procedures set forth in **Chapters I, II, and III.**
2. Demonstrate that the **Medical Assisting, Medical Laboratory Technology, or Surgical Technology** program complies with the evaluation standards set forth in **Chapter V.**
3. Demonstrate that a **Medical Assisting, Medical Laboratory Technology, or Surgical Technology** degree program complies with the evaluation standards set forth in **Chapter VI.**
4. Demonstrate that the **Medical Assisting, Medical Laboratory Technology, or Surgical Technology** program complies with the applicable evaluation standards set forth in **Chapter VII.**
5. Demonstrate that a **Medical Assisting, Medical Laboratory Technology, or Surgical Technology** program offered via a distance education method of delivery complies with the evaluation standards set forth in **Chapter IX.**

Note: Chapters IV and VIII never apply to programmatically accredited programs.

CHAPTER I – GENERAL INFORMATION

SECTION B – Policies Affecting Institutions and Programs

Subsection 10 – Non-instructional service provider contracts

Institutions must maintain authority over the institution’s operations and ensure stability in the delivery of education and student support services, including maintaining authority and responsibility over educational quality. Of particular interest to ABHES is the extent to which such contracts may impact key metrics such as student outcomes, satisfaction, or the administrative and financial capabilities of an institution or program. Institutions or programs are expected to have systems in place to identify and monitor such effects if they occur. Institutions or programs are responsible for ensuring service or vendor contract terms, bundled services contracts, and online program management contracts are sustainable and support the continuity of educational delivery.

Common forms of non-instructional service provider contracts include but are not limited to marketing, admissions/recruitment, IT infrastructure/support, institutional research, data analytics, regulatory compliance, student finance (billing, collections, default management), financial aid, HR (benefits, Title IX), payroll, legal, bookstore, food service, and housing. Non-instructional service provider contracts are agreements for services not including instruction, clinical affiliation, practicum, or externship. (See Subsection 7 – Education Provider Agreements for contracts related to the delivery of academic content).

Institutions or programs may not enter into non-instructional service provider contracts for the following: establishing admissions criteria for students; making final admissions decisions; selecting, approving, and appointing faculty; awarding credit for prior or experiential learning; awarding and recording of academic credit and credentials; approving course content and program curriculum; assigning grades and the evaluation of student performance; and assessing program and institutional outcomes (defining outcomes, analyzing, and interpreting evidence, using information for improvement).

While non-instructional service provider contracts do not require prior approval from ABHES, institutions or programs may be required to make such contracts available during the course of any accreditation review.

Commented [KC3]: A vendor services taskforce met to propose additional guidance after the addition of the education provider agreements in January 2022

CHAPTER II – ELIGIBILITY AND CLASSIFICATIONS

SECTION A – Eligibility for Application

Subsection 1 – Basic requirements

b) Programmatic Eligibility

An organization offering a program in medical assisting, medical laboratory technology, or surgical technology education is eligible to apply for programmatic accreditation, and to remain programmatically accredited, if it meets the following criteria:

- (1) At the time of the initial application, it has active student enrollment in the program to allow evaluation of student outcomes. (Applicable only to initial applicants for programmatic accreditation except current institutionally accredited schools applying for initial programmatic accreditation).
- (2) It is (a) a public or private institution at the postsecondary level institutionally accredited by an agency recognized by the U.S. Department of Education or Council on Higher Education Accreditation (~~CHEA~~) whose principal activity is education, (b) a hospital or laboratory-based training school, or (c) a federally-sponsored training program.
- (3) Its program is career focused and designed to lead to employment or advancement in the ~~career~~ **program** field.
- (4) It is located in the United States or its territories.
- (5) At the time of the initial visit, the program will have (or have had within the past twelve months) student participation in clinical experience activities to permit evaluation of program operations and of student progress, satisfaction, and retention. In addition, the program will have enrolled students who have completed at least 50 percent of the program or at least 25 percent of the core coursework. (Note: Does not apply to those institutionally accredited members seeking initial programmatic accreditation; however, an additional on-site evaluation may be required.)

(6) The coursework required for graduation, including didactic instruction and clinical experience, provides the following:

~~(6)~~ **NOTE:** This requirement also applies to institutionally accredited members offering the following programs.

(a) Medical Assisting

- i. Attainment of entry-level competencies (see MA.A.1. in Chapter VII-MA). ~~The P~~ **program length** must consist of at least 720 clock hours, including a ~~minimum of~~ **at least** 160 clock hours in clinical experiences ~~(externship)~~.

(b) Medical Laboratory Technology

- i. Attainment of entry-level competencies (see MLT.A.1. in Chapter VII-MLT) and at least 60 semester credit hours, 90 quarter credit hours, or its recognized clock-hour equivalent (~~normally two academic years~~) of training. The program must consist of at least 800 **clock** hours in combined clinical and laboratory experience, including a minimum of 400 **clock** hours in a clinical experiences ~~(externship) environment~~.

Commented [KC4]: Use of program field throughout manual for consistency

Commented [KC5]: The definition for clinical experience in the Glossary clearly notes that an externship is considered a clinical experience by ABHES.

(c) Surgical Technology

- i. Consistency with the current Core Curriculum for Surgical Technology, produced by the Association of Surgical Technologists (www.ast.org). ~~Note: Currently accredited institutional members must adhere to the requirements for programmatic eligibility when adding a surgical technology program, which includes submission of the *Application for Programmatic Accreditation*. The Program length must consist of at least 1100 clock hours, including at least a minimum of 500 clock hours in clinical experiences (externship).~~ At a minimum, all graduates must complete the surgical technology program with an associate degree. Note: Currently accredited institutional members must adhere to the requirements for programmatic eligibility when adding a surgical technology program, which includes submission of the *Application for Programmatic Accreditation*.

Commented [KC6]: Moved last, as is consistent for notes throughout manual

Commented [KC7]: Increased consistency between program types in wording of this requirement.

CHAPTER III – GENERAL PROCEDURES (APPLIES TO INSTITUTIONS AND PROGRAMS)

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

Subsection 7 – Teach-out requirements

(ii) Teach-Out Agreements

A teach-out agreement is a legally binding contract between an institution or program that may ~~terminate or cease operation~~ and another institution that provides for the education of students enrolled by the former. In its discretion, ABHES may direct an institution or program to provide a teach-out agreement as part of its submitted teach-out plan.

Commented [KC8]: Clarification of terminology

An institution that enters into a teach-out agreement with any other institution, either on its own or at the discretion or request of ABHES or any other agency or authority, must submit that teach-out agreement to ABHES for approval using the required *Teach-Out Agreement Form*. The teach-out agreement must include:

1. A complete list of students currently enrolled in each program in teach-out. Updates are ~~normally~~ required on a quarterly basis.
2. The program requirements each student has completed.
3. A plan to provide all potentially eligible students with information on obtaining a closed school discharge or information on state refund policies.
4. A record retention plan provided to all enrolled students and delineates the final location where student records (academic and financial) will be maintained.
5. Information on the number and types of credits the teach-out institution will accept prior to the student's enrollment.
 - a. ABHES may waive requirements regarding the percentage of credits that must be earned by a student at the institution awarding the educational credential if the student is completing his or her program through a written teach-out agreement or transfer. ABHES requires all transfer credit notifications provided to students to be submitted for review to ensure that information accurately represents students' ability to transfer credits.
6. A clear statement about tuition and fees of the educational program and the number and types of credits that will be accepted by the teach-out institution.

Commented [KC9]: Provide flexibility, if needed

ABHES will only approve teach-out agreements that provide for the equitable treatment of students by ensuring that each of the required elements of a teach-out plan listed above are met. ~~If ABHES deems necessary, the amount of time to conduct the teach-out may be approved for a shorter amount of time than the institution or program requested.~~

Commented [KC10]: Allows discussion regarding teach out timelines

Subsection 10 – Maintaining accreditation

To remain accredited with ABHES, institutions and programs must respond to Commission directives, including responses to visit reports, payment of fees (see Appendix G) or visit expenses, and submission of documents,

including the complete Annual Report, supporting documentation, and financial statements. Failure to respond to directives by deadlines identified by the Commission will result in a late fee assessment and may result in a show cause directive or withdrawal of accreditation.

ABHES reviews key fiscal indicators reported in annual financial statements and key student achievement indicators reported in the Annual Report of every accredited institution and program.

Institutions accredited by ABHES must submit externally audited financial and other statements to the Commission within six months after the completion of their fiscal year or 30 days after an audit is released, whichever is earlier. Audited statements must be prepared according to Generally Accepted Accounting Principles (GAAP) by a third-party accounting firm/sole practitioner.

Annually the Commission reviews an institution's profitability and net worth in order to evaluate its financial capability. Minimally, an institution must submit an audited financial statement that evidences one or more of the following: a ratio of current assets to current liabilities that is at least 1:1 for the most recent operating year, a history of operating surpluses for the most recent two years, a positive net worth for the most recent operating year (i.e., total assets which exceed the institution's total liabilities).

The Commission will examine both parent and subsidiary/department/program financial statements for compliance. Even if a subsidiary or department can prove compliance on its own by providing separate financial statements, the Commission will defer to the parent company's financial statements in all cases; a signed affidavit from the parent company to affirm that the subsidiary, department, and/or program will be supported by that company is required.

Failure to demonstrate compliance with the key financial indicators set forth above will require, at a minimum, that the institution respond evidencing that it will meet its obligations to students and that it has a fiscally responsible plan to come into compliance with the ABHES financial requirements within a certain timeframe. The Commission may require the submission of other financial information to clarify the financial status of an institution (e.g., a financial plan, financial reporting, response to a show cause, teach-out plan, or any combination of these reports).

Failure to demonstrate at least 70 percent retention, placement, or applicable credentialing rates for each program using the formula provided by ABHES in the Annual Report, as well as failure to meet applicable state mandated results for credentialing or licensure required for employment, raises a question whether accreditation requirements are being met. In addition, Surgical Technology programs must demonstrate 100 percent credentialing participation prior to graduation and 70 percent credentialing pass rates. Failure to meet accreditation requirements will result, at a minimum, in the institution or program being required to demonstrate that it has effectively analyzed the situation and taken measures to correct the deficiency through implementation of an action plan. The Commission may require the submission of other outcomes information to clarify the status of an institution or program (e.g., request for additional information, outcomes reporting, response to a program specific warning, response to a show cause, teach-out plan, or any combination of these reports).

Commented [KC11]: Relocated from ST.A.3. to be with other outcomes benchmarks

ABHES also reviews student population growth by program compared to the previous reporting year. Any increase in the population of any program of 50 percent or greater than the prior year must be explained by means of an appendix to the annual report that addresses the impact of the growth on (1) availability of resources including class sizes, classrooms facilities, laboratories, faculty, student services, and clinical education experiences, (2) program retention, (3) graduate results on required licensing or credentialing, and (4) program placement in the subject field. Failure to demonstrate accommodation of enrollment growth and the institution's or program's compliance with accreditation standards related to that growth may result in the institution or program being directed to respond to a request for additional information, program specific warning, or show cause directive. Any failure to meet the requirements above related to student achievement indicators, financial indicators, or enrollment growth of 50 percent or greater may result in the Commission taking an adverse or negative action.

SECTION B – Institutional Changes

Subsection 4 – Notifications

Notification to ABHES is required for:

- i. An adverse or probationary equivalent action placed upon an institution or program by a recognized accrediting agency, state approval agency, or federal regulatory agency.
- ii. A campus closure. Institutions must submit notification prior to closing. Notification must be submitted on the *Campus Closure Form*.
- iii. The discontinuation of a program (defined as any program that has not been in operation for a continuous 12-month period). Institutions and programs must submit notification when a program is discontinued. Notifications must be submitted on the *Notification of Discontinuation of Program and/or Delivery Method Form*.
- iv. The discontinuation of a 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 12-month period). Notification must be submitted on the *Notification of Discontinuation of Program and/or Delivery Method Form*.
- v. The hiring or appointment of a new On-site Administrator.
- vi. Change of length in weeks to an existing program(s).
- vii. The practice of allowing an individual to register in a course or courses while not enrolled in a program of study at the institution. Notification including the course name, hours, and credit awarded must be submitted.
- ~~viii~~. **Any change in board members or overall board composition. Notification must be submitted on the *Notification of Board Composition Form*.**

The Annual Report is not a means of notification and may not substitute for such notifications. Notifications must be submitted electronically on the form indicated. If no form is indicated, the notification must be submitted on the institution's letterhead and emailed to info@abhес.org.

Subsection 10 – Change in legal status, ownership, or form of control

An institution or program must notify ABHES of any change in its organizational oversight or legal structure as it may constitute a change in legal status, ownership, or form of control, herein referred to as a change in control. The Annual Report is not a means of notification and may not substitute for such notifications. Based upon this notification, ABHES will determine whether the change constitutes a change in control and is subject to further reporting.

A change in control includes, but is not limited to:

- i. Sale of an institution or the majority of its assets.
- ii. Transfer of controlling interest of stock of an institution or its parent corporation.
- iii. Merger of two or more eligible institutions.
- iv. Division of one or more institutions into two or more institutions.

Commented [KC12]: Supports process required in subsection 10 - change in legal status, ownership, or form of control

- v. Transfer of controlling interest to a parent corporation.
- vi. Transfer of liabilities of an institution to its parent corporation.
- vii. Change of 50 percent or more in board members within a 12-month period.
- viii. Change in status from profit to non-profit, or vice-versa.

~~Control of a non-profit organization rests with its members if it is a membership organization, and the members have the right to elect the board of directors. Control of a non-profit organization rests with the board of directors if it is not a membership organization.~~

~~A change in the membership of the board of directors or governing board of a non-profit corporation through the regular exercise of the bylaws of that corporation and normal expiration of board member terms except as set forth in the definition of a Change of Control for Non-Profit Organizations below.~~

~~A non-profit organization will be considered to have a change of control if fundamental changes are made to its governance structure or if more than two-thirds of its board changes within a 12-month period. The Commission will not approve a change of control transaction which would allow the board to be controlled by an individual, entity, or group that would have a financial interest in the non-profit organization.~~

Commented [KC13]: Relocated below for better context

The sale or transfer of ownership interest after the death or retirement of an owner of an institution to either a close family member or a current stockholder of the corporation may not be considered a change in ownership leading to a change in control, particularly where the recipient party of the stock has been actively involved in the prior operation of the institution. The Commission may determine that other transfers should also be excluded.

Sale of a non-main campus automatically suspends inclusion of that non-main campus within the grant of its main campus. A non-main campus is no longer accredited when it is sold separately from the institution from which it originally derived its accreditation.

~~Control of a non-profit organization rests with its members if it is a membership organization, and the members have the right to elect the board of directors. Control of a non-profit organization rests with the board of directors if it is not a membership organization.~~

~~Ordinarily (or “customarily”), a change in the membership of the board of directors or governing board of a non-profit corporation through the regular exercise of the bylaws of that corporation and normal expiration of board member terms will not trigger a change of control. The Commission reserves the right, however, to require a completed *Application for Change of Control for a Non-Profit Organization* to be submitted to ABHES and to determine that a change of control has occurred in the event fundamental changes are made to a non-profit corporation’s governance structure or if more than two-thirds of the board changes within a 12-month period.~~

~~The Commission will not approve a change of control transaction which would allow the board to be controlled by an individual, entity, or group that would have a financial interest in the non-profit organization.~~

Commented [KC14]: Moved from above and reworded to read clearly.

Institutions must receive prior approval from ABHES when the institution or a majority of its interest is sold or when there is a change in legal status or form of control. Accreditation does not automatically transfer to an institution when the institution or a majority of its interest is sold or when there is a change in legal status or form of control. Failure to secure prior ABHES approval of the change causes the institution’s accreditation to be withdrawn effective the date of the change in ownership, control, or legal status.

Institutions must submit a completed *Application for Institutional Change in Legal Status, Ownership, or Control – Part I* to ABHES at least 45 days prior to the planned date of change. Completion and submission of the *Application for Change in Legal Status, Ownership, or Control – Part II* is required within 5 days following the change in legal status, ownership, or control, which ABHES consented via approval of the Part I application. Sponsoring institutions that hold ABHES programmatic accreditation must submit a completed *Application for Programmatic Change in Legal Status, Ownership, or Control* within 5 days following the change in legal status, ownership, or control.

The Substantive Change Committee of the Commission has the ability to approve a change of control. Only the full Commission can deny an application. An on-site evaluation to an institution will be made within six months of the effective change date following after Commission approval of a change in control. A post change of ownership visit is not required for sponsoring institutions that hold only programmatic accreditation.

Institutions participating in Title IV programs are reminded of their responsibility to notify the U.S. Department of Education in writing of all such changes and that approval by ABHES in no way indicates approval by any other agency.

CHAPTER IV – EVALUATION STANDARDS APPLICABLE TO INSTITUTIONALLY ACCREDITED MEMBERS

~~Standards define the qualitative and quantitative characteristics of an effective institution. These characteristics assist an institution's staff and faculty in evaluating and adjusting its major activities 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.~~

~~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, and must:~~

- ~~1. Demonstrate compliance with all ABHES accreditation standards set forth in Chapter IV.~~
- ~~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.~~
- ~~3. Demonstrate that each educational program offering a degree complies with the evaluation standards set forth in Chapter VI.~~
- ~~4. Demonstrate that each educational program offered in a field for which ABHES has established additional program standards complies with the evaluation standards set forth in Chapter VII and Chapter VIII.~~
- ~~5. Demonstrate that each educational program offering a distance education method of delivery complies with the evaluation standards set forth in Chapter IX.~~

SECTION C – Administration 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, and overall quality of curricular offerings.

The on-site administrator:

- a. Is responsible for the daily operation of an institution.
- b. Engages in professional development activities annually that complement the operations of the institution.
- c. 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 within 12 months prior to submission of the Self-Evaluation Report or within 12 months of a change in on-site administrator.

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

Commented [KC15]: Navigation information relocated to introduction at beginning of the manual

Commented [KC16]: Specifies how often a designated campus representative is expected to attend an ABHES Accreditation Workshop (copied language from III.A.3.)

Minimally, the on-site administrator and management (e.g., Campus President, Director of Education, Director of Admissions, Director of Career Services, Director of Financial Aid, Registrar, Director of Student Services) of each campus:

Commented [KC17]: Adds specificity of expectations with examples

- a. Are qualified to perform the duties of the position as prescribed by the institution.
- b. Evidence training and management skills through experience and/or education to fulfill their responsibilities and functions.
- c. Are responsive to the needs and requirements of faculty, staff, and students.

IV.C.3. The on-site administrator and management demonstrate integrity in the execution of their duties.

IV.C.4. Non-academic 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 self report to ABHES. The following must be self-reported:~~

Commented [KC18]: Revised so that the standard is not duplicated in the guidance

- a. Status as a participant in the Federal program and immediately informs ABHES of any change in that status.
- b. 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.
- c. Any audit, program review or any other inquiry by Federal agencies including the United States Department of Education or any Office of Inspector General regarding the institution's participation in Federal financial aid programs. Promptly update ABHES regarding all communications until resolution or conclusion.
- d. Any findings or actions by the U.S. Department of Education relative to the institution's participation in the Title IV program.

Commented [KC19]: To align with change throughout Manual for consistency

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.

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, hardcopy, mailing, social media, website).

Commented [KC20]: Aligned slightly with next standard and updated to more current forms of advertising

All advertising and promotional materials must:

- i. Clearly indicate that education and not employment is being offered.
- ii. Use the correct name and physical address of the institution. (A post office box number is not acceptable as an address.)

and
- iii. Correctly reference accreditation for each location.

Commented [KC21]: This guidance seemed misplaced so struck and clarified to physical address

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 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*.

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

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

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

Commented [KC22]: Updated to make more modern

~~xiii-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 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 and include contact information for ABHES.

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 or the expectation of accreditation.

Commented [KC23]: Simplified without those terms

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 job placement.

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

Commented [KC24]: Distinguishes from clinical placement and simplifies the guidance

IV.E.3.b. Personnel responsible for recruiting and admissions 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. The institution provides a formal orientation, training, regular supervision, and evaluation of its representatives.

Commented [KC25]: Think this is an important addition related to oversight of admissions personnel and ties back to monitoring in standard

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. 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.~~

Commented [KC26]: Simplified into above added sentence. Removed field rep as out-dated

IV.E.3.c. Personnel responsible for recruiting and admissions 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~~ comply with Appendix D, Enrollment Agreements.

Commented [KC27]: Aligned language across all standards referencing an appendix

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~~ comply with Appendix C, Catalogs.

Commented [KC28]: Aligned language across all standards referencing an appendix

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 must 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 hard copy or delivered electronically. A 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 enrollment agreement.*~~

Commented [KC29]: Already required per Appendix C and D, so struck here.

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

Students admitted under similar circumstances are charged consistently.

IV.F.1.cd. 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.

Commented [KC30]: Grammatical change

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 percent 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, non-standard, 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.

Commented [KC31]: This better aligns with changes in IV.G.1.

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.g. Standard academic conversion methodology is applied in calculating and awarding academic credit. (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:

- a. one hour of lecture per week for a semester or the equivalent number of hours.
- b. two hours of lab per week for a semester or the equivalent number of hours.
- c. three hours of externship/clinical experience per week for a semester or the equivalent number of hours.

Quarter - minimum of 10 weeks in length. One quarter credit is equal to:

- a. one hour of lecture per week for a quarter or the equivalent number of hours.
- b. two hours of lab per week for a quarter or the equivalent number of hours.
- c. three hours of externship/clinical experience per week for a quarter or the equivalent number of hours.

Non-Standard 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:

| Quarter | Semester |
|---------|---------------------------------------------------|
| 10 | 15 hours of lecture |
| 20 | 30 hours of laboratory |
| 30 | 45 hours of <u>externship/clinical experience</u> |

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/clinical experience. Care is taken in scheduling breaks.

An example of the calculation is as follows:

| Quarter system | | | Semester system | | |
|----------------------------------------------------|---|------|----------------------------------------------------|---|------|
| 6 hours lecture | = | 0.60 | 6 hours lecture | = | 0.40 |
| 25 hours lab | = | 1.25 | 25 hours lab | = | 0.83 |
| 70 hours externship clinical experience | = | 2.30 | 70 hours externship clinical experience | = | 1.55 |
| Total | = | 4.15 | Total | = | 2.78 |

Rounding occurs following the calculation of the lecture, laboratory and ~~externship~~ clinical experience 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.

Commented [KC32]: Better aligns with ABHES use of clinical experiences

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.

IV.G.1.b. Credit-awarding programs include outside hours. (Clock-hour programs do not fall under these requirements.)

Commented [KC33]: Made its own standard to help break apart all the complexity of former IV.G.1.

All programs that award credit hours must include outside hours regardless of whether the institution requested 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:

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

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

Minimum course-by-course outside hours for academic associate degrees, baccalaureate degrees, and master's degrees are calculated by using the following formula:

- i. For one (1) hour of classroom or direct faculty instruction, a minimum of two (2) hours of outside preparation.
- ii. 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 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.

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's published Satisfactory Academic Progress policy complies with the requirements of Appendix B, Standards of Satisfactory Academic Progress.~~

Commented [KC34]: Aligned language across all standards referencing an appendix

IV.H.2. An institution complies with its ~~written and published institutional Standards of Satisfactory Academic Progress policy.~~

Commented [KC35]: Simplifies and aligns more with IV.H.1. rewrite

An institution consistently monitors and applies its policy equally to all students 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~~ must be offered 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.

Commented [KC36]: Centers on availability of such required services and not documentation that students receive encouragement through those services

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-lit, 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 ~~and Planning~~
- ~~ii. Evacuation~~
- ~~iii.ii. Lockdown (if the danger is a threat to students on campus) Policies and Procedures (including evacuation plans, sheltering in place, and tracking students, faculty, and staff during an emergency)~~
- ~~iv.iii. Communication Plans (means of including communications with staff, students, designated emergency contacts (if applicable), and family members, visitors, and media during an, and immediately post, incident to minimize or mitigate risks as well as immediately post-incident)~~
- ~~v.iv. Media (designated Responsible Person(s) designated to confirm emergency and execute communication plans who may address the media and what information, minimally, that will be released)~~
- ~~vi.v. Training and Testing (including method and timeframe for orienting staff and students and conducting tests of plan elements)~~

IV.J.3. *Student records (in accordance with Appendix E, Section A) are maintained in a secure manner that is safe from risk of loss and are located at a reasonably accessible place.*

~~Examples—Institutions may manage prevention of risk of loss include through fire-resistant cabinets, off-site storage, 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.~~

Commented [KC37]: Revised to make more generalized and align with federal requirements

Commented [KC38]: Clarifies which records are expected and that security of those records is paramount

Commented [KC39]: Not must to open to other potential possibilities

Commented [KC40]: Removed sentence and incorporated off-site into list of prevention of loss

CHAPTER V – EVALUATION STANDARDS APPLICABLE TO ALL EDUCATIONAL PROGRAMS

SECTION A – Goals and Oversight

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

Programs must be offered and delivered as approved by the Commission. Changes in these programs or the addition of new programs must be approved by the Commission prior to implementation.

Commented [KC41]: Moved this standard from disclosures. (Was V.H.1.) as it is really fundamental

V.A.24. Program enrollment is justified.

The program demonstrates community demand for employment in the field.

V.A.32. Program objectives are in keeping with the requirements of the profession.

Program 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.43. 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, including input from program stakeholders.
- iii. Evaluation process includes input from program management.

Commented [KC42]: Simplifies to include iii. and allows school to define its program stakeholders and show their input

V.A.45. 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-years of service to the institution allows the institution to meet its stated mission.

Commented [KC43]: More appropriate term

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.65.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 and improving program effectiveness.

A program must convene a meeting of its advisory board a minimum of once per 12-month period.

Advisory board meetings must address a broad range of topics that may include the program's mission, goals and objectives, curriculum, outcomes, program strengths and weaknesses-areas for improvement in preparing graduates,

Commented [KC44]: Tweaks to be more appropriate terminology

current and projected community needs for graduates in the field, annual evaluation of program effectiveness, and student, graduate, clinical externship affiliate, and employer feedback.

A minimum of three in-field specialists (e.g., employer, current practitioner, affiliated clinical site representative, ~~etc.~~) for each discipline or group of related programs (e.g., medical assisting and medical administrative assisting) must attend each meeting. These individuals may not be employed by the institution and collectively provide a reasonable sampling of the community and are knowledgeable about the current state of the field.

Commented [KC45]: Grammatical

Programs with blended or full distance education method of delivery have a minimum of one representative, not affiliated with the institution, experienced 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.

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.

The program must provide evidence that each member qualifies for their role on the board.

V.A.56.b. Prepared meeting minutes are maintained and distributed.

~~Advisory board meeting minutes are recorded and Meeting minutes are detailed and~~ include:

Commented [KC46]: This revision better mirrors V.E.2.d.

- i. The community of interest each board member represents (e.g., distance education specialist, employer, practitioner, program graduate).
- ii. Record of member ~~participation input~~.
- iii. Topics discussed.
- iv. Summary of significant outcomes and activities.
- v. Areas of unfinished business with projection for completion.
- vi. A list of recommendations made by the advisory board.
- vii. The institution or program's response to the advisory board recommendations.

Commented [KC47]: Thought this would clarify that we want to see evidence of discussion and that the outside members provide input

~~Timely d~~ Distribution of meeting minutes to the advisory board, program personnel, and interested parties is documented ~~prior to the next meeting~~.

Commented [KC48]: To define timely

V.A.76. 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

V.B.1. Program length and structure allow for attainment of required objectives.

V.B.2. Students are scheduled to ensure a sequence of instruction to achieve the curriculum's defined competencies.

V.B.3. 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.4.a. External clinical experiences are available to serve the diverse needs of a program. (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 ~~per individual site or location~~ ensuring that a viable environment exists for an effective learning experience that provides an opportunity for students to demonstrate required competencies.

Commented [KC49]: added so that whether shared address with multiple sites/clinics/departments or one company with many difference locations, it is clear that all sites must be evaluated for viability

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

Commented [KC50]: Language consistency change

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. Clinical experiences may include simulated component(s) not to exceed 50% of the total program clinical hours provided that it does not conflict with the requirements of other oversight bodies, credentialing/licensure bodies, or program-specific standards of subsequent chapters. ~~For a simulated clinical experience, a plan exists to ensure the quality of the learning experience approximates a field-based clinical experience.~~

Commented [KC51]: Moved from below to reorder

~~For field-based clinical experience, s~~Students do not wait for ~~sites and back up sites are available~~ clinical experiences 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)~~

~~For a field-based clinical experience,~~ For all clinical experiences (campus-based or field-based, actual or simulated), a monitoring plan exists to ensure that students:

Commented [KC52]: Whether or not a clinical experience is campus-based, field-based, or partially via a simulated experience, the experiences should be available as the student progresses to that portion of the program. Monitoring of students when participating in a clinical experience whether campus-based, field-based, or partially via a simulated experience should be monitored and the monitoring plan should be documented to ensure it meets the goals and objectives of the program.

~~i. Are oriented to the facility and the daily routine of the facility.~~

~~ii. Initially observe activities and procedures and then begin to perform tasks and procedures.~~

~~iii. Assist staff members with daily tasks, while under the supervision of staff.~~

~~iv. ii. Move into an array of different tasks and procedures as their clinical experiences progress.~~

Commented [KC53R52]: Broke apart expectations for all clinical experiences and then further requirements for field-based

~~v. iii. Are assessed with evaluation tools that are maintained to ensure a variety of competencies are performed.~~

~~vi. Do not replace or substitute for existing staff while participating in clinical experiences.~~

~~vii.iv.~~ Complete required hours which are monitored to ensure that all requirements are met.

Further, for field-based clinical experiences, a monitoring plan exists to ensure that students:

i. Are oriented to the facility and the daily routine of the facility.

ii. Assist staff members with daily tasks, while under the supervision of staff.

iii. Do not replace or substitute for existing staff while participating in clinical experiences.

~~Students must be made aware of the components of any monitoring plan regarding expectations for clinical experiences. For a simulated clinical experience, a plan exists to ensure the quality of the learning experience approximates a field-based clinical experience.~~

Commented [KC54]: Added to note that clinical experience expectations and requirements are made known to students

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.

If a clinical experience includes a simulated component, the individual(s) employed by the institution to supervise that experience are trained in effective simulation instructional methods, including delivery, testing and evaluation, debriefing, and other techniques necessary to effectively facilitate the simulated clinical experience.

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~~ comply with Appendix F (Course Syllabi Requirements).

Commented [KC55]: Aligned with other appendix standards

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~~ Teaching approaches and strategies may include: case studies, 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.

Commented [KC56]: Tied to standard to clarify

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.

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 teaching and learning resources are available to support each program offered by an institution. Interlibrary agreements may supplement, but not replace, these resources.

Commented [KC57]: Added to include faculty

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.~~

Commented [KC58]: So much technology/resources are available at the click of a button, this section seems to be obsolete as to the proof of usage and tracking as students have access to so many educational resources beyond what is provided by the institution and it is often a pain point in team evaluations.

~~vi.v.~~ 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.vi.~~ 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.

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 program didactic and supervised clinical and administrative practice components required in the curriculum.

Commented [KC59]: Reference to clinical here could be confused with clinical experiences (campus-based/field-based).

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-laboratory education components of a curriculum.

SECTION D – Student Assessment

Subsection 1 – Admissions

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

Commented [KC60]: Chapter V so should be program

Commented [KC61]: Made ATB its own standard

An admissions process exists to screen and evaluate each applicant's credentials before an applicant is notified of acceptance or rejection. ~~Applicants are beyond the age of compulsory institution attendance in the state in which the institution is located.~~ A personal interview may be arranged at the discretion of the institution.

Commented [KC62]: Relocated from below

Admission requirements clearly state the basis for admission, which may include 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, ~~and~~ 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 approval agency 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.

Commented [KC63]: grammatical

V.D.1.b. ~~A program enrolls only students who can reasonably be expected to benefit from the instruction and complies with Appendix A, Enrollment of Ability-to-Benefit Students. (for applicable programs)~~

~~Institutions that accept non-high school graduates (ability-to-benefit students) into their programs must comply with Appendix A, Enrollment of Ability-to-Benefit (“ATB”) Students, with the exception of any program that is less than 300 clock hours. The information relative to ATB student admission is submitted prior to enrollment.~~

Commented [KC64]: Made ATB its own standalone standard (relocated from above)

Subsection 2 – ~~Scheduling and grading of examinations~~ Student assessment and academic advising

Commented [KC65]: Thought this more accurately reflected the standards, especially as one was relocated from another section to fit here

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.

Instructors grade assessments ~~in a timely manner~~, evaluate other educational activities, and provide feedback ~~and graded materials~~ to students.

Commented [KC66]: To better define the intent and expectations of the standard

V.D.2.c. Students are provided academic advising to meet their individual educational needs.

Commented [KC67]: Relocated to make new section and removed progress reports as outdated and now covered in V.D.2.b.

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

Subsection 3 – Student experience

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

Commented [KC68]: Simplified and aligned language; V.D.5. below references “lecture, laboratory, clinical”

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 through lecture, laboratory, and clinical experiences.

~~V.D.3.b. Students are satisfied with the training and educational 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.~~

Commented [KC69]: Moved to subsection 2

~~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 management

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

Each main and non-main ~~location~~ campus 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.

Commented [KC70]: Previous references indicate “campus” rather than “location”

- i. (a) Graduation from an accredited program in the content area or program field at an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation (CHEA) in the program’s specialty field or subject area;
- (b) Graduation from an otherwise recognized training entity (e.g., hospital-based program) in the content area or program’s specialty field or subject area; or
- (c) Graduation from an institution located outside of the United States and its territories in the content area or program’s specialty field or subject area must be supported with appropriate. The institution must have on file from an agency which attests to the qualitative and quantitative equivalency of the foreign education equivalency and the specific courses. The institution must use the credential evaluation services of an agency that has published

Commented [KC71]: Reordered and now consistent with faculty requirement language

Commented [KC72]: Clarifies that the education must come from an institution accredited by a recognized accreditor

Commented [KC73]: These edits simplify and connect to the Glossary definition stipulating what must be included in a foreign education equivalency and criteria for appropriate evaluation agencies.

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~~ **A minimum of three years of** teaching or occupational experience, **or a combination of the two**, in the **subject program** field.
- iii. **A minimum of a baccalaureate** degree from an institution accredited by an agency recognized by the U.S. Secretary of Education.

Commented [KC74]: Made more consistent with other standards and spelled out possibilities to comply with ii.

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

Commented [KC75]: Made more like other standards and clarified connection to guidance

A program provides for management and oversight, including:

- 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. 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 is provided annual training for the improvement of education-related management skills.~~

Commented [KC76]: Aligned with the style of other standards

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. 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.

Faculty evidence the following:

- i. (a) Graduation from an ~~an accredited~~ program recognized in the content area or program field by the U.S. Secretary of Education or the Council for Higher Education Accreditation (~~CHEA~~) in the specialty program field or content area in which they teach; or
 - (b) Graduation from an otherwise recognized training entity (e.g., hospital-based program) in the specialty program field or content area in which they teach; or
 - (c) Graduation from an institution located outside of the United States and its territories in the specialty program field or subject content area in which they teach must be supported with appropriate. ~~The institution must have on file from an agency which attests to the qualitative and quantitative equivalency of the foreign education equivalency, 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).~~
- ii. Two ~~(2)~~ years of practical experience in the content area in which they teach.
- iii. 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.

Individuals who do not meet the above education criteria may qualify through justifying documentation of alternative experience 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 practical experience in the content area in which they teach.
- 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.~~

~~Prior to facilitating a simulated experience, faculty are trained in the use of the institution's current simulation technology.~~

~~V.E.2.c. Personnel Faculty records for all full-time and part-time (including adjunct) faculty meet the requirements of comply with 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.~~

Minutes of these meetings are recorded and include:

- i. Topics discussed.
- ii. Resolution of outstanding issues.

Commented [KC77]: Changed to "content" area instead of "subject" to align with the other sections that were changed to "content"

Commented [KC78]: Simplifies and connects to updates in the Glossary definition for foreign education equivalency related to what constitutes an appropriate equivalency evaluation and the requirements of the agency .

Commented [KC79]: In terms of document organization, would like this to be with Subsection 4 so all the faculty training requirements are together. Therefore struck here and created a new V.E.4.a.

Commented [KC80]: Thought faculty records was clearer than personnel records which might include lots of separate employee information. Also aligned with other standards for appendix wording

Commented [KC81]: Edits in App E make this redundant so struck here

iii. Record of faculty ~~participation~~input.

iv. Record of attendance.

~~Timely d~~Distribution of meeting minutes to program personnel and other stakeholders is documented ~~prior to the next meeting.~~

Commented [KC82]: Changes to align with V.A.5.a. proposed revisions

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~~Faculty training

Commented [KC83]: Renamed and combined the three previously separate parts. This subsection name mirrors that in Chapter IX for consistency

V.E.4.a. Faculty receive initial training in effective educational and instructional methodology to enhance their effectiveness in the classroom.

~~Through onboarding and orientation, faculty receive initial training on educational and instructional methodology, which may include delivery, testing, evaluation, and other techniques necessary to effectively teach.~~

~~Faculty are trained in the use of the institution's current simulation technology prior to facilitating a simulation.~~

Commented [KC84]: Speaks to initial training

V.E.4.b. Faculty participate in ~~in-service~~ training with a focus on effective teaching at least twice annually.

Commented [KC85]: This term often causes confusion so struck to note that it should be training on effective teaching

Documentation of ~~in-service~~ training ~~related to effective teaching~~ is required ~~to be maintained in each faculty member's faculty record.~~ For internally delivered training, documentation ~~must and should~~ include topic(s) discussed, name(s) of presenter, and synopsis of the session(s) presented. ~~For externally delivered training,~~

~~documentation must clearly identify the topic, delivering organization, and date completed. Evidence of faculty attendance is maintained in each faculty member's file.~~

Commented [KC86]: Distinguished between internal and external trainings so it is clear both are allowed but different information would be required

Faculty responsible for facilitating simulated experiences participate, at least annually, in training specific to simulation technology and/or pedagogy.

Subsection 5—Professional development

~~V.E.45.c. Faculty is required to participate in professional growth activities at least twice annually.~~

Commented [KC87]: Mirrors previous standard wording

Faculty is provided time, resources, and opportunities for professional development. 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.

~~V.E.4.d. Faculty are assessed on educational methods in the classroom environment by supervisory personnel within 30 days of beginning instruction, and annually thereafter.~~

~~Faculty are evaluated in the environment(s) in which they deliver instruction (e.g., classroom, laboratory, clinical, simulation).~~

Commented [KC88]: Relocated and edited V.E.2.b. to fit in this section

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 in these programs or the addition of new programs have been approved by the Commission prior to implementation.~~

Commented [KC89]: Moved up to V.A.I.

~~V.H.12. 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 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 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.23. 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 misled. Any information regarding salary, employment opportunities, and employment information provided to students, prospective students, and the public is accurate and realistic.

V.H.3. Policies regarding student physical location are published in the institution's catalog.

Commented [KC90]: Added to support V.H.4. and V.H.5.

An institution or program publishes in its catalog a policy that includes:

- i. The process by which the student's physical location at the time of enrollment is determined.
- ii. The process by which students notify the institution of a change to their physical location.

The basis for determining student's physical location may include, but is not limited to, government issued identification, signed student documentation, student attestation, or other documentation of physical location. The policy must be consistently applied to all students.

V.H.4. All disclosures regarding educational requirements for specific state licensing or credentialing are clearly communicated.

A program designed to meet educational requirements for specific licensing or credentialing that is required for employment, or is advertised as meeting such requirements, must:

- i. Provide general disclosures regarding whether completion of that program would be sufficient to meet licensure requirements in the state where the student is physically located for that occupation by placing each state in one of these categories:
 - a. The institution determined that its curriculum meets the state educational requirements for licensure or certification.
 - b. The institution determined that its curriculum does not meet the state educational requirements for licensure or certification.
 - c. The institution has not determined whether its curriculum meets the state educational requirements for licensure or certification.
- ii. For each prospective or enrolled student located in the states described in (i)(b) and (i)(c), the institution must provide direct notice of whether completion of that program would be sufficient to meet licensure or certification requirements as follows to:
 - a. Prospective students prior to program enrollment.
 - b. Enrolled students within 14 calendar days after a determination that the student's location has changed to another state or the program no longer meets the original determination made at the time of enrollment.

V.H.5. Publish the process for submitting complaints to the appropriate state authorities or state approval agencies where the institution is located and where enrolled students ~~reside~~are physically located.

Commented [KC91]: Adjusted to mirror V.H.4. better. Alternate edit to align with federal requirements directly would just be "are located" and would mean adjusting V.H.4. guidance accordingly

Publication is readily accessible to students and includes contact information for receipt of consumer complaints by the appropriate state authority or state approval agency.

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:

$$\text{Retention Rate} = (EE + G) / (BE + NS + RE)$$

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.

The participation of program graduates in credentialing or licensure examinations must be monitored and evaluated if either of the following are true:

- i. The only pathway to employment in the program field is attempting and passing a license or credential examination within six months or less of program completion as required by a regulatory body (e.g., state or other governmental agencies) ~~if~~ the state in which the student or program is located requires it; or
- ii. The program is accredited by another agency that requires program graduates to participate in a license or credentialing exam.

Commented [KC92]: Edited to mirror other uses of program field and correct grammatical error

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:

$$\text{Examination participation rate} = GT/GE$$

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.

The passage rate of program graduates in credentialing or licensure examinations must be monitored and evaluated if either of the following are true:

- i. The only pathway to employment in the program field is attempting and passing a license or credential examination within six months or less of program completion as required by a regulatory body (e.g., state or other governmental agencies) ~~if~~ the state in which the student or program is located requires it; or
- ii. The program is accredited by another agency that requires program graduates to participate in a license or credentialing exam.

Commented [KC93]: Edited to mirror other uses of program field and correct grammatical error

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 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 graduates placed, when the graduate's job title does not match the title of the approved program. 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 = (P)/(G-U)

P = Placed graduates

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.

Commented [KC94]: Implied so struck

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 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.

V.I.I.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, ~~external~~ clinical ~~extern~~-affiliates, graduates, and employers. The purpose of the surveys is to collect data

Commented [KC95]: Reworded to clarify and tie to use of terminology

regarding a perception of a program's strengths and ~~weaknesses~~ areas for improvement. Accordingly, a program must document that at a minimum the survey data included in its effectiveness assessment include the following:

Commented [KC96]: Term update

Student:

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

- i. Instruction
- ii. Educational resources
- iii. Student services
- iv. Clinical experience

~~External Clinical extern~~ **affiliate:**

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

- i. A critique of collective students' knowledge and skills upon completion of their in-school training and reflect how well the students are trained to perform their required tasks.
- ii. An assessment of the strengths and weaknesses, and proposed changes, in the instructional activities for currently enrolled students.
- iii. 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' clinical experience ~~externship~~.

Commented [KC97]: Better match terminology and helps with compliance (and to differentiate from assessment of and by students)

Graduate:

Graduate surveys provide insight regarding graduates' satisfaction with the following:

- i. Preparedness for entry into the program field
- ii. Training and education
- iii. Career services

Employer:

Employer surveys provide insight regarding employers' satisfaction with the following:

- i. Skill level of employees
- ii. 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.I.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 (PEP). Satisfaction Level, Survey Participation, and calculation of Satisfaction Rate must be documented in the PEP; the rate alone is not acceptable.

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. If any portion of a program is offered at a separate educational center that is beyond a reasonable and customary commuting distance, the PEP includes an assessment of the disaggregated retention rate.

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. If any portion of a program is offered at a separate educational center that is beyond a reasonable and customary commuting distance, the PEP includes an assessment of the disaggregated examination participation rate.

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. If any portion of a program is offered at a separate educational center that is beyond a reasonable and customary commuting distance, the PEP includes an assessment of the disaggregated examination pass rate.

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. If any portion of a program is offered at a separate educational center that is beyond a reasonable and customary commuting distance, the PEP includes an assessment of the disaggregated job placement rate.

e. surveys of students, external clinical extern-affiliates, graduates, and employers

The survey participation rate and satisfaction 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, at a minimum, annually reviews the results of the surveys conducted, and the 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).

Commented [KC98]: Matches changes in V.I.I.e

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. Assessment may include input from constituency surveys, stakeholders, comparison of delivery method outcomes, changes in delivery method, student population, and scalability.

Commented [KC99]: Added some examples of effectiveness indicators to better match the way g. is written

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

Commented [KC100]: Seems like it fits better in the guidance so moved down

Academic transcripts must be maintained indefinitely and include:

- a. The program in which the student is/was enrolled.
- b. The student’s start date and date of graduation, termination, or withdrawal.
- c. The student’s academic achievement in terms of clock hours or units of credits for courses attempted and earned.
- d. The credential conferred to a program graduate.
- e. An explanation of the grading system. This grading scale 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 participation and performance during externships and external-clinical experiences.~~

Commented [KC101]: Tracking, monitoring, and evaluation tools for clinical experiences whether campus-based, field-based, or partially via a simulated experience should be documented. Suggested revisions modernize the language and capture the full picture of the student record to include participation (tracking of hours, case studies, etc.) and performance (any interim evaluations, competency check lists, final evaluation, etc.) during the clinical experience.

Supporting documentation is easily accessible and readily available.

CHAPTER VI – DEGREE PROGRAM STANDARDS

The Accrediting Bureau of Health Education Schools is recognized by the U.S. Secretary of Education to accredit occupational science, applied science, academic associate, baccalaureate, and master's degrees. These degree programs must comply with all policies, procedures, and standards described throughout the *Accreditation Manual*, including the general evaluation standards (Chapter IV), applicable program standards (Chapters VI-VIII), and appendices. This chapter contains additional specific requirements for degree programs.

Degree programs represent a significant additional educational commitment by the institution. The purpose of this chapter is to ensure institutions offering degree programs have the ability to meet this educational commitment and only award degrees to eligible students.

Degree programs are normally measured in credit hours (quarter or semester) and accrediting standards pertaining to credits hours apply.

SECTION A – Occupational and Applied Science Degrees

An Associate of Occupational Science (AOS), Associate of Applied Science (AAS), or another title as designated or permitted by state law or regulations may be awarded to students who complete an occupational program that provides preparation for entry-level employment in a specific occupational field.

Subsection 2 – Curriculum

VI.A.2.a. ~~*The program meets the required minimum level of credit hours (or its recognized equivalent) in total content and hours of core and general education courses and contains appropriate content for the degree level.*~~

Commented [KC102]: Aligned between sections

Associate of Occupational Science requires:

- i. 60 semester hours, 90 quarter hours, or its recognized clock hour equivalent in total content (normally two academic years);
- ii. 45 semester hours, 67.5 quarter hours, or its recognized clock hour equivalent in the core area for which the degree is awarded; and
- iii. 9 semester hours, 13.5 quarter hours, or its recognized clock hour equivalent in general education or applied general education courses.

Associate of Applied Science requires:

- i. 60 semester hours, 90 quarter hours, or its recognized clock hour equivalent in total content (normally two academic years);
- ii. 30 semester hours, 45 quarter hours, or its recognized clock hour equivalent in the core area for which the degree is awarded; and
- iii. 15 semester hours, 22.5 quarter hours, or its recognized clock hour equivalent in general education courses.

VI.A.2.b. *Program curriculum reflects the vocational objectives.*

The primary purpose of occupational ~~and applied science~~ degree programs is technical in nature with courses focused on the attainment of necessary skills to enter a chosen employment field. Core courses must be directly related to the occupational area for which a degree is awarded.

Commented [KC103]: More reflective of section

General education courses develop basic essential knowledge, skills, and abilities for continued learning and career development. These courses are distributed from offerings in the humanities, social sciences, or natural sciences. Courses in communications, mathematics, humanities, social sciences, and the arts are examples of courses in general education.

Applied general education courses directly apply to a specific occupation (e.g., technology, medication math, psychology for health professionals, and business math). Both “general education” and “applied general education” courses satisfy the general education requirements.

An institution may enter into a formal written articulation agreement with another institution to provide its general education requirements. Such an institution must be accredited by an agency recognized by the U.S. Department of Education or the Council for Higher Education Accreditation ~~(CHEA)~~.

An institution may accept transfer credit for subjects or courses completed at another accredited institution. However, 25 percent or more of required program credits are completed at the institution awarding the degree.

Subsection 3 – Learning resources

VI.A.3. *Learning resources exist to complement the ~~degree~~ program.*

Commented [KC104]: Aligned across sections

An institution has in place learning resources beyond those required for non-degree granting institutions that include (1) a budget and (2) holdings that reflect a degree-granting institution and support the general education component of educational programs. Reference, research, and information resources are available to support programs and to enhance student learning.

Subsection 4 – Faculty

VI.A.4. *Faculty consists of qualified individuals.*

Faculty teaching core courses evidence the following:

- i. ~~At a~~ minimum ~~of~~, an associate degree from an ~~institution~~ accredited ~~by an agency~~ ~~program~~ recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation (CHEA) ~~(applicable to faculty hired on or after January 1, 2020; whereas faculty hired prior to January 1, 2020, have until January 1, 2023, to evidence compliance with the associate degree requirement)~~ and academic preparation in the specific courses being taught.
- ii. Three ~~(3)~~ years of practical experience in the occupational field in which they teach.
- iii. A current license, certification, or other credential if required by local, state, and/or federal laws to work in the field.

Commented [KC105]: This edition of the manual will be past this date, so it becomes fully effective and applicable to all.

~~Until January 1, 2023, individuals hired prior to January 1, 2020, who do not meet the above education criteria may qualify through justifying documentation of alternative experience or education in the field (e.g., completed course work, related professional certifications, documentation of expertise).~~

~~These individuals must evidence:~~

~~i. Four (4) years of practical experience in the occupational field in which they teach.~~

~~ii. A current license, certification, or other credential if required by local, state, and/or federal laws to work in the field.~~

Faculty teaching general education courses possess a baccalaureate degree and academic preparation in specific courses being taught. ~~The degree must be from an institution accredited by an agency recognized by the U.S. Secretary of Education or CHEA.~~

Commented [KC106]: Consistent with other sections of this chapter

SECTION B – Academic Associate Degrees

Academic associate degrees may include Associate of Science, Associate of Arts, and any other academic associate degrees that meet the requirements of this section.

Subsection 2 – Curriculum

VI.B.2.a. ~~The program meets the required minimum level of credit hours (or its recognized equivalent) and contains appropriate content for the degree level in total content and hours of core and general education courses.~~

Commented [KC107]: Aligned across sections

The program requires:

- i. 60 semester hours, 90 quarter hours, or its recognized clock hour equivalent in total content (normally two academic years);
- ii. 30 semester hours, 45 quarter hours, or its recognized clock hour equivalent in the core area for which the degree is awarded; and
- iii. 15 semester hours, 22.5 quarter hours, or its recognized clock hour equivalent in general education courses.

Core courses must be directly related to the area for which the degree is awarded and emphasize achievement of occupational objectives.

VI.B.2.b. ~~Program curriculum reflects the achievement of academic and vocational objectives.~~

Commented [KC108]: Aligned across sections

The objectives of an academic associate degree program reflect the institution's mission and includes general education courses.

An institution may enter into a formal written articulation agreement with another institution to provide its general education requirements. Such an institution must be accredited by an agency recognized by the U.S. Department of Education or the Council for Higher Education Accreditation ~~(CHEA)~~.

An institution may accept transfer credit for subjects or courses completed at another accredited institution. Institutions must require at least 25 percent of program credits be completed at the institution awarding the degree.

Subsection 3 – Learning resources

VI.B.3.a. ~~Learning resources exist to complement the degree program.~~

Commented [KC109]: Aligned across sections

An institution has in place learning resources beyond that required for non-degree granting institutions that include (1) a budget and (2) holdings that reflect a degree-granting institution and support the general education component of educational programs. Reference, research, and information resources are available to support programs and to enhance student learning.

VI.B.3.b. An individual with professional academic education and experience supervises an institution's library.

A professionally trained librarian who holds a minimum of a bachelor's degree in library or information science or comparable program or state certification to work as a librarian must supervise and manage library and instructional resources, facilitate their integration into all phases of an institution's curricular and educational offerings, and assist students in their use. Librarians must participate in documented professional growth activities.

During scheduled library hours, there must be a trained individual on duty to supervise the library and to assist students with library functions. This individual must be competent both to use and to aid in the use of the technologies and resources available in the library.

Subsection 4 – Faculty

VI.B.4. Faculty consists of qualified individuals.

Faculty evidence the following:

- i. A minimum of a baccalaureate degree from an institution accredited ~~by an agency program~~ recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation (CHEA).
- ii. Academic preparation in the specific courses being taught.
- iii. At least 15 semester credit hours or equivalent in the content area.

Faculty teaching core courses evidence the following:

- i. Three ~~(3)~~ years of practical experience in the occupational field in which they teach or in a closely related field.
- ii. A current license, certification, or other credential if required by local, state, and/or federal laws to work in the field.

At least 50 percent of general education courses must be taught by faculty possessing a master's degree or higher. In all cases, the degree must be from an institution accredited by an agency recognized by the U.S. Secretary of Education or ~~the Council on Higher Education Accreditation~~ CHEA.

Subsection 6 – Admissions

VI.B.6. ~~Students admitted to associate degree programs possess, at a minimum, a regular~~ An institution adheres to its admissions policies and enrolls students who possess, at a minimum, a high school diploma or recognized equivalent.

Evidence of the regular high school diploma or its recognized equivalent must be received prior to the first day of attendance.

Commented [KC110]: Aligned with VI.C.6.

SECTION C – Baccalaureate Degrees

Baccalaureate degrees may include Bachelor of Science, Bachelor of Arts, and any other bachelor's degree that meets the requirements of this section.

Subsection 1 – Basic requirements

VI.C.1. All courses are clearly postsecondary in nature and emphasize both the achievement of professional objectives in area of concentration and general education requirements.

This emphasis requires courses that are both quantitatively and qualitatively relevant to the chosen degree.

Commented [KC111]: Aligned more with other sections

Commented [KC112R111]: Area of concentration used below in VI.C.2.a.

Subsection 2 – Curriculum

VI.C.2.a. The program meets the required minimum level of credit hours (or its recognized equivalent) and contains appropriate content for the degree level in total content and hours of professional and general education courses.

The program requires:

- i. 120 semester hours, 180 quarter hours, or their equivalent normally earned over a period of 8 semesters, 12 quarters, or their equivalent.
- ii. 60 semester hours, 90 quarter hours, or their equivalent in the area of concentration for which the degree is awarded, not to include subject matter considered general education courses; and
- iii. 36 semester hours, 54 quarter hours, or its recognized clock hour equivalent in general education courses. A minimum of 6 semester hours or 9 quarter credit hours of general education courses must be upper level courses.

The curriculum identifies courses for a baccalaureate degree using a distinct course numbering and sequencing system, which must be clearly outlined in the catalog.

The catalog states the expectations for all baccalaureate degree curriculum. Institutions offering baccalaureate degrees, including completion programs, must clearly describe the requirements for admission, completion of prerequisites, and general education courses in the catalog and program materials.

An institution may enter into a formal written articulation agreement with another institution to provide its general education requirements. Such an institution must be accredited by an agency recognized by the U.S. Department Secretary of Education or the Council for Higher Education Accreditation (CHEA).

An institution may accept transfer credits for subjects or courses completed at another accredited institution. Institutions must require at least 25 percent of program credits be completed at the institution awarding the degree.

Credit may be awarded for life experiences through prior learning assessment (PLA), such as DANTES, CLEP, or ACE recommendations.

VI.C.2.b. Curriculum must approximate the academic community standards for the baccalaureate degree program.

The curriculum must quantitatively and qualitatively approximate the standards at other institutions offering baccalaureate degrees. The curriculum is relevant, current, and demonstrates academic rigor appropriate for

Commented [KC113]: Aligned across sections

baccalaureate degree studies. Emphasis is placed on high levels of critical thinking, research, and analytical skills essential for problem solving in the discipline of study. Curricular offerings must require the use of learning resources.

The sequence of instruction is structured from lower level courses to upper level courses to evidence academic rigor.

Subsection 3 – Learning and instructional resources

VI.C.3.a. Learning resources exist to complement the program.

An institution has learning resources beyond that required for non-degree granting institutions that include (1) a budget to support the size and scope of the institution and programs offered and (2) holdings to support the professional objectives and general education requirements. Reference, research, and information resources are available to support programs and to enhance student learning.

VI.C.3.b. ~~An individual who possesses with professional academic education and experience supervises the institution's library.~~

Commented [KC114]: Aligned with other sections

A professionally trained librarian supervises and manage library and instructional resources, facilitate their integration into all phases of the institution's curricular and educational offerings, and assist students in their use.

A professionally trained librarian is one who holds a baccalaureate or master's degree in library or information science or a comparable program, or state certification to work as a librarian, where applicable. The librarian participates in documented professional growth activities.

During scheduled library hours, there must be a trained individual on duty at all times to supervise the library and to assist students with library functions. This individual must be competent both to use and to aid in the use of the technologies and resources available in the library.

VI.C.3.c. The institution encourages student and faculty use of the library and learning resources available.

Commented [KC115]: Ties back to chapter V and previous standards with learning resources

The faculty inspires, motivates, and directs student usage of the library resources. The library's adequacy ultimately is determined by the extent to which its resources support all the courses offered by the institution. For library resources, the Dewey decimal system, Library of Congress classification system, or other recognized system of classification is used. Records of circulation and inventory must be current and accurate and must be maintained to assist staff and faculty in evaluating the adequacy and utilization of the holdings.

Library materials and services are available at times consistent with the typical student's schedule in both day and evening programs. If computer software is utilized, a sufficient number of terminals must be provided for student use. If interlibrary agreements are in effect, provisions for such use must be practical and accessible and use must be documented. In determining the suitability of such agreements, consideration will be given to the nature of the participating library's collection, provisions for interlibrary loans, and the degree of accessibility to the students. An institution's library contains, at a minimum, a core collection of physical and/or on-line reference materials to support the offerings of the institution.

Library assessments and acquisitions are the joint responsibility of the faculty and library staff.

Subsection 4 – Program supervision and faculty

~~*VI.C.4.a. A qualified individual supervises the program.*~~

~~This individual supervises faculty, coordinates the training and teaching of the programs, and has communication with and guidance of the Advisory Board. At a minimum, this individual possesses the following:~~

- ~~i. An earned master's degree.~~
- ~~ii. A minimum of three years teaching or occupational experience in the content field or a closely related field.~~
- ~~iii. A current license, certification, or other credential if required by local, state, or federal laws to work in the field.~~

Commented [KC116]: reordered

~~e~~
VI.C.4.ab. Faculty consists of qualified individuals.

Faculty evidence the following:

- i. A minimum of a master's degree from an institution accredited ~~by an agency program~~ recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation ~~(CHEA)~~. Faculty members holding graduate degrees, professional degrees such as J.D. or M.D., or baccalaureate degrees plus professional certification through a nationally recognized and accredited certifying agency may meet the qualification requirement with justification.
- ii. Academic preparation in the specific courses being taught.
- iii. Instructors must have at least 15 semester credit hours or equivalent in the content area.

VI.C.4.be. Faculty assignments and teaching loads must be reasonable.

Teaching loads are justified by factors such as the number of different preparations required; the type and method of instruction; the size of classes; the level of instruction; the qualifications of the instructor; the academic advising, committee membership, and guidance and student organizations assigned; and the other administrative, research, publication, and community relations responsibilities of the instructor.

VI.C.4.c. A qualified individual supervises the program.

~~This individual supervises faculty, coordinates the training and teaching of the programs, and has communication with and guidance of the Advisory Board. At a minimum, this individual possesses the following:~~

- ~~i. An earned master's degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Accreditation.~~
- ~~ii. A minimum of three years teaching or occupational experience in the content field or a closely related field.~~
- ~~iii. A current license, certification, or other credential if required by local, state, or federal laws to work in the field.~~

Commented [KC117]: Moved down so that faculty come first like in sections a and b

Subsection 6 – Admissions

VI.C.6. Students admitted to baccalaureate degree programs possess a regular high school diploma, or the recognized equivalent ~~recognized by the state where the institution is authorized.~~

The regular high school diploma or its recognized equivalent must be received prior to the first day of attendance. A signed attestation is not sufficient evidence.

Commented [KC118]: Aligned across sections

~~Subsection 7 – Student services~~

~~V.I.C.7. — Institutions offering baccalaureate degree programs provide comprehensive services to support the number of programs and size and characteristics of the student body.~~

~~Student support services must be provided to support the academic success of students. These services encompass academic advising and support and relevant life skills. The individual(s) responsible for this function must have experience related to the services provided.~~

Commented [KC119]: Struck as it does not seem to add any requirements beyond V.G.1.

SECTION D – Master’s Degrees

Subsection 2 – Curriculum

V.I.D.2.a. The program meets the required minimum level of credit hours (or its recognized equivalent) and contains appropriate content for a master’s the degree level.

Commented [KC120]: Aligned across sections

The program incorporates content that enables students to learn the theory and principles of the discipline and apply that knowledge. The program content must be rigorous and emphasize research and analytical skills relevant to the discipline of study.

A minimum of 30 semester or 45 quarter credit hours of coursework is required. An additional 3 to 6 semester or 4 to 8 quarter credit hours are required as a culminating assessment. Examples of a culminating assessment include comprehensive examination, capstone, research project or thesis.

The catalog identifies courses for a master’s degree program using a distinct course numbering and sequencing system.

A student must achieve a cumulative grade point average of 3.0 (on a typical 4.0 scale) to be considered eligible for graduation. Only courses completed with a minimum grade point of 2.0 may be applied toward program completion.

V.I.D.2.b. Curriculum must approximate the academic community standards for the master’s degree program.

The curriculum must quantitatively and qualitatively approximate the standards at other institutions offering master’s degrees. The curriculum is relevant and current and demonstrates academic rigor appropriate for graduate studies. Emphasis is placed on high levels of critical thinking, research, and analytical skills that are essential for problem solving in the discipline of study.

Subsection 3 – Library and instructional resources

V.I.D.3.a. Library Learning resources exist to complement the program.

Commented [KC121]: Aligned with previous sections

An annual library budget to support the size and scope of the institution and the level of programs offered must be established. The allocated budget must be expended for the purchase of books, subscriptions to appropriate online databases, periodicals, library equipment, and other resource and reference materials.

The library function is shaped by the educational programs of the institution. Program related reference, research, and information resources must be available to provide support for curricular and educational offerings at the master’s level to enhance student learning.

V.I.D.3.b. An individual who possesses with professional academic education and experience supervises the institution’s library.

Commented [KC122]: Aligned with previous sections

A professionally trained librarian holds an earned master's degree in library or information science or a comparable program and, where applicable, meets state requirements to work as a librarian. The librarian participates in documented professional growth activities.

A professionally trained librarian:

- i. Supervises and manages library and instructional resources.
- ii. Facilitates the integration of these resources into the curriculum.
- iii. Assists graduate students and faculty in the use of these resources.

During scheduled library hours, there must be a trained individual on duty at all times to supervise the library and to assist students and faculty with library functions. This individual must be competent in using library technologies and proficient in assisting graduate students and faculty with scholarly research.

VI.D.3.c. The institution encourages student and faculty use of the library and learning resources available.

Commented [KC123]: Aligned across sections and to tie back to V

Graduate faculty and library staff are actively engaged in evaluation, selection, and acquisition of appropriate resources for the graduate program. The faculty requires and directs graduate student use of the library resources. The library's adequacy ultimately is determined by the extent to which its resources support all the courses offered by the institution.

For library resources, a recognized classification system is used. Current and accurate records of circulation and inventory must be maintained. Library staff and faculty continually evaluate the adequacy and use of the holdings.

Library materials and services are available at times consistent with the typical graduate student's schedule. If computer software is used, a sufficient number of terminals must be provided for student use. If interlibrary agreements are in effect, provisions must be practical and accessible. The use of such resources must be documented.

Subsection 4 – Program supervision and faculty

~~***VI.D.4.a. A qualified individual supervises the program.***~~

~~At a minimum, this individual possesses the following:~~

- ~~i. An earned doctorate from an accredited program recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation (CHEA).~~
- ~~ii. Administrative experience at the postsecondary level.~~
- ~~iii. Three (3) years of teaching experience in the content field or a closely related field.~~
- ~~iv. A current license, certification, or other credential if required by local, state, or federal laws to work in the field.~~

Commented [KC124]: reordered

VI.D.4.b*u*. Faculty consists of qualified individuals.

Faculty evidence the following:

- i. A minimum of a master's degree from an institution accredited ~~by an agency~~program recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation (CHEA). Faculty members holding a terminal degree, i.e., professional degrees such as J.D. or M.D., may meet the qualification requirement with justification.
- ii. Academic preparation in the discipline. The faculty member of record must have at least 18 semester credit hours or the equivalent in the subject area of instruction.
- iii. Three ~~(3)~~-years of experience in the field.

A minimum of 50 percent of the faculty must have an earned doctorate. In all cases, the degree must be from an institution accredited by an agency recognized by the U.S. Secretary of Education or ~~the Council for Higher Education Accreditation (CHEA).~~

VI.D.4.cb. Faculty assignments and teaching loads must be reasonable.

Teaching loads are justified by factors such as: the number of different preparations required; the type and method of instruction; the size of classes; the level of instruction; the qualifications of the instructor; the academic advising, committee membership, and guidance and student organizations assigned; and the other administrative, scholarly work (e.g., research, publication, presentation), professional activities, and community relations responsibilities of the instructor.

VI.D.4.c. A qualified individual supervises the program.

At a minimum, this individual possesses the following:

- i. An earned doctorate from an institution accredited by an agency recognized by the U.S. Department of Education or the Council for Higher Education Accreditation.
- ii. Administrative experience at the postsecondary level.
- iii. Three years of teaching experience in the content field or a closely related field.
- iv. A current license, certification, or other credential if required by local, state, or federal laws to work in the field.

Commented [KC125]: Moved to better mirror order of previous sections

Subsection 6 – Admissions

VI.D.6. Students admitted to a master's degree program possess an earned baccalaureate.

Admission standards and processes must ensure that students are capable of succeeding in the program.

An academic transcript to evidence the baccalaureate must be submitted prior to matriculation.

A baccalaureate earned within the United States and its territories must be from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation-(CHEA).

A baccalaureate from an institution located outside of the United States and its territories must supported by appropriate foreign education equivalency, be evaluated by a credential evaluation service provider. The provider must have published standards for membership, affiliations to U.S.-based international higher education

associations, and be linked to and used by federal agencies, state agencies, educational institutions, and employers (e.g., NACES and AICE).

Commented [KC126]: Aligned with other standard revisions

CHAPTER VII – MA EVALUATION STANDARDS FOR MEDICAL ASSISTING

SECTION A – Curriculum, Competencies, and Externship

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

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

(a) Assignment

Prior to starting a clinical experience, students must successfully complete a nationally recognized CPR for healthcare providers course.

Clinical ~~externships-experiences~~ 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.

(b) Activities

A ~~clinical externship~~ experience includes assisting clinical and administrative staff members with daily tasks while under direct supervision. Students should only perform duties within the scope 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~~ Advisors

Subsection 1 – Supervision

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

A program supervisor has:

- i. A minimum of an associate degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation.
- ii. A minimum of three years of full-time experience in a healthcare facility with a minimum of one year of direct patient care in an ambulatory healthcare setting.
- iii. Classroom teaching experience.
- iv. A current medical assistant registration or certification through a nationally recognized and accredited certifying agency.

Subsection 2 – Faculty and ~~consultation advisors~~

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

(no additional requirements beyond Chapter V)

Commented [KC127]: Consistency of terminology related to clinical experiences

Commented [KC128]: Felt the word "Consultation" does not accurately describe the Advisory Board here and throughout VII and VIII so revised

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 (an individual may not serve in more than one capacity):

- i. program graduate
- ii. employer
- iii. current medical assistant practitioner
- iv. licensed (within the United States or its territories) physician, physician assistant, or nurse practitioner

CHAPTER VII – MLT EVALUATION STANDARDS FOR MEDICAL LABORATORY TECHNOLOGY

SECTION B – Program Supervision, Faculty, and ~~Consultation-Advisors~~

Subsection 1 – Supervision

MLT.B.1. The program supervisor is credentialed and experienced in the program 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 from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation. The program supervisor has five years of practical laboratory experience.

Subsection 2 – Faculty and ~~consultation-advisors~~

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 technician or medical technology/clinical laboratory scientist.
- ii. Hold, at minimum, an associate degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation.

Commented [KC129]: Conforming changes

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 (an individual may not serve in more than one capacity):

- i. program graduate
- ii. an affiliated clinical site preceptor
- iii. a current practitioner

CHAPTER VII – ST EVALUATION STANDARDS FOR SURGICAL TECHNOLOGY

SECTION A – Curriculum, Competencies, and External and/or Internal Clinical Experience

ST.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 surgical technology field.

The program’s goals are:

- i. Documented and written in a manner to ensure that the curriculum is current with industry standards.
- ii. Meeting the demands of the communities of interest (e.g., students, graduates, employers, physicians, and the public).
- iii. Sufficiently comprehensive to ensure that students obtain appropriate hands-on training in the cognitive, psychomotor, and affective learning domains that enables them to be competent, entry-level surgical technologists.

Competencies required for successful completion of the program are:

- i. Clearly delineated.
- ii. Commonly accepted.
- iii. Aligned with the current Core Curriculum for Surgical Technology, produced by the Association of Surgical Technologists (www.ast.org), (herein referred to as the Core Curriculum).
- iv. Inclusive of an understanding of the core competencies for inter-professional collaborative practice (i.e., values/ethics, roles/responsibilities, interprofessional communication, teamwork)

Students are advised, prior to admission and throughout the program, of any credentialing requirements necessary to achieve employment in the field. Focus is placed on credentialing requirements and opportunities to obtain employment.

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

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

(a) Assignment

Clinical sites include placement at a facility that performs various types of surgical procedures that will expose the student to the necessary skills required for entry-level practice in the profession. Placements may include limited time at out-patient surgical facilities.

Students may not replace existing staff while participating in clinical experiences and this fact is made known to the student.

In all cases, the clinical site used is properly licensed and regulated.

(b) Activities

(no additional requirements beyond Chapter V)

(c) Supervision

An individual employed by the institution who meets the minimum qualifications of program faculty member is responsible for documenting routine on-site visits and weekly interaction, with both the student and facility, to evidence oversight and evaluation of student performance while at the clinical site.

(d) Requirements for Completion

Clinical assignments must allow the student to fulfill all of the requirements set forth in the current Core Curriculum. Simulation may not be substituted for the surgical cases outlined in the Core Curriculum required during clinical experiences.

Simulation may be substituted for up to 20 percent of the total required clinical hours in exceptional circumstances that make it impossible to complete total clinical hours (e.g., government regulations, regional or national disasters). Program that utilize simulated clinical experiences must maintain documentation demonstrating the need for simulation as well as how the program incorporated program management, applicable institutional administrators and management, and program advisory board input into its decision-making process.

ST.A.3. *The program administers to each student an examination by a nationally recognized and accredited credentialing agency after completion of curricula content and prior to graduation.*

The exam is proctored consistently with the credentialing agency’s requirements.

~~Programs must demonstrate 100 percent examination participation and a 70 percent pass rate.~~

Commented [KC130]: Relocated to Chapter III, Section A, Subsection 10

SECTION B – Program Supervision, Faculty, and ~~Consultation Advisors~~

Commented [KC131]: Conforming change

Subsection 1 – Supervision

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

Supervisors of a surgical technology program evidence the following:

i. ~~A minimum of an associate degree from a program accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation (applicable to program supervisors hired on or after January 1, 2023; whereas, program supervisors hired before January 1, 2023, have until January 1, 2026, to evidence compliance with the associate degree requirement).~~

Commented [KC132]: since the profession is moving towards the associate degree level, the requirement needs to be increased for program supervisor. mirrors prior increased degree requirements in other parts of the manual and time allowed for completion.

ii. ~~Hold a~~ credential in the surgical technology field from a nationally recognized and accredited credentialing agency.

Commented [KC133R132]: Note: this degree does not need to be in surgical technology

iii. ~~Possess a~~ minimum of three years of operating room experience in the scrub role within the last five years or three years teaching in the field of surgical technology prior to employment.

iv. ~~Evidence e~~Continued education and training intended to maintain and enhance their professional knowledge of surgical technology instruction and administrative requirements as well as to promote necessary education, standards, and credentialing required in the surgical technology field (e.g., pursuit of advanced academic degrees and active participation in related state and national membership organizations).

Subsection 2 – Faculty and ~~consultation advisors~~

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

Faculty teaching core surgical technology courses (based on the current Core Curriculum):

- i. Work under the direction of the program supervisor.
- ii. Hold a credential in the surgical technology field from a nationally recognized and accredited credentialing agency.
- iii. Have within the last five years a minimum of three years of operating room experience or teaching in the field, or a combination of the two.

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

Supervision during laboratory instruction is defined as student to faculty ratio of 10:1.

ST.B.2.c. A program employs a clinical coordinator.

A clinical coordinator is:

- i. Qualified as program faculty.
- ii. Responsible for the supervision of clinical faculty, students, and the clinical experience.

Clinical coordinators may serve in more than one capacity (e.g., program supervisor, didactic or laboratory instructor, etc.).

ST.B.2.d. 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, a representative from the institution's administration, and at least one non-employee representative from each of the following communities of interest (an individual may not serve in more than one capacity):

- i. program student
- ii. program graduate
- iii. currently credentialed surgical technologist
- iv. employer
- v. licensed member of the surgical team with recent operating room experience
- vi. the public (public member is to serve in the role of "potential patient" in assessing continued assessment of public health and welfare)

CHAPTER VIII – DA I EVALUATION STANDARDS FOR DENTAL ASSISTING

SECTION B – Program Supervision, Faculty, and ~~Consultation~~ Advisors

Subsection 1 – Supervision

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

A program supervisor:

- i. Holds a current dental assistant registration or certification through a nationally recognized and accredited certifying agency, or is a licensed dentist, and is proficient in four-handed and/or six-handed dentistry principle.
- ii. Has experience in the program field.
- iii. Is sufficiently free from service and other non-educational duties to fulfill the educational and administrative requirements of the program.

The responsibilities of the program supervisor include participation in:

- (a) Curriculum development and coordination
- (b) Selection and recommendation of individuals for faculty appointment and promotion
- (c) Supervision and evaluation of faculty
- (d) Determining faculty teaching assignments
- (e) Scheduling use of program facilities
- (f) Selection of extramural facilities and coordination of instruction in the facilities
- (g) Assessment of facilities and equipment periodically in relation to current concepts of dental assisting and recommends appropriate modifications

Subsection 2 – Faculty and ~~consultation~~ advisors

Commented [KC134]: Conforming changes

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

All core faculty possess:

- i. Current knowledge and experience in dental assisting. Faculty are proficient in didactic and clinical four-handed and/or six-handed dentistry.
- ii. Awareness of any applicable state requirements governing dental assisting programs.

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

There is an adequate number of faculty to support student needs, including tutorial support. Supervision during laboratory instruction is defined as student to faculty ratio of no more than 12:1.

DAI.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, a representative from the institution's administration, and at least one non-employee representative from each of the following communities of interest:

- i. program student
- ii. program graduate
- iii. dental assistant
- iv. licensed dentist
- v. the public (public member is to serve in the role of potential patient assessing continued public health and welfare)
- vi. employer

An individual may not serve in more than one capacity.

CHAPTER VIII– DA II EVALUATION STANDARDS FOR DENTAL ASSISTING

SECTION B – Program Supervision, Faculty, and ~~Consultation~~ Advisors

Subsection 1 – Supervision

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

A program supervisor:

- i. Holds a current dental assistant registration or certification through a nationally recognized and accredited certifying agency, or is a licensed dentist, and is proficient in four-handed and/or six-handed dentistry principles.
- ii. Possesses a baccalaureate degree from an institution accredited by agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation.
- iii. Has experience in the program field and as an educator, including administrative functions, in a dental assisting program.
- iv. Is sufficiently free from service and other non-educational duties to fulfill the educational and administrative requirements of the program.

A licensed dental hygienist who was appointed as a dental assisting program supervisor prior to July 1, 2010, is exempt from requirement (i) regarding credentialing in the dental assisting field provided he or she possesses occupational experience in the application of clinical chairside dental assisting involving fourhanded dentistry.

The responsibilities of the program supervisor include participation in:

- (a) Budget preparation
- (b) Fiscal administration
- (c) Curriculum development and coordination
- (d) Selection and recommendation of individuals for faculty appointment and promotion
- (e) Supervision and evaluation of faculty
- (f) Determining faculty teaching assignments
- (g) Determining admissions criteria and procedures
- (h) Scheduling use of program facilities
- (i) Selection of extramural facilities and coordination of instruction in the facilities.
- (j) Assessment of facilities and equipment periodically in relation to current concepts of dental assisting and recommends appropriate modifications

Subsection 2 – Faculty and ~~consultation~~ advisors

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

All core faculty possess:

- i. Current dental assistant registration or certification through a nationally recognized and accredited certifying agency. Faculty members who are dentists are not required to hold a current dental assistant registration or certification through a nationally recognized and accredited certifying agency.

ii. State license, if required.

iii. Current knowledge and experience in dental assisting. Faculty is proficient in didactic and clinical four-handed and/or six-handed dentistry.

iv. An earned baccalaureate degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation or be working toward completing a baccalaureate degree program in a timely manner.

Commented [KC135]: Conforming changes

v. Awareness of any applicable state requirements governing dental assisting programs.

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

There is an adequate number of faculty to support student needs, including tutorial support. Supervision during laboratory instruction is defined as student to faculty ratio of no more than 12:1.

DAII.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, a representative from the institution's administration, and at least one non-employee representative from each of the following communities of interest:

- i. program student
- ii. program graduate
- iii. dental assistant
- iv. licensed dentist
- v. the public (public member is to serve in the role of potential patient assessing continued public health and welfare)
- vi. employer

An individual may not serve in more than one capacity.

CHAPTER VIII – DMS
EVALUATION STANDARDS FOR DIAGNOSTIC MEDICAL SONOGRAPHY

SECTION B – Program Supervision, Faculty, and Advisors

Subsection 1 – Supervision

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

The program supervisor (program director):

- i. Holds, at a minimum of, a bachelor's degree earned from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation (CHEA) or an otherwise recognized training entity (e.g., hospital-based program), or equivalent.
- ii. Possesses three years of practical experience in the program field.
- iii. Has teaching experience.
- iv. Demonstrates academic and experiential background in the Diagnostic Medical Sonography profession.
- v. Possesses a current registration/credential from a nationally recognized sonography credentialing agency.
- vi. Possesses certification in any specialty overseen unless a faculty member, who oversees that concentration, is so credentialed.

Subsection 2 – Faculty and consultation advisors

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

Faculty maintain current registration/certification from a nationally recognized sonography credentialing agency and possess certification in any specialty areas in which they are instructing.

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

Active scanning students to instructor ratio in the laboratory normally does not exceed 10:1. Deviations from this ratio are assessed in terms of their effectiveness.

DMS.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. student
- ii. graduate
- iii. employer
- iv. physician (licensed within the United State or its territories)
- v. the public

Commented [KC136]: Conforming changes

A medical advisor attends advisory board meetings and acts as a consultant to the program by participating in goal determination, curriculum development, and outcomes assessment review. The medical advisor is a physician and is currently licensed within a jurisdiction of the United States. The medical advisor is board certified in a relevant medical specialty and has knowledge of the use of medical ultrasound.

**CHAPTER VIII – MTB
EVALUATION STANDARDS FOR MASSAGE THERAPY AND BODYWORK**

SECTION B – Program Supervision, Faculty, and ~~Consultation-Advisors~~

Subsection 1 – Supervision

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

A program supervisor has:

- i. A minimum of an associate degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation.
- ii. Teaching experience.
- iii. A current massage therapy registration, license, or certification through the state in which they work or nationally recognized agency.

Subsection 2 – Faculty and ~~consultation-advisors~~

Commented [KC137]: Conforming changes

MTB.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 area. Faculty teaching must evidence training, continuing education hours, or a certification(s) in the technique being taught.

MTB.B.2.b. Faculty numbers and ratios support the goals of the program.

(no additional requirements beyond Chapter V and, for distance education coursework, Chapter IX)

MTB.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.

(no additional requirements beyond Chapter V)

**CHAPTER VIII – PHT
EVALUATION STANDARDS FOR PHARMACY TECHNOLOGY**

SECTION B – Program Supervision, Faculty, and ~~Consultation~~Advisors

Subsection 1 – Supervision

PHT.B.1. The program supervisor is credentialed in the program field.

The supervisor is either a licensed pharmacist or is a certified pharmacy technician by a nationally recognized and accredited credentialing agency and in good standing with the respective state board. A program supervisor must minimally possess an associate degree.

Subsection 2 – Faculty and ~~consultation~~advisors

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

Faculty must be qualified to instruct their assigned courses based on any applicable state board of pharmacy credentials or requirements.

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

Laboratory student-to-faculty ratio does not exceed 12:1. The student-to-faculty ratio does not exceed 8:1 when performing sterile compounding.

PHT.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. currently licensed and practicing Pharmacist
- ii. program graduate
- iii. employer
- iv. public member (public member is to serve in the role of potential patient)

An individual may not serve in more than one capacity.

Commented [KC138]: Conforming changes

CHAPTER VIII – RT EVALUATION STANDARDS FOR RADIOLOGIC TECHNOLOGY/RADIOGRAPHY

SECTION B – Program Supervision, Faculty, and ~~Consultation-Advisors~~

Subsection 1 – Program supervision

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

The program supervisor:

- i. Graduated from an accredited radiography program.
- ii. Holds a minimum of a master's degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation (CHEA).
- iii. Possesses current ARRT certification in radiography or equivalent (e.g., unrestricted state license).
- iv. Demonstrates minimum of three years of full-time clinical experience in medical imaging.
- v. Possesses two years of experience as an instructor in a program accredited by an agency recognized by the United States Department-Secretary of Education or the Council for Higher Education Accreditation (CHEA).
- vi. Evidences experience in instruction, student evaluation, academic advising, educational methods, and supervision of personnel.

The program supervisor has input into budget preparation and may have limited teaching assignments. 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 ~~(+2)~~ 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 advisors~~

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:

Clinical Coordinator (or Clinical Supervisor):

- i. Graduated from an accredited radiography program.
- ii. Holds a minimum of a baccalaureate degree.
- iii. Possesses current ARRT certification in radiography or equivalent.
- iv. Demonstrates two years of full-time clinical experience in the diagnostic radiography.

- v. Possesses one year of experience as an instructor in a program accredited by an agency recognized by the United States ~~Department Secretary~~ of Education or the Council for Higher Education Accreditation ~~(CHEA)~~.
- vi. Evidences experience in instruction, student evaluation, and academic advising.

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 for 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.

Program Faculty

Program faculty are graduates of an accredited radiography program, hold a baccalaureate degree, and have a current ARRT certification in radiography or equivalent (e.g., unrestricted state license) 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.

Clinical Instructors/Preceptors

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 (e.g., unrestricted state license) 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 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.

Commented [KC139]: Conforming changes

Clinical Staff

Clinical staff hold a minimum of a certificate or diploma in radiography and current ARRT certification in radiography or equivalent (e.g., unrestricted state license). Clinical Staff are trained to supervise students and support the educational process.

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

(no additional requirements beyond Chapter V and, for distance education coursework, Chapter IX)

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.

(no additional requirements beyond Chapter V)

CHAPTER IX – DISTANCE EDUCATION EVALUATION STANDARDS APPLICABLE TO ALL EDUCATIONAL PROGRAMS OFFERING DISTANCE EDUCATION

SECTION D – Student Assessment

IX.D.1. *Establish admissions requirements for distance education programs or course(s) and assess whether students have the skills and competencies to succeed in distance education.*

Admissions requirements for distance education programs or courses should be published in the catalog and identify any special requirements in order to enroll in these types of courses. The institution is required to identify the process for assessing whether the students have the appropriate skills and competencies needed to succeed in taking courses through distance education. Assessment measures may reasonably include appropriate testing, review of credentials in the area of distance education, and/or a personal interview with each candidate.

Commented [KC140]: With this here, removes need for standard IX.H.4.

Commented [KC141R140]: Note: Also proposing adding to Appendix C, but would want to keep here so applicable to programmatic members, too.

SECTION E – Program Management

Subsection 2 – Faculty

IX.E.2.a. ~~*Distance education faculty are assessed on educational methods in the distance education environment by supervisory personnel within 30 days of beginning instruction, and annually thereafter have performance reviews to assess their effectiveness in the distance education environment.*~~

~~Distance education faculty are evaluated within 30 days of beginning instruction in the distance education environment, and annually thereafter.~~ Evidence of the 30-day (for new instructors) and annual evaluations (for continuing instructors) are on file at the respective campus location.

Commented [KC142]: Changes modeled on revisions in V made by src

IX.E.2.b. *Distance education faculty engage students in timely, regular, and substantive interactions within the distance education environment.*

Regular and substantive interactions between faculty and students are evidenced within the distance education delivery environment. The quality of interaction should approximate the residential instructional environment. This applies to both blended and full distance education delivery.

IX.E.2.c. *Evaluation of student performance is provided during distance laboratory experiences.*

An individual who meets the minimum qualifications of a program faculty member is responsible for instructing, assessing, and documenting students' competencies during laboratory experiences. Examples of distance laboratory experiences may include, but are not limited to, virtual, simulation, remote, or training kit-based instruction.

SECTION F – Approvals and Agreements

IX.F.1. *Maintain documentation of ABHES and applicable local, state, and federal approvals for distance education delivery activities and compliance with all applicable local, state, and federal laws and regulations.*

Institutions or programs that deliver distance education outside of the state in which the institutions or programs are physically located comply with all rules and regulations of the states in which they operate. For all states in which

Commented [KC143]: Revised to better connect to what we expect to see

the institution delivers distance education, the institution must have on file state authorizations, if required, and/or a list of states in which authorization is not required.

If an institution offers postsecondary education through distance education in a state that participates in a state authorization reciprocity agreement, and the institution is covered by that agreement, the institution is considered to meet state requirements for it to be legally offering postsecondary distance education courses in that state. The institution is subject to any limitations in that agreement and any additional requirements of that state.

IX.F.2. ~~Maintain records of third-party contractual arrangements~~ education provider agreements and non-instructional service provider contracts regarding delivery of distance education.

An institution or program has on file up-to-date records of contractual relationships and arrangements with ~~third-party~~ external providers. This documentation must clearly delineate the responsibilities of the provider and institution or program and specify that the institution or program maintains responsibility for the academic quality of the offerings. Contracts with distance education delivery or learning management system (LMS) providers are on file.

Commented [KC144]: Reflects updates in Chapter I for education provider agreements

SECTION H – Disclosures

IX.H.1. *Publish instructional delivery methods in the catalog.*

IX.H.2. *Notify students at the time of enrollment of any projected additional student charges associated with distance education.*

If there are specialized or specific fees associated with distance education, this information must be clearly disclosed to the student in writing at the time of enrollment. If an institution does not charge additional or specialized fees for participation in distance education this should be made clear to the student at the time of enrollment.

IX.H.3. *Publish the technology resources required for successful program or course completion.*

An institution or program publishes the technical requirements necessary for participation in distance education, including hardware and software requirements, and reliable Internet connectivity, as applicable.

~~**IX.H.4. *The catalog must include any admissions requirements that are unique for distance education courses or programs.***~~

Commented [KC145]: Added to IX.D.1. guidance and Appendix C so can strike this standard

IX.H.5. *Disclose in writing, prior to enrollment, any material circumstances that may adversely impact an applicant's ability to gain employment in the field for which the applicant is trained.*

If the institution or program offers distance education outside the state in which the institution or program is physically located, it must disclose to the student prior to enrollment, in writing, any barriers to employment for students receiving education in those states.

APPENDIX A ENROLLMENT OF ABILITY – TO – BENEFIT STUDENTS

ABHES requires that institutions accepting students, regardless of method of payment, who do not possess a high school diploma or its equivalent (General Equivalency Diploma), abide by the following requirements in admitting individuals to programs of 300 hours or more who may benefit from the training, hereby referred to as ability-to-benefit (ATB) students.

1. ATB students are not admitted into academic degree program(s).
2. An individual is beyond the age of compulsory school attendance in the state in which the institution is located and demonstrates the ability to benefit from the training offered.
3. An admission policy for all ATB students is based on the institution's stated objectives and is administered as written and published.
4. An institution consistently applies its criteria and maintains records for determining the student's ability to benefit from the training offered. These records include the following:
 - a. a signed recommendation by an appropriate individual(s) making the acceptance determination;
 - b. a passing score on an independently administered ~~creditation of a valid, recognized approved examination/standardized test~~, prior to enrollment (if a timed ~~test~~ exam, the time limit must be observed ~~and passing score measured against an adhered to norm~~), ~~evidence of satisfactory completion of at least six credit hours or the equivalent coursework that are applicable toward a degree or certificate offered by the institution~~, or evidence of completion of a State process which has been approved by the Secretary of Education;
 - c. practicum examinations, if applicable;
 - d. complete records of adequate pre-admission and continuous advising; and
 - e. remediation, as necessary.
5. An institution maintains complete student records that document testing, screening, and counseling and that validate the basis of admission of each student.
6. An institution demonstrates and fully documents the entire system used for accepting students deemed to have the ability-to-benefit from the training offered.
7. An institution determines the student may develop marketable skills.
8. An institution makes a preliminary assessment of student advising and remediation requirements.
9. Annual evaluations are performed to verify the reliability and validity of an institution's admission requirements for ATB students, including the relationship between the test scores and student retention and employment outcomes. Results of these evaluations are used in setting admission entrance requirements, including minimum test scores.

Commented [KC146]: To reflect HEA 484(d)(A) alternate pathways

APPENDIX C CATALOGS

The following items are to be accurate and incorporated:

1. Name, full address, telephone number, website, and facility designation (main campus, non-main campus, separate educational center) for all locations covered by the catalog.
2. Date of catalog printing.
3. Statement of history and ownership.
4. Names of the officers.
5. Mission statement.
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, and website. The scope of accreditation is clearly designated (institutional or program accreditation).
8. Academic calendar listing program timelines, calendar break periods, and holidays.
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.
10. Admission requirements and procedures, including any unique requirements for distance education programs or courses (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.
 - 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. Definition for credit (quarter or semester and its equivalent to clock hours) and clock hours, as applicable.

Commented [KC147]: modernization

Commented [KC148]: Goes with revisions in Chapter IX. To catch up with requirements there

Commented [KC149]: Does not feel like it needs to be called out as in any particular section can be located anywhere in the catalog or appendix, as applicable

13. 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 physical facilities are those actually used by an institution in the instruction of its students and are properly labeled.
14. Standards of Satisfactory Academic Progress.
15. Grading scale (system).
16. Student services describing available services to students, such as academic advising, tutoring, career advising, placement assistance, and facilities, specifically regarding accessibility for disabled students.
17. Cancellation and refund policies and policies for refunds to Title IV programs.
18. 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.
19. A clear statement that an institution does not guarantee employment.
20. Nondiscrimination statement.
21. Rules and regulations (may be included in a student handbook with proper references made in the catalog).
22. 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).
23. Full and complete disclosure of any portion of a program that is delivered in a language other than English.
24. 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 supported by appropriate foreign education equivalency, 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).

Commented [KC150]: Conforming change

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

25. All institutions are of common ownership.
26. Any pictures of facilities are labeled to identify the institution.
27. Supervisory personnel from the corporate or highest administration level are identified.
28. Any information common to all institutions is clearly identified.
29. Full addresses are included and proper campus designation (main, non-main, separate educational center) is made.

APPENDIX D ENROLLMENT AGREEMENTS

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

Commented [KC151]: Moved from standard with striking there

1. Title of agreement and date printed.
2. Name, address, and telephone number of the institution.
3. Program title.
4. Method of delivery.
5. Number of weeks typically required for completion.
6. 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.
7. Credential (degree, diploma, certificate) awarded upon completion.
8. Program tuition including registration fee and any other fees charged and the tuition period for which the agreement covers.
9. 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.
10. Program start date and anticipated end date.
11. Employment guarantee disclaimer.
12. Acknowledgement that a student has received and read the agreement.
13. Signatures of applicant, parent or guardian, as applicable, and school official, and date signed.
14. 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 up-to-date 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.

Commented [KC152]: To follow with some revisions in Chapter V

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.

Commented [KC153]: Now explicit in the Glossary that both are included under clinical experiences

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. Academic transcripts (official or unofficial) for all certificates, diplomas, and/or degrees listed on the ABHES *Faculty Data Sheet* and institutional publications (e.g., catalog, website, etc.).
4. Evidence of current license, certification, or other credential as required by local, state, and/or federal laws to work in the field.
- ~~5. Annual performance evaluations by supervisor.~~
- ~~6.5. Evidence that eClassroom evaluation for new instructors is completed within 30 days of beginning instruction (for new instructors employed less than 12 months) or annual performance evaluation by supervisor (for continuing instructors employed 12 months or more).~~
- ~~7.6. Documentation of continued professional development.~~

Commented [KC154]: This change hopes to clarify when we expect to see a 30-day vs annual evaluation and to align with the changes made in Chapters V and IX regarding faculty evaluation

Commented [KC155R154]: Recheck IX.E.2.a. and the one in V for consistency in saying continuing or new elsewhere

~~8.7.~~ Documentation of participation in in-service training.

~~9.8.~~ Fully completed, signed, and annually updated ABHES Faculty Data Sheets.

~~10.9.~~ Completed Hepatitis B immunization or declination forms for at risk faculty.

GLOSSARY

Academic Engagement – Active participation by a student in an instructional activity related to the student’s course of study that is defined by the institution in compliance with applicable state and accreditation requirements, including attending a synchronous ~~class, lecture, externship, or clinical or laboratory activity~~ lecture, laboratory, or clinical experience, physically or online, where there is an opportunity for interaction between the instructor and students; submitting an academic assignment; taking an assessment or an exam; participating in an interactive tutorial, webinar, or other interactive computer-assisted instruction; participating in a student group, group project, or an online discussion that is assigned by the institution; or, interacting with an instructor about academic matters.

- i. Academic engagement does not include living in institutional housing, participating in the institution’s meal plan, logging into an online class or tutorial without further participation, or participating in academic counseling or advisement.

Branch Campus – A location of an institution that is geographically apart and independent of the main campus of the institution. A location is independent if it 1) is permanent in nature; 2) offers courses in educational programs leading to a degree, certificate, or other recognized educational credential; 3) has its own faculty and administrative or supervisory organization; and 4) has its own budgetary and hiring authority. (See Additional Location)

CHEA – Council for Higher Education Accreditation. A U.S. association of degree-granting colleges and universities that recognizes institutional and programmatic accrediting organizations

Clinical Affiliate – Site where clinical experience is conducted.

Clinical Experiences – A supervised practical experience where students demonstrate knowledge and skills acquired that includes specific learning objectives and evaluation criteria. This experience may be campus-based (i.e., internship) or field-based (i.e., externship) and may be actual or simulated. A field-based clinical experience includes a written agreement between the institution and the clinical site. A clinical experience may be referred to as an externship or internship.

Clock Hours – A period of time consisting of:

- i. A 50- to 60-minute class or ~~lecture, or externship~~ in a 60-minute period;
- ii. A 50- to 60-minute faculty-supervised laboratory or clinical experience in a 60-minute period; or,
- iii. In distance education, 50- to 60-minute period of attendance in:
 - a. A synchronous or asynchronous class, lecture, ~~clinical or externship~~ laboratory, or clinical experience where there is opportunity for direct interaction between the instructor and students; or
 - b. An asynchronous learning activity involving academic engagement in which the student interacts with technology that can estimate the amount of time that the student participates in the activity.

Course – Specific content comprising all or part of a program for which instruction is offered within a specified time period.

Default Management Plan – A plan of actions followed taken by an institution to decrease student defaults pertaining to Title IV student financial aid programs.

Distance Education (Blended) – Lecture and/or laboratory instruction within a program or course is provided in on-ground and distance education formats. (This is sometimes referred to as a hybrid program or course.)

Distance Education (Full) – All lecture and laboratory instruction within a program is provided through distance education.

Commented [KC156]: SRC felt it was important to link it back to ABHES terminology through this link to the other glossary term

Commented [KC157]: Definition based on self-description at www.chea.org/about-chea

Commented [KC158]: Feel this term will help with changes in V.I.1.e. and V.I.2.

Commented [KC159]: Not accurate so struck and explicit addition at the end about the fact that the umbrella clinical experience should include both externship and internship experiences

Commented [KC160]: Not something struggling to define and limits innovation with time period restrictions. It is not a term defined in the federal regulations, so another reason to strike.

Commented [KC161]: FRC may request a default management plan

Commented [KC162]: Grammatical/formatting

Foreign Education Equivalency – Evaluation of a transcript from an institution located outside of the United States and its territories ~~using conducted by~~ an agency which attests to the qualitative and quantitative equivalency of the foreign education, ~~including and the specific course or courses.~~ The ~~institution agency conducting the foreign education equivalency~~ must ~~use the credential evaluation services of an agency that has have~~ published standards for membership, ~~hold~~ affiliations to international higher education associations, and ~~are be~~ frequently linked to and used by federal agencies, educational institutions, and employers (e.g., ~~members of~~ NACES and AICE).

~~**Full Time Student** – A student enrolled for 12 or more semester credits, 12 or more quarter credits or 24 or more contact hours a week each term.~~

Commented [KC163]: Used to tie to eligibility no longer does, so recommend striking

~~**Online Program Management** – Online program management (OPM) refers to the practice of contracting with external providers that help institutions or programs develop and deliver online education and services.~~

Outside hours – Out of class student work, sometimes referred to as student preparation, homework, projects, etc. completed outside of scheduled class time. ~~An institution may seek formal recognition of its outside hours.~~

Commented [KC164]: To note possibility (relates a little to IV.G.1.b.)

~~**Part Time Student** – A student enrolled for either 11 or fewer semester credits, 11 or fewer quarter credits, or fewer 24 contact hours a week each term.~~

Commented [KC165]: Related to federal financial aid (not ABHES assessment) so recommend striking

Program – A combination of courses and related activities (e.g., ~~lecture~~, laboratory, ~~externship~~ ~~clinical experiences~~, competency achievement) that lead to the awarding of an academic, professional, or vocational degree; a certificate; or another recognized educational credential.

~~**Regular High School Diploma** – The standard high school diploma that is awarded to the preponderance of students in the State that is fully aligned with the State standards.~~

~~**Third Party Contract** – A contract between two parties in which the institution/program relinquishes, or shares, part of the management, delivery of education, administration, or any other major institutional function.~~

~~**USDE** – United States Department of Education. The agency of the federal government that establishes policy for, administers, and coordinates most federal assistance to education.~~

Commented [KC166]: Definition based on self-description at www.2.ed.gov/about/overview/focus/what.html