

# **ACCREDITATION MANUAL**

**18<sup>th</sup> Edition**

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***ACCREDITING BUREAU  
OF  
HEALTH EDUCATION SCHOOLS  
(ABHES)***

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# TABLE OF CONTENTS

INTRODUCTION TO ACCREDITATION .....	7
CHAPTER I – GENERAL INFORMATION .....	8
SECTION A – The Bureau .....	8
Subsection 1 – Mission and objectives .....	8
Subsection 2 – Recognition .....	8
Subsection 3 – The Commission .....	8
Subsection 4 – Conflicts of interest and recusal .....	9
Subsection 5 – Confidentiality.....	9
SECTION B – Policies Affecting Institutions and Programs .....	9
Subsection 1 – Disclosure to governmental and recognition agencies .....	9
Subsection 2 – Public participation .....	10
Subsection 3 – Adequacy and relevance of standards .....	11
Subsection 4 – Fees and assessments .....	11
Subsection 5 – Complaints .....	11
Subsection 6 – Dual enrollment.....	14
Subsection 7 – Education provider agreements .....	14
Subsection 8 – Transfer of credit and articulation agreements.....	15
Subsection 9 – Minimum completion requirement.....	16
CHAPTER II – ELIGIBILITY AND CLASSIFICATIONS.....	17
SECTION A – Eligibility for Application .....	17
Subsection 1 – Basic requirements .....	17
Subsection 2 – Advanced requirements.....	19
SECTION B – Classifications of Facilities.....	19
Subsection 1 – Main campus .....	20
Subsection 2 – Non-main campus .....	20
Subsection 3 – Separate educational center.....	20
Subsection 4 – Facility reporting requirements .....	21
CHAPTER III – GENERAL PROCEDURES .....	22
SECTION A – Application, Evaluation, Approval Process, and Recordkeeping.....	22
Subsection 1 – Seeking initial and renewal accreditation.....	22
Subsection 2 – Self-Evaluation Report (SER).....	23
Subsection 3 – Accreditation workshop attendance .....	23
Subsection 4 – Evaluation teams .....	24
Subsection 5 – Post-visit procedures .....	24
Subsection 6 – Commission review .....	24
Subsection 7 – Teach-out requirements.....	25
Subsection 8 – Interim reviews and visits.....	28
Subsection 9 – Recordkeeping.....	28
Subsection 10 – Maintaining accreditation.....	29
SECTION B – Institutional Changes .....	30
Subsection 1 – Non-substantive changes requiring approval .....	30
Subsection 2 – Substantive changes requiring approval.....	31
Subsection 3 – Substantive changes requiring a new comprehensive evaluation.....	32
Subsection 4 – Notifications .....	32
Subsection 5 – Additional requirements regarding specific changes .....	33
Subsection 6 – Addition of a non-main campus .....	35
Subsection 7 – Addition of a separate educational center .....	35
Subsection 8 – Reclassification and reassignment of facilities.....	35

Subsection 9 – Change of location .....	36
Subsection 10 – Change in legal status, ownership, or form of control .....	36
Subsection 11 – Change in method of academic measurement .....	37
Subsection 12 – Change of name.....	37
Subsection 13 – Addition or change of consortium agreement .....	37
SECTION C – Commission Actions.....	37
Subsection 1 – Grant.....	38
Subsection 2 – Grant subject-to .....	38
Subsection 3 – Defer.....	39
Subsection 4 – Program specific warning.....	39
Subsection 5 – Show cause.....	39
Subsection 6 – Withdraw.....	40
Subsection 7 – Deny .....	40
Subsection 8 – Review of new financial information prior to final adverse action.....	40
Subsection 9 – Relinquishment.....	41
SECTION D – Other Reviews, Notification, Publication, and Reapplication.....	41
Subsection 1 – Regard for decisions of states and other accrediting and federal agencies .....	41
Subsection 2 – Notification of actions .....	42
Subsection 3 – Publication of accredited institutions and programs .....	43
Subsection 4 – Reapplication.....	43
Subsection 5 – Additional notices.....	43
SECTION E – Appearances, Hearings, and Appeals.....	44
Subsection 1 – Program specific warning.....	44
Subsection 2 – Show cause.....	44
Subsection 3 – Appeals.....	44
CHAPTER IV – EVALUATION STANDARDS APPLICABLE TO INSTITUTIONALLY ACCREDITED MEMBERS .....	48
SECTION A – Mission and Objectives .....	48
SECTION B – Financial Capability.....	48
SECTION C – Administration and Management .....	49
SECTION D – Compliance with Government Requirements.....	49
SECTION E – Representations, Advertising, and Recruitment.....	50
Subsection 1 – Representations .....	50
Subsection 2 – Advertising .....	50
Subsection 3 – Recruiting and Admissions .....	52
Subsection 4 – Enrollment documents.....	52
Subsection 5 – Catalog .....	53
Subsection 6 – Disclosure.....	53
SECTION F – Student Finance.....	53
Subsection 1 – Tuition and fees.....	53
Subsection 2 – Collection practices and procedures.....	53
Subsection 3 – Cancellation and refund policies .....	54
SECTION G – Programs.....	55
SECTION H – Satisfactory Academic Progress .....	56
SECTION I – Student Satisfaction .....	57
SECTION J – Physical Environment.....	57
CHAPTER V – EVALUATION STANDARDS APPLICABLE TO ALL EDUCATIONAL PROGRAMS .....	58
SECTION A – Goals and Oversight .....	58
SECTION B – Curriculum, Competencies, Clinical Experience.....	59
SECTION C – Instruction.....	61
Subsection 1 – Syllabi .....	61

Subsection 2 – Instructional resources and delivery.....	61
SECTION D – Student Assessment.....	62
Subsection 1 – Admissions.....	62
Subsection 2 – Scheduling and grading of examinations .....	63
Subsection 3 – Student experience .....	63
Subsection 4 – Advising .....	63
Subsection 5 – Graduation.....	63
SECTION E – Program Management and Faculty .....	64
Subsection 1 – Program management.....	64
Subsection 2 – General faculty requirements .....	65
Subsection 3 – Ratios and teaching load .....	66
Subsection 4 – In-service training .....	67
Subsection 5 – Professional development.....	67
SECTION F – Safety .....	67
SECTION G – Student and Graduate Services .....	67
SECTION H – Disclosures .....	67
SECTION I – Student Achievement and Program Effectiveness .....	69
Subsection 1 – Student achievement indicators.....	69
Subsection 2 – Program Effectiveness Plan (PEP) content .....	72
SECTION J – Student Record Management.....	73
CHAPTER VI – DEGREE PROGRAM STANDARDS .....	75
SECTION A – Occupational and Applied Science Degrees.....	75
Subsection 1 – Basic requirements .....	75
Subsection 2 – Curriculum .....	75
Subsection 3 – Learning resources .....	76
Subsection 4 – Faculty .....	76
Subsection 5 – Advertising.....	77
SECTION B – Academic Associate Degrees .....	77
Subsection 1 – Basic requirements .....	77
Subsection 2 – Curriculum .....	77
Subsection 3 – Learning resources .....	78
Subsection 4 – Faculty .....	78
Subsection 5 – Advertising .....	79
Subsection 6 – Admissions .....	79
SECTION C – Baccalaureate Degrees.....	79
Subsection 1 – Basic requirements .....	79
Subsection 2 – Curriculum .....	79
Subsection 3 – Learning and instructional resources.....	80
Subsection 4 – Program supervision and faculty .....	81
Subsection 5 – Advertising.....	82
Subsection 6 – Admissions.....	82
Subsection 7 – Student services.....	82
SECTION D – Master’s Degrees .....	82
Subsection 1 – Basic requirements .....	82
Subsection 2 – Curriculum .....	82
Subsection 3 – Library and instructional resources .....	83
Subsection 4 – Program supervision and faculty .....	84
Subsection 5 – Advertising.....	84
Subsection 6 – Admissions .....	85
Subsection 7 – Student services.....	85
CHAPTER VII – PROGRAMMATIC REQUIREMENTS .....	86

CHAPTER VII – MA - EVALUATION STANDARDS FOR MEDICAL ASSISTING .....	87
SECTION A – Curriculum, Competencies, and Externship .....	88
SECTION B – Program Supervision, Faculty, and Consultation .....	91
Subsection 1 – Supervision.....	91
Subsection 2 – Faculty and consultation.....	91
SECTION C – Laboratory Facilities and Resources.....	92
CHAPTER VII – MLT - EVALUATION STANDARDS FOR MEDICAL LABORATORY TECHNOLOGY .....	93
SECTION A – Curriculum, Competencies, Externship, and/or Internal Clinical Experience.....	94
SECTION B – Program Supervision, Faculty, and Consultation .....	98
Subsection 1 – Supervision.....	98
Subsection 2 – Faculty and consultation.....	98
SECTION C – Educational Facilities and Resources .....	98
CHAPTER VII – ST - EVALUATION STANDARDS FOR SURGICAL TECHNOLOGY.....	100
SECTION A – Curriculum, Competencies, and External and/or Internal Clinical Experience.....	101
SECTION B – Program Supervision, Faculty, and Consultation .....	102
Subsection 1 – Supervision.....	102
Subsection 2 – Faculty and consultation.....	102
SECTION C – Laboratory Facilities and Resources.....	103
CHAPTER VIII – PROGRAM SPECIFIC REQUIREMENTS .....	105
Summary of Distinctions Between Dental Assisting I and Dental Assisting II Programs.....	106
CHAPTER VIII – DA I - EVALUATION STANDARDS FOR DENTAL ASSISTING.....	110
SECTION A – Curriculum, Competencies, and Externship and/or Internal Clinical Experience.....	112
SECTION B – Program Supervision, Faculty, and Consultation .....	117
Subsection 1 – Supervision.....	117
Subsection 2 – Faculty and consultation.....	118
SECTION C – Laboratory Facilities and Resources.....	118
SECTION D – Radiation Safety .....	119
CHAPTER VIII– DA II - EVALUATION STANDARDS FOR DENTAL ASSISTING .....	121
SECTION A – Curriculum, Competencies, and Externship and/or Internal Clinical Experience.....	123
SECTION B – Program Supervision, Faculty, and Consultation .....	128
Subsection 1 – Supervision.....	128
Subsection 2 – Faculty and consultation.....	129
SECTION C – Laboratory Facilities and Resources.....	130
SECTION D – Radiation Safety .....	131
CHAPTER VIII – DMS - EVALUATION STANDARDS FOR DIAGNOSTIC MEDICAL SONOGRAPHY .....	132
SECTION A – Curriculum, Competencies, and Clinical Experience.....	133
SECTION B – Program Supervision .....	144
Subsection 1 - Supervision .....	144
Subsection 2 – Faculty and consultation.....	145
SECTION C – Laboratory Facilities and Resources.....	145
CHAPTER VIII – MTB - EVALUATION STANDARDS FOR MASSAGE THERAPY AND BODYWORK .....	146
SECTION A – Curriculum, Competencies, and Clinical Experiences .....	147
SECTION B – Program Supervision, Faculty, and Consultation .....	150
Subsection 1 – Supervision.....	150
Subsection 2 – Faculty and consultation.....	150
SECTION C – Laboratory and Massage Clinic Facilities and Resources .....	150
CHAPTER VIII – PHT - EVALUATION STANDARDS FOR PHARMACY TECHNOLOGY.....	152
SECTION A – Curriculum, Competencies, and Clinical Experience.....	153
SECTION B – Program Supervision, Faculty, and Consultation .....	160
Subsection 1 – Supervision.....	160
Subsection 2 – Faculty and consultation.....	160

SECTION C – Laboratory Facilities and Resources.....	161
SECTION D – Admissions .....	162
CHAPTER VIII – RT - EVALUATION STANDARDS FOR RADIOLOGIC TECHNOLOGY/RADIOGRAPHY .....	163
SECTION A – Curriculum, Competencies, and Clinical Experience .....	164
SECTION B – Program Supervision, Faculty, and Consultation .....	165
Subsection 1 – Program supervision.....	165
Subsection 2 – Faculty and consultation.....	166
SECTION C –Laboratory Facilities and Resources.....	167
SECTION D – Radiation Safety .....	167
CHAPTER IX – DISTANCE EDUCATION - EVALUATION STANDARDS APPLICABLE TO ALL EDUCATIONAL PROGRAMS OFFERING DISTANCE EDUCATION .....	169
SECTION A – Goals and Oversight .....	169
SECTION B – Curriculum, Competencies, and Clinical Experiences .....	169
SECTION C – Technology and Learning Resources.....	170
SECTION D – Student Assessment.....	170
SECTION E – Program Management.....	171
Subsection 1 – Program administration .....	171
Subsection 2 – Faculty .....	171
Subsection 3 – Ratios.....	172
Subsection 4 – Faculty training.....	172
SECTION F – Approvals and Agreements .....	172
SECTION G – Student Support Services.....	173
SECTION H – Disclosures .....	173
APPENDICES .....	174
APPENDIX A ENROLLMENT OF ABILITY – TO – BENEFIT STUDENTS .....	175
APPENDIX B STANDARDS OF SATISFACTORY ACADEMIC PROGRESS .....	176
APPENDIX C CATALOGS .....	177
APPENDIX D ENROLLMENT AGREEMENTS.....	179
APPENDIX E RECORDS MAINTENANCE .....	180
APPENDIX F COURSE SYLLABI REQUIREMENTS.....	182
APPENDIX G FEES .....	183
APPENDIX H BYLAWS.....	187
GLOSSARY .....	202

## 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**.

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).

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.

# **CHAPTER I – GENERAL INFORMATION**

## **SECTION A – The Bureau**

### **Subsection 1 – Mission and objectives**

The mission of the Accrediting Bureau of Health Education Schools (ABHES) is to serve as a nationally recognized accrediting agency of institutions predominantly providing health education and programmatic accreditation in specific health education disciplines.

The objectives of ABHES are as follows:

- a. To enhance the quality of education and training and promote institutional and programmatic accountability in the institutions and programs it accredits.
- b. To establish eligibility criteria and evaluation standards for the administration and operation of institutions providing predominantly health education and programs in specific health education disciplines.
- c. To ensure that eligibility criteria and evaluation standards are relevant, valid and reliable, and predictive of successful qualitative outcomes through a comprehensive program of systematic review, enhancement, and follow-up.
- d. To enhance employment outcomes through quality improvement of institutions and programs.
- e. To promote sound business and ethical standards.

### **Subsection 2 – Recognition**

ABHES is an independent non-profit agency unrelated to any trade or membership organization.

ABHES is recognized by the United States Secretary of Education (Secretary) 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 change.

ABHES accredits programmatically for the three programs identified above being taught in both public and private institutions. It also accredits institutionally outside of the health education area, provided the institutions retain predominance in health education (see II.A.1.a. for ABHES' definition of predominance).

Any proposed change to the mission, policies, procedures, or accreditation standards that alters ABHES' scope of recognition or compliance with requirements for recognition will be submitted to the Secretary.

### **Subsection 3 – The Commission**

The Commission is composed of a minimum of nine and a maximum of fifteen commissioners, including a blend of educators (academic and administrative), practitioners, and public members. The majority of the Commissioners are elected by institutional personnel representing institutions and programs accredited by ABHES. The remaining



Commissioners are appointed by the Commission itself. At least two Commissioners are owner representatives, and at least one-seventh of the Commissioners represent the public.

The composition of the Commission, the qualifications of the Commissioners, the process for selecting Commissioners, the term of office for Commissioners, the Commission's powers and responsibilities, the general meeting guidelines, and other important information relative to the operation of ABHES are described in detail in its Bylaws.

#### **Subsection 4 – Conflicts of interest and recusal**

The Commission conducts its evaluation of institutions and programs in an objective and confidential manner. To ensure objectivity, impartiality, and integrity in the accreditation process, individuals involved in the ABHES accreditation process, including Commissioners, evaluators, staff members, committee members, appeal panelists, and consultants will not be involved in considerations or evaluations of institutions or programs that constitute a conflict of interest. Individuals will not accept any gratuity from a reviewed institution or program and will not disclose any information received as the result of their involvement in the accreditation process and must identify actual or potential conflicts of interest to the ABHES Executive Director. The Executive Director, legal counsel, or the Commission will determine whether the individual should be recused from review of an institution or program.

Examples of possible conflicts of interest include:

- a. Ownership of stock in the company or parent organization owning the institution.
- b. Current or prior service as an employee, officer or director of, consultant to, or in a business or financial relationship with the institution.
- c. Competition in the same service area as the institution.
- d. Personal friendship other than casual business relationship with owners, operators, or senior employees of the institution.
- e. Any other interest which affects or may affect the objective judgment of the individual (e.g., Commissioner, evaluator, staff person), in the performance of his or her responsibilities.

#### **Subsection 5 – Confidentiality**

The information provided by institutions and programs subject to ABHES' accreditation will be maintained in strict confidence and used solely for the purpose of evaluating the institution or program's compliance with ABHES requirements. The individuals involved in the review, will not discuss the accreditation matters related to an institution or program outside normal Commission meetings, unless such discussion is necessary to conduct Commission business effectively.

### **SECTION B – Policies Affecting Institutions and Programs**

#### **Subsection 1 – Disclosure to governmental and recognition agencies**

The Commission submits to the Secretary of the United States Department of Education information regarding an institution's compliance with federal student aid program requirements if (1) the Secretary requests such information, or (2) the Commission finds (a) that the institution is failing to meet its Title IV program responsibilities; (b) there is systemic or significant noncompliance with the Commission's standards for allocation of credit hours; or (c) that it appears that the institution is involved in fraud and abuse with respect to Title IV programs.

Such notification from ABHES based on (2) (a), (b), or (c) above will be referred to the appropriate Department of Education staff through the Executive Director. Prior to submitting information to the Secretary based on these three items, the institution will be given an opportunity, if appropriate and at the discretion of the Executive Director, to comment on the Commission's findings and to evidence compliance. The Executive Director of ABHES will determine on a case-by-case basis whether the disclosure of information to the Secretary, pursuant to 2 (a), (b) or (c) should be confidential and will maintain confidentiality if requested by the Department.

At the same time notice is given to the institution or program but not later than thirty days after it reaches a decision, the Commission provides written notice of the following decisions to the Secretary, the appropriate state licensing or authorizing agency, the appropriate accrediting agencies, and the public.

- i. A decision to grant initial and renewal accreditation.
- ii. A final decision to issue a show cause directive or program specific warning.
- iii. A decision to initiate a denial of or withdrawal of accreditation.
- iv. A final decision to deny or withdraw the accreditation of an institution or program.

Within 60 days of any decision listed above, the Commission makes available to the Secretary, the state approving agency, and the public a brief statement summarizing the reasons for the decision and the official comments, if any, that the affected institution or program may wish to make with regard to the decision or evidence that the institution or program has been offered the opportunity to comment.

An applicant for accreditation explicitly agrees that, if accreditation is granted, all records pertaining to that institution may be made available to the Secretary, the state licensing agency, and other state regulatory agencies.

Within 60 days of a final negative action, the Commission makes available to the Secretary, appropriate state agencies, recognized accrediting agencies, and the public a brief statement summarizing the reasons for the negative action determination and the official comments, if any, that the institution or program made with regard to the Commission's decision or in the absence of official comment from the affected institution of program evidence that the institution or program was offered the opportunity to provide official comment.

If the Secretary provides the Commission with information regarding an institution's non-compliance with Title IV program requirements, the Commission considers that information and an investigation ensues.

## **Subsection 2 – Public participation**

The Commission provides accredited institutions and programs, the Secretary of Education, state licensing agencies, other state regulatory agencies, accrediting agencies, and other interested parties, an opportunity to comment on proposed new accreditation standards or changes to existing standards to which ABHES-accredited institutions and programs are subject. If ABHES determines that it needs to make changes to its standards, it initiates action within 12 months to make the changes and completes that action within a reasonable period of time.

ABHES also provides opportunity to comment on institutions or programs seeking new or renewal grants of accreditation.

### **Subsection 3 – Adequacy and relevance of standards**

The Commission is responsible for the process of establishing the adequacy and relevance of its evaluation standards to achieve the ABHES mission. The Standards Review Committee (SRC) is charged with an annual review of the evaluation standards using a five-year cycle by which time a substantive review of each standard is complete.

The SRC has, at minimum, one annual meeting. Its review includes participation and input from appropriate constituents, including accredited institutions and programs, students, graduates, employers of graduates, and industry leaders. The results of its review, including recommendations for revisions to standards, is reported to and used by the Commission to determine that the standards are in fact valid and reliable indicators of quality and are commonly accepted by the educational community. Standards are subsequently revised by the Commission.

Essential components of this process include, but are not limited to, the following activities:

- i. Continual emphasis on the development of well-defined, outcome-specific standards, focusing on multiple measures.
- ii. Frequent objective evaluations of compliance based upon information gathered and verified during routine on-site assessments and administrative reports.
- iii. Comprehensive analysis of individual and group data to identify patterns of performance.
- iv. Systematic reviews of compliance through committees that examine these data determine their significance and make recommendations for appropriate action. During this review process, consideration is also given to the consequences of these activities on the profession and community at large. Such measures evaluate the relevancy and clarity of existing standards, industry trends, content emphasis and frequency of ABHES training workshops, necessity for follow-up visitations, interim reports, and other similar activities. The ultimate objective is to establish a productive cycle of activities that ensures current and meaningful requirements, increased standards compliance, and improved process integrity and product quality on a continual basis.

### **Subsection 4 – Fees and assessments**

The Commission establishes and periodically modifies annual sustaining fees based on the needs of ABHES and user fees based on the approximate cost of providing the evaluation service for an institution or program (see Appendix G, Fees). Failure to pay fees timely may result in withdrawal of accreditation.

### **Subsection 5 – Complaints**

ABHES reviews complaints against an accredited institution or program that relate to the accreditation requirements set forth in the *Accreditation Manual*. If a complaint raises a question of possible violation of these requirements, the institution or program will be given the opportunity to respond to the complaint in accordance with the procedural requirements below. If a violation is found, ABHES will take appropriate action. ABHES maintains all records of complaints received against institutions or programs.

#### **Complaint Requirements:**

1. All complaints must be submitted using the ABHES on-line complaint system at <https://complaintsabhes.com>. The complaint should include a narrative section filled out for each complaint type. Additionally, any supporting documentation should be uploaded into the system.

ABHES reviews complaints that are accompanied by documentation and set forth facts and circumstances in sufficient detail to permit an effective response from the institution or program. The complaint should identify accreditation standards and requirements published in the ABHES *Accreditation Manual* that are germane to the complaint.

2. The complaint should include evidence of efforts to resolve the complaint through the institution or program's internal grievance procedures, or alternatively indicate that such efforts would be unproductive.
3. ABHES will not intervene on behalf of individuals in cases of personnel action, and will not review an institution or program's internal administrative decisions in such matters as admissions decisions, academic dishonesty, assignment of grades, or similar matters unless the context of an allegation suggests that unethical or unprofessional conduct or action may have occurred that may raise questions about the institution or program's compliance with an ABHES standard or accreditation requirement.
4. **Timing of Complaints:** Complaints must be made within 90 days of the last event that is material to the complaint.
5. **Anonymous Complaints:** ABHES accepts anonymous complaints but will require the institution or program to respond only if, in the absence of the identity of the complainant, it can be determined that the allegations constitute a possible violation of accreditation requirements. When the identity of the complaint is a material fact necessary to permit the institution or program a full and fair opportunity to respond or the lack of identity of the complainant makes it impossible to determine with reasonable certainty that a violation of accreditation requirements may have occurred, then the anonymity of the complainant may be a basis for dismissing a complaint. Anonymity will prevent notification to complainants and requests to complainants for additional information set forth in this section which are therefore not applicable to anonymous complaints.
6. **Requests for Confidentiality:** Complainants may request that ABHES withhold their identity from an institution or program named in the complaint. ABHES will review the complaint but, in its discretion, may not be able to process a complaint where the identity of the complainant is a material fact necessary to determining whether a violation has occurred or is needed to permit the institution or program a full and fair opportunity to respond to the complaint allegations.
7. **Referrals to Other Agencies:** ABHES may refer complaints and/or complainants to appropriate federal, state, or private agencies with jurisdiction or special expertise that is relevant to the complaint where compliance with ABHES standards or other accreditation requirements is not central to the complaint. In ABHES' discretion a copy of the complaint may be provided to the institution or program.
8. **Conflict of Interest:** ABHES's conflict of interest policies apply to the investigation and resolution of complaints.

#### Complaint Procedure:

1. Within 15 days of receipt of the complaint, ABHES will assess whether the complaint states a possible violation of accreditation requirements. For the purposes only of this initial assessment of the complaint, ABHES will accept facts alleged in the complaint as true. If more information is needed to assess the complaint, ABHES request it from the complainant, who must then provide the information in order for ABHES to continue the complaint process. A complaint that lacks sufficient detail to permit an institution or program to respond effectively will be dismissed and the complainant so notified.
2. If the complaint does not allege a violation of accreditation requirements, ABHES will inform the complainant and the file will be closed. The complainant may request in writing that a decision to close the complaint at this

stage be reviewed by the Executive Committee. The Executive Committee will consider such request within 30 days and will either affirm the decision to close the complaint or reopen the case and direct the institution or program to respond. The complainant will be notified of this decision.

3. ABHES will forward the complaint to the institution or program for a response if the allegation(s) could potentially constitute a violation of accreditation requirements. ABHES will also provide a summary of possible violations of accreditation requirements based on its analysis of the complaint. This summary is not to be taken as comprehensive or conclusive since ABHES may determine, during the course of further review, that there is evidence of noncompliance with other accreditation requirements not included in the summary.
4. The institution or program must respond directly to the complaint and provide any specific information or documentation requested by ABHES. The response should be structured as follows: (a) deny the allegation(s) of the complaint and present evidence to the contrary, (b) acknowledge the allegation(s) of the complaint and demonstrate the allegation(s) do not constitute violation(s) of accreditation requirement(s), and/or (c) accept the allegation(s) and document the actions taken to assure that the violation has been corrected and will not occur in the future. The institution or program will be provided no more than 30 days from the date of the ABHES letter to respond to the complaint.
5. Within 15 days of receipt of the response, ABHES will determine whether it appears more likely than not that there is a violation of an accreditation requirement. ABHES may request additional information from either the complainant or respondent if it believes such information is necessary to the resolution of the complaint and will reevaluate the response after the institution or program has had an opportunity to submit such additional information.
6. If it appears there is no violation of accreditation requirements, ABHES will inform both the complainant and the respondent that the complaint has been closed. If it appears there was a violation of an accreditation requirement and the institution or program has demonstrated it has taken sufficient corrective action to come into compliance, ABHES will inform both the complainant and the respondent that the complaint has been closed. If it appears more likely than not that there may be a violation of an accreditation requirement and the institution or program has not demonstrated sufficient corrective action, or if the complaint review reveal non-compliance of a more systemic nature, the matter will be referred to the Executive Committee for action and the institution or program will be notified of the referral. Within 30 days of receipt of a referral, the Executive Committee will (a) determine that there is no violation and dismiss the matter, (b) request additional information, (c) order the institution or program to take specific actions to bring it into compliance, (d) issue a show cause order, or (e) refer the case to the Commission for action up to and including withdrawal of accreditation. In all cases, the complainant and the respondent will be notified of the disposition of the complaint once it becomes final.

#### Complaints Against ABHES:

ABHES reviews complaints against ABHES in a timely, fair, and equitable manner, and applies unbiased judgment to take follow-up action, as appropriate, based on the results of its review.

The Commission maintains all records of complaint received against ABHES.

The process for complaints against ABHES is as follows:

All complaints against ABHES must be submitted using the ABHES on-line complaint system at <https://complaintsabhes.com>. The complaint must state in narrative format the specific allegations in sufficient detail and with sufficient supporting documentation to permit understanding of the nature of the complaint and its factual support. If the complaint pertains to ABHES staff or any ABHES representative, the written complaint may

be addressed to the Executive Director directly at [complaints@abhes.org](mailto:complaints@abhes.org) or mailed to the ABHES office located at 7777 Leesburg Pike, Suite 314 North, Falls Church, Virginia 22043. If the complaint pertains to the Executive Director, the written complaint must be addressed to the ABHES Commission.

1. The complaint and its supporting documentation will be reviewed within 30 days of receipt by ABHES. Thereafter, the reviewer(s) will act to gather any additional information deemed relevant to the disposition of the complaint.
2. The reviewer(s) will issue a decision on the complaint. Notice of the decision will be provided to the complainant.

#### Complaint Reports:

A Complaint Report is provided to the Commission at each Commission meeting.

### **Subsection 6 – Dual enrollment**

#### ***Dual Enrollment Agreements***

Dual Enrollment also known as concurrent enrollment or dual credit allow students without a high school diploma or GED to enroll in courses for which college credit is offered. Accredited institutions and programs may participate in a Dual Enrollment agreement with another entity only if that entity is a participating school that is authorized to offer Dual Enrollment under its state statutes, policies, and regulations.

All Dual Enrollment Agreements must be approved by ABHES prior to implementation. The institution seeking approval must submit a Dual Enrollment Agreement that minimally includes (1) the student selection process; (2) location of course(s) and/or programs as well as delivery method; and (3) transfer of credit eligibility. The institution must explain the process for payment of coursework and state specifically if federal financial aid is used. In the case of Title IV funding, a copy of the approval from the United States Department of Education must also be submitted.

All programs and courses offered through dual enrollment are held to ABHES institutional standards and a statement indicating that the institution retains responsibility for its compliance must be submitted along with the Dual Enrollment agreement.

### **Subsection 7 – Education provider agreements**

Education provider agreements refer to situations in which an ABHES accredited institution or program, referred to as the home institution or program, arranges to have some portion of its education program curriculum provided by another party, or host. In these cases, the coursework provided is treated as if it had been provided directly by the home institution or program. In all cases, home institutions and programs should provide, to prospective and enrolled students, clear disclosure of the nature of their educational delivery agreements.

Agreements to provide student instruction must be approved by ABHES prior to implementation.

#### ***Consortium Agreements***

Consortium agreements are arranged between two or more institutions or programs accredited by ABHES or another agency recognized by the United States Department of Education (USDE) or the Council for Higher Education (CHEA). Under a consortium agreement, the degree or certificate granting school accepts the credits taken at another institution(s) as if they were offered by the student's home institution. The assumption is that the institution

has found another school or organization's academic standards to be the equivalent to its own level of instruction. All schools and campuses involved in the sharing of courses must have any required approvals (by an accreditor recognized by the USDE or CHEA and state authorizing agencies) to offer the courses which will be shared. If a host institution or program is offering courses via distance education delivery, it should also have the appropriate distance education approvals.

### ***Contracting Agreements***

Distinct from Consortium Agreements, a "contracted agreement" is the execution of a contract under which an institution, organization, or program not certified to participate in the Title IV, HEA programs offers up to 49% of the accredited institution's educational program. The home institution must provide clear evidence of the capacity of the partner to provide the education and evidence that the program complies with all ABHES standards. This provision is not intended to apply to clinical affiliation agreements.

### **Subsection 8 – Transfer of credit and articulation agreements**

Every institution must have transfer of credit policies that are publicly disclosed in accordance with 34 CFR§668.43(a) (11) of the Higher Education Act (HEA) and include a statement of the criteria established by the institution regarding transfer of credit earned at another institution of higher education. Institutions are encouraged to accept transfer credits to promote academic mobility and to avoid requiring students to unnecessarily repeat prior equivalent coursework.

An institution or program may accept credits 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) to satisfy specific requirements for completion of a program. An institution or program may accept credits or clock hours earned at another institution that is not located in the United States or its territories if the specific foreign education is evaluated by an agency which attests to the qualitative and quantitative equivalency of the foreign education and the specific course or courses for which transfer credit is to be awarded. The institution must use the credential evaluation services of an agency that has published standards for membership, affiliations to 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).

The institution or program must demonstrate that it has evaluated the coursework accepted for transfer in accordance with its published policies, and the basis for a conclusion that it is equivalent to the coursework for which it substitutes and meets all ABHES requirements, including competency achievement.

### ***Articulation Agreements***

As an alternative to case-by-case consideration of requests for transfer of credit, an institution or program may enter into an articulation agreement with an institution accredited by an agency recognized by the United States Department of Education (USDE) or the Council for Higher Education Accreditation (CHEA). Articulation agreements are encouraged to provide opportunities for students' academic mobility.

An articulation agreement formalizes transfer of credits under certain specific conditions stated in the agreement and provides for acceptance of specific credits earned at the other institution to satisfy specific requirements for completion of a program. Credits accepted from another institution pursuant to such an agreement are transfer credits and must meet all provisions regarding transfer credits. The receiving institution or program must demonstrate the basis for concluding that each transfer credit accepted is equivalent to the credit that it replaces in terms of the knowledge and skill the credit represents in the curriculum design.

**Subsection 9 – Minimum completion requirement**

At a minimum, 25 percent of the credits or the recognized clock-hour equivalent required for completion of a program must be earned through coursework offered by and completed at the institution or program granting the credential.



## **CHAPTER II – ELIGIBILITY AND CLASSIFICATIONS**

### **SECTION A – Eligibility for Application**

Prior to consideration for accreditation, the Commission will determine preliminarily whether an institution or program meets the requirements for accreditation.

#### **Subsection 1 – Basic requirements**

##### **a) Institutional Eligibility**

In order for a postsecondary institution to apply for accreditation and to remain accredited, it must meet the following minimum criteria:

- (1) It is either (a) an institution in the private sector whose principal activity is education, (b) a hospital or laboratory-based training school, (c) a vocational training institution, or (d) a federally sponsored training program.
- (2) It is an educational institution that offers programs predominantly in the health education field. An institution meets this requirement if either (a) 70 percent or greater of its students are enrolled in active programs in the health field or (b) 70 percent or greater of its active programs are in the health education field and at least 50 percent of its students are enrolled in those programs. A program is active if it has a current student enrollment and is seeking to enroll students.
- (3) All of its programs are career focused and designed to lead to employment or advancement in career field.
- (4) It is located in the United States or its territories.
- (5) It is properly licensed, chartered or approved to provide education beyond the secondary level under the laws and regulations of the state(s) or territories in which it operates, including any regulatory oversight body approval required to operate specific programs.
- (6) It must have been legally operating continuously and providing instruction as an institution for at least the two years prior to application.
- (7) It has enrollment in the program(s) to be included in the grant of accreditation to allow evaluation of student outcomes. (Does not apply to current-institutionally-accredited members).
- (8) It has at least one graduating class from at least one currently offered program to allow evaluation of the overall educational effectiveness of the program of study offered.

## **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 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:
  - (a) **Medical Assisting**
    - i. Attainment of entry-level competencies (see MA.A.1. in Chapter VII-MA). Program length must consist of at least 720 clock hours, including at least 160 clock hours in clinical experience (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 hours in combined clinical and laboratory experience, including a minimum of 400 hours in a clinical experience (externship) environment.
  - (c) **Surgical Technology**
    - i. Consistency with the current Core Curriculum for Surgical Technology, produced by the Association of Surgical Technologists ([www.ast.org](http://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*. Program length must consist of at least 1100 clock hours, including at least 500 clock hours in clinical experience (externship). At a minimum, all graduates must complete the surgical technology program with an associate degree.

## **Subsection 2 – Advanced requirements**

### **a) Master’s Degree Eligibility**

An institution must be currently approved to award a baccalaureate degree, have current enrollment in a baccalaureate degree program, and have graduated at least one baccalaureate degree cohort to offer a master’s level program.

### **b) Eligibility Outside of ABHES Scope of Recognition**

ABHES may accredit institutions and programs outside the scope of recognition under the Secretary of the United States Department of Education (Secretary). The principal difference between participation in accreditation activities within the ABHES scope of recognition is that accreditation under this section and outside that scope does not provide such institutions with accreditation recognized by the Secretary.

An institution or program that participates in accreditation activities outside the ABHES scope of recognition may expect to benefit from objective assessment and feedback according to ABHES standards of accreditation.

The Commission, acting through its Executive Committee, may from time to time consider eligible applications for accreditation that are outside the ABHES scope of recognition under the Secretary.

The Executive Committee shall determine and publish the specific policies and procedures for applications for accreditation that are outside the ABHES scope of recognition, including specific limits on eligibility and fees for accreditation.

Any institution or program submitting an application for accreditation pursuant to this section and outside the scope of recognition by the Secretary does so with the understanding that the accreditation to be awarded is not recognized by the Secretary, and further that it may not be eligible to participate in any program such as federal Title IV funding that requires accreditation by an agency recognized by the Secretary.

Any institution or program submitting an application for accreditation pursuant to this section and outside the scope of recognition by the Secretary must demonstrate that it has the financial capability to ensure continuity of operation and to fulfill its obligations to students and employees.

An institution or program that is accredited pursuant to this section may truthfully represent that it is accredited by ABHES only when it makes clear that the grant of accreditation under this section is not recognized by the Secretary.

## **SECTION B – Classifications of Facilities**

The following definitions apply to facilities used by accredited institutions holding ABHES institutional accreditation. The campus designation for an ABHES accredited program is determined by its institutional accreditor. Other regulatory bodies may have different designations.

Main campus and non-main campus designations apply to ABHES accredited institutions only. ABHES accredited programs may operate a portion of a program, not to exceed 50 percent, at a separate educational center.

### **Subsection 1 – Main campus**

A main campus is an educational facility that is approved as such by ABHES and the state in which it is located to provide post-secondary educational programs and services. An institution's grant of accreditation includes its main campus, non-main campus(es), and separate educational center(s) as applicable.

### **Subsection 2 – Non-main campus**

A non-main campus is an educational facility that is approved by ABHES and is considered an *Additional Location* (see Glossary). A non-main campus meets the following requirements:

- a) It is under the same ownership as the accredited main campus.
- b) It offers at least one complete program leading to an occupational objective. It may be approved by ABHES to offer programs that are not offered at the main campus.
- c) It has documented legal authorization from the appropriate regulatory body(ies) in the state(s) where the non-main campus is located and operates.
- d) It is described as a non-main campus in the catalog.

### **Subsection 3 – Separate educational center**

A separate educational center is an educational facility that is approved as such by ABHES and is considered an extension of an ABHES approved main or non-main campus, or approved location of an ABHES accredited program. The separate educational center is also considered an *Additional Location* (see Glossary) when more than 50 percent of a program is offered at the facility.

A separate educational center meets the following requirements:

- a) It is under the same ownership as the main or non-main campus or the same sponsor of an ABHES accredited program to which it is assigned.
- b) It has documented legal authorization to operate by the appropriate regulatory body(ies) in the state where it is located and operates or is exempt from authorization.
- c) It is described as a separate educational center in the catalog of the main or non-main campus.
- d) Educational and student services are provided and readily accessible to students attending classes at the separate educational center. Services must approximate the quality and scope of the same services provided to students at the main or non-main campus or approved location of an ABHES accredited program.

Separate educational center(s) located beyond a reasonable and customary commuting distance (beyond 50 miles or more than one hour) from the main or non-main campus or ABHES accredited program must meet the following additional requirements:

- a) Student records are readily accessible to the separate educational center and students.
- b) Staff are assigned, available, and responsive to the needs of the faculty, staff, students, and general administrative operations. Assigned staff are qualified to perform the duties of the position as prescribed by the institution and

evidence training, experience, and/or education to fulfill their responsibilities and functions. If a faculty member is assigned to administrative responsibilities, care is taken to not overburden the faculty member.

- c) It may only offer a program that is substantively similar to a program offered at the main or non-main campus (not applicable to an ABHES accredited program).
- d) It may only offer up to 50 percent of the number of total active programs offered at its assigned main or non-main campus (not applicable to an ABHES accredited program).

A facility with a different address from the main or non-main campus or address of an ABHES accredited program that is located within a reasonable walking distance (normally within one mile) from that location is considered part of the approved facility and is not a separate educational center. Institutions must notify ABHES in writing to seek inclusion of such a facility.

A facility used to provide instruction solely by distance education methods of delivery is not designated as a separate educational center.

#### **Subsection 4 – Facility reporting requirements**

An ABHES Annual Report is required to be completed by all main and non-main campuses and ABHES accredited programs. Students attending separate educational center(s) are counted as students enrolled at either the main campus or non-main campus or ABHES accredited program to which the separate educational center is assigned.

For separate educational center(s) that are within a reasonable and customary commuting distance, program student outcomes (retention, placement, and credentialing rates, as applicable) will be aggregated on the Annual Report and included in the annual sustaining fee of the campus or location of the ABHES accredited program to which the separate educational center is assigned.

For separate educational center(s) that are beyond reasonable and customary commuting distance, program student outcomes will be disaggregated on the Annual Report and an additional sustaining fee will be assessed (see Appendix G).

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

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

Each accredited institution and program undergoes a comprehensive evaluation in accordance with prescribed procedures. All new and continued grants of accreditation expire February 28 of the given year. Non-accredited institutions and programs must apply for accreditation in accordance with Subsection 1 below. The remaining subsections apply both to new applicants and to currently accredited institutions and programs.

The Commission provides public notice that an institution or program is being considered for accreditation. Third parties are provided the opportunity to comment on any institution's or program's qualification for accreditation.

#### **Subsection 1 – Seeking initial and renewal accreditation**

Written materials concerning accreditation, policies, general and appeal procedures, standards, and the accreditation status of ABHES-accredited institutions and programs are maintained by the Commission and are available on its website and upon request.

Institutions desiring accreditation should view the application instructions posted at [www.abhes.org](http://www.abhes.org). Once an institution or program is able to demonstrate that it meets the basic eligibility criteria (see Chapter II), it must complete the appropriate application and submit it along with the other required documents outlined in the published instructions. The application must be signed by an Authorized Institutional Representative. The institution or program must also remit payment of the required non-refundable application fee (see Appendix G).

ABHES does not take a position with regard to whether institutions should seek the assistance of an external consultant while undergoing any part of the accreditation process, nor does ABHES recommend specific consultants or consulting firms. ABHES communicates with school personnel during the accreditation process and not any external consultant contracted to assist with the accreditation process.

An applicant must disclose, on its application, any current, previous, or final action of which it is the subject, including probationary status or equivalent, by a recognized accrediting agency or state or federal regulatory agency potentially leading to the withdrawal, suspension, revocation, or termination of accreditation, licensure, or eligibility to participate in federal programs, under the reimbursement method of payment as described in 34 CFR § 668.162(d)(2) requiring the Secretary's review of the institution's supporting documentation. Action on the application may be stayed until the action by the other accrediting, state, or federal agency is final. A copy of the action letter from the agency must be included with the application. Further, the institution or program must provide evidence of compliance with ABHES requirements and standards relative to the action to receive ABHES accreditation.

Upon acceptance of the application, the institution or program will be directed to attend an Accreditation Workshop and submit a Self-Evaluation Report.

A preliminary visit is conducted as a means of ensuring that an initial institutional applicant complies with all eligibility criteria and is in substantial compliance with the accreditation standards. It is also a time for the institution to address any questions or concerns with staff in a consultative manner. Initial programmatic application must follow the same procedures as initial institutional applicants; however, a preliminary visit is optional for initial programmatic applicants and the program determines, based on the outcome of the visit and other considerations, whether it will continue in the accreditation process.

Should it be determined on the preliminary visit that an institutional applicant is not in substantial compliance with the accreditation standards, submission of the final Self-Evaluation Report will be postponed, and the institution may be required to undergo a second preliminary visit; thus, delaying the accreditation process. If an institution is deemed not to be in substantial compliance following a second preliminary visitation, the institution will not be permitted to continue in the accreditation process and must then reapply after a period of at least twelve months, at which time a new application must be submitted with the appropriate fee.

Upon successful completion of the preliminary visit, the initial applicant will be directed to submit a final Self-Evaluation Report in preparation to undergo the on-site evaluation for review and consideration by the Commission at one of its biannual scheduled meetings.

Once accepted, the application for initial institutional or programmatic accreditation and final Self-Evaluation Report (SER) are valid for a period of two years. ABHES requests updated information from the institution or program to be reported on an *Updated Information Form*. ABHES may also require the submission of a new application for accreditation and SER at any time during the accreditation process, including as part of an accreditation decision such as deferral, show cause, or program specific warning.

Initial applicants may not add or make any changes to program(s), listed on its application after submission of the final SER. ABHES will consider only those programs listed on the original application, described in the final SER, and reviewed by the evaluation team as within the scope of its accreditation review.

For renewal applicants, the SER is not the proper method to seek approval for institutional changes, including new program or program modifications. Institutions must follow the procedure for approval for each institutional change described in Section B of this chapter.

### **Subsection 2 – Self-Evaluation Report (SER)**

The purpose of the SER is to:

- a. Provide an institution or program an opportunity to evaluate its educational processes in rigorous detail.
- b. Describe how an institution or program demonstrates compliance with the standards of accreditation.
- c. Provide evaluators and the Commission with a comprehensive description of an institution's or program's operation.

The SER (narrative and exhibits) must be accurate, thorough, fully documented, and submitted in English. Once the final SER is submitted, no changes are permitted.

The SER is a core component of the accreditation process. In preparing the SER, an applicant institution involves broad participation from all appropriate constituencies.

Failure to submit the SER by the due date may delay Commission consideration of an institution's application for initial or renewed accreditation.

### **Subsection 3 – Accreditation workshop attendance**

A representative from each campus location seeking a grant of accreditation or inclusion of a non-main campus is required to attend an accreditation workshop within the 12 months prior to submission of the Self-Evaluation Report (SER). The individual(s) who attends the workshop representing the institution must be directly involved in the accreditation and self-evaluation process (e.g., school director, director of education, or program director).

In cases where the workshop attendee no longer represents the campus, an individual with direct involvement in SER preparation and maintaining accreditation must attend the accreditation workshop within 12 months of the position change and preferably prior to an institution undergoing an on-site team visit.

#### **Subsection 4 – Evaluation teams**

Evaluation team members are competent and knowledgeable individuals, qualified by education and experience in their field of evaluation, and trained by ABHES in its policies, procedures, and standards to conduct on-site evaluation visitations. ABHES staff select team members, including a team leader, and assign team members to their role and duties on the team. Institutions may request that a prospective team member be excused from a site evaluation on the basis of a conflict of interest.

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

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

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

ABHES recognizes that institutions use various types of surveillance equipment for safety purposes; however, ABHES prohibits the use of audio and video recording and monitoring of team activities.

#### **Subsection 5 – Post-visit procedures**

The visit reports are sent to an institution or program following the visit. The institution or program must submit its response within three weeks from the date on the cover letter of the report. The response provides an opportunity to comment and to submit any additional materials to the Commission.

The Preliminary Review Committee (PRC) reviews all information relative to an application and makes recommendations to the Commission. The PRC consists of experienced and trained members. The PRC meets several weeks prior to each Commission meeting to review the visit report, the institution's response, and other materials related to the application. PRC analysis and recommendation are forwarded to the Commission.

#### **Subsection 6 – Commission review**

Prior to a Commission meeting, Commissioners review an institution's or program's Self-Evaluation Report, the evaluation team's report(s), the response of the institution to the evaluation team's report(s), the Preliminary Review Committee's analysis and recommendation, and any other relevant information including that provided by the Secretary of Education, other agencies, or third parties. In order for an institution's or program's application to be considered, it must be complete and in full accordance with the established accrediting procedures and all fees and visit expenses must be paid in full.

Commissioners meet to review, discuss, and act on each applicant with a primary reviewer assigned to each institution's or program's application. The Executive Director notifies the institution or program in writing of the Commission's action, normally within 30 days. The notice provides a detailed report of any finding of failure to demonstrate compliance with accreditation requirements and the basis for the Commission's action.



## Subsection 7 – Teach-out requirements

### (i) Teach-Out Plans

1. The Commission will direct an institution or program that it accredits to submit a teach-out plan for review and approval upon the occurrence of any of the following events:
  - a. ABHES is notified by the Secretary that the Secretary has initiated an emergency action against an institution, in accordance with section 487(c)(1)(G) of the HEA, or an action to limit, suspend, or terminate an institution participating in any Title IV, HEA program, in accordance with section 487(c)(1)(F) of the HEA, and that a teach-out plan is required.
  - b. ABHES is notified by the Secretary that a nonprofit or proprietary institution's independent auditor expresses doubt about the institution's ability to operate as a going concern or indicating an adverse opinion or a finding of material weakness related to financial stability.
  - c. ABHES is notified by the Secretary that the institution is participating in Title IV, HEA programs under a provisional program participation agreement and the Secretary has required a teach-out plan as a condition of participation.
  - d. ABHES is notified by the Secretary that the institution was placed on the reimbursement payment method described in 34 CFR § 668.162(c) or the heightened cash monitoring payment method described in 34 CFR § 668.162(d)(2) requiring the Secretary's review of the institution's supporting documentation.
  - e. ABHES is notified by the agency that accredits an institution with a program that is programmatically accredited by ABHES that the agency has acted to withdraw, terminate, or suspend the accreditation of the institution.
  - f. ABHES is notified by a state approval agency that the institution's or program's license or legal authorization to provide an educational program has been or will be revoked.
  - g. ABHES is notified by the institution that it intends to cease operations entirely or close a location that provides one hundred percent of at least one program.
  - h. ABHES decided to issue a show cause directive or a program specific warning.
  - i. ABHES decides to withdraw the accreditation of the institution or program.
2. The Commission may direct an institution or program to provide a teach-out plan in response to:
  - a. Low annual student retention rate that does not meet ABHES guidelines.
  - b. Low annual pass rate on required credentialing and/or licensing examinations that does not meet ABHES guidelines.
  - c. Low annual graduate placement rate that does not meet ABHES guidelines.
  - d. Any circumstances in which ABHES concludes that a teach-out plan is appropriate.
3. A teach-out plan must be submitted to ABHES for approval with the required *Teach-Out Plan Form*.

4. The teach-out plan must be consistent with applicable standards and regulations and provide for the equitable treatment of students. This includes, but is not limited to, evidence that:
  - a. The teach-out institution is accredited by an institutional accrediting agency recognized by the United States Department of Education.
  - b. The teach-out institution has the capacity to carry out its mission and meets all obligations to existing students.
  - c. The teach-out institution has the necessary experience, resources, and support services to provide educational program(s) that are of acceptable quality and reasonably similar in content, structure, and scheduling to those provided by the institution or program that may cease operations either entirely or at one of its locations. This includes graduates' access to the same credentialing exams, as applicable. An alternate method of delivery may be offered to students but is not sufficient unless an option by the same method of delivery as the original educational program is also offered.
  - d. Students are provided access to the program and services without requiring them to move or travel substantial distances or durations.
  - e. Students are provided information about any additional charges.
  - f. Students will be provided with written notification regarding their rights and opportunities for teach-out, transfer and refunds.
  - g. All teach-out plans include a listing of currently enrolled students and the names of other institutions that offer similar program(s) and that could potentially enter into a teach-out agreement. Institutional teach-out plans include a list of all academic program offered by the institution.
5. The plan may propose that the teach-out of students be accomplished by the institution or program that may cease operations, either entirely or at one of its locations, or by another institution(s), so long as the requirements listed above are met.
6. If ABHES approves a teach-out plan that includes a program accredited by another recognized accrediting agency, ABHES will notify that accrediting agency of its approval.
7. Once a school has requested and received teach-out approval of the program(s), ABHES determines whether an accreditation visit is necessary.
8. If ABHES requires a teach-out plan, the institution or program must publish notice that is readily available to enrolled and prospective students of the reason for the teach-out plan within seven business days of the date of the Commission's notice to the institution.
9. The institution or program may request an extension of accreditation up to one (1) year beyond the grant of accreditation, for the sole purpose of teaching out students. Extensions will be reviewed only if:
  - a. the institution or program has an approved teach-out plan; and,
  - b. the institution has submitted a *Campus Closure Form*.

## **(ii) Teach-Out Agreements**

A teach-out agreement is a legally binding contract between an institution or program that may terminate 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.

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 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.

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.

## **(iii) Teach-Out Institution Eligibility**

ABHES will approve the teach-out agreement only if the agreement is with an institution that is accredited by an institutional accrediting agency recognized by the United States Department of Education. ABHES does not permit an institution to serve as a teach-out institution if:

1. The Secretary notifies ABHES of a determination by the institution's independent auditor expressing doubt about the institution's ability to operate as a going concern or indicating an adverse opinion or a finding of material weakness related to financial stability.
2. ABHES has placed the institution on show cause or takes action to withdraw or terminate accreditation.
3. The Secretary notifies ABHES that the institution is participating in Title IV, HEA programs under a provisional participation agreement and the Secretary has required a teach-out plan as a condition of participation.

4. The Secretary notifies ABHES that the institution has been placed on the reimbursement payment method described in 34 CFR § 668.162(c) or the heightened cash monitoring payment method described in 34 CFR § 668.162(d)(2) requiring the Secretary's review of the institution's supporting documentation.
5. The Secretary notifies ABHES that it has taken an emergency action against the institution or an action to limit, suspend, or terminate an institution participating in any Title IV, HEA program.
6. The institution notifies ABHES that it intends to cease operations entirely or close a location that provides one hundred percent of at least one program, including if the location is being moved and is considered by the Secretary to be a closed school.
7. A state approval agency that has or will revoke the institution's license or legal authorization to provide an educational program.
8. The institution is under investigation, subject to an action, or being prosecuted for an issue related to academic quality, misrepresentation, fraud, or other severe matters by a law enforcement agency.

#### **Subsection 8 – Interim reviews and visits**

The Commission may request reexamination, documentation, or a written response to a Commission request or inquiry from an institution or program at any time it deems necessary. Announced and/or unannounced visits are conducted to assess compliance with accreditation standards.

As a component of interim review, ABHES requires an annual report from each main and non-main campus. Issues that require additional reporting, completion of an action plan, or Commission consideration include, but are not limited to:

- a. Retention, placement, or required credentialing rates falling below the minimum requirements of ABHES.
- b. Financial concerns.
- c. Student loan cohort default rates greater than 5 percent below the federal threshold.
- d. Enrollment growth of 50 percent or more from that reported the previous year.

#### **Subsection 9 – Recordkeeping**

ABHES uses an electronic receipt and storage system for its accreditation activities. Institutions and programs are required to submit an electronic copy of materials to ABHES and, when directed, a hard copy identical to the electronic version. In the case of older, non-electronic documents, ABHES retains records of its presently accredited institutions and programs, including:

- a. Its last accreditation review of each institution or program, including on-site evaluation team reports, the institution's or program's response to on-site reports, periodic review reports, any reports of special reviews conducted by the agency between regular reviews, and a copy of the institution's or program's most sent self-study.
- b. All decision letters issued by ABHES regarding the accreditation of any institution or program and any substantive changes.

## **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. 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).

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**

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

### **Subsection 1 – Non-substantive changes requiring approval**

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

(\* denotes a site visit required)

- i. \*Change of location.
- ii. Change of name of controlling institution.
- iii. Addition of new program that does not represent a significant departure from the existing offering of educational programs or method of delivery from those offered or used when ABHES last evaluated the institution. (Note: currently accredited institutional members must adhere to the requirements for initial programmatic eligibility when adding a surgical technology program, which includes the submission of the *Application for Programmatic Accreditation*.)
- iv. A revision of program content in total clock or credit hours, or a change in the total number of program courses.
- v. Addition of avocational or professional development courses taken by non-matriculated students who are not seeking academic credit. These courses will be excluded from the scope of an institution's grant of accreditation, with the following limitations:
  - a. All advertising and publications (e.g., catalog) referencing ABHES accreditation clearly state that such excluded courses are not included within an institution's grant of accreditation.
  - b. Courses are not being combined with other excluded courses to circumvent accreditation requirements and/or those of other governmental bodies.

ABHES reserves the right to deny approval of any submissions when the coursework has been determined as occupational or vocational.
- vi. \*Change from non-main to main campus.
- vii. Addition or change of consortium agreement(s).
- viii. Change of accreditation status (institutional or programmatic).
- ix. Execution of a contract under which an institution or program not certified to participate in Title IV, HEA programs offers up to 25 percent of one or more of the accredited institution's educational programs.

- x. The establishment of an additional location geographically apart from the main campus or approved non-main campus that offers less than 50 percent of an educational program.

ABHES may require an on-site evaluation for programs which appear to have a significant impact on institutional operations, including mission, equipment, faculty, learning resources, facilities, and budget.

### **Subsection 2 – Substantive changes requiring approval**

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

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

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

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

ABHES will not review, consider, or process substantive changes while the institution is under a probationary equivalent action directive, unless the institution demonstrates that the substantive change is likely to resolve the probationary equivalent directive. An institution's or program's request for acceptance of the application must include justification for the change and its effect on the institution's or program's operation.

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

(\* denotes a site visit required)

(+ denotes substantive changes that may be approved by ABHES senior staff, as delegated by the Commission)

- i. Change in the established mission or objectives of an institution or objectives of a program.
- ii. \*Change in legal status, ownership, or form of control.
- iii. \*+The addition of courses or programs that represent a significant departure from the existing offerings of educational programs, or method of delivery, from those that were offered or used when ABHES last evaluated the institution (Note: currently accredited institutional members must adhere to the requirements for initial programmatic eligibility when adding a surgical technology program, which includes the submission of the *Application for Programmatic Accreditation*.).
- iv. \*The addition of a graduate program by an institution that previously offered only undergraduate programs or certificates/diplomas.

- v. +A change in the way an institution measures student progress, including whether the institution measures progress in clock hours or credit hours, semesters, trimesters, or quarters, or uses time-based or non-time-based methods, as identified in the *ABHES Program Profile Grid*.
- vi. +A substantial increase of more than 50 percent in the number of clock hours or credit hours awarded for successful completion of one or more programs.
- vii. An increase in the level of credential awarded.
- viii. +Execution of a contract under which another organization or institution not certified to participate in Title IV, HEA programs offers more than 25 percent and no more than 49 percent of one or more of the accredited institution's educational programs.
  - a. ABHES senior staff either approves or denies the contract (or written agreement) within 90 days after receiving a complete application. If ABHES senior staff determine this substantive change requires review by the Commission, an approval or denial is provided within 180 days.
- ix. \*The establishment of an additional location geographically apart from the main campus or approved non-main campus that offers at least 50 percent of an educational program.
- x. The acquisition of any other institution or any program or location of another institution.
- xi. +The addition of a permanent location at a site at which the institution is conducting a teach-out for students of another institution that has ceased operating before all students have completed their program of study.

At its discretion, ABHES may require an evaluation visit for any changes requiring approval.

### **Subsection 3 – Substantive changes requiring a new comprehensive evaluation**

The Commission will be apprised by the Executive Director of any institution or program that undergoes, and is approved for, three substantive changes within any 12-month period.

The Commission will consider the need for a comprehensive evaluation (Self-Evaluation Report, evaluation team visit, institution's or program's response to the evaluation team report, and any other specific information) based upon the nature of the changes, their potential impact on the operation, and the extent to which accumulated changes have transformed the institution or program that it has, in effect, ceased to operate under the conditions upon which the grant of accreditation was originally based.

### **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.

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@abhes.org](mailto:info@abhes.org).

### **Subsection 5 – Additional requirements regarding specific changes**

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

#### **A. New Programs**

The *Application for New Program Approval* is required for:

- i. A modification from a currently approved program to award a higher degree.
- ii. The addition of a new program.
- iii. The reactivation of a discontinued program.

#### **B. Program Revisions**

The *Application for Program Revision* is required for:

- i. A revision of program content in total clock or credit hours, or a change in the total number of program courses.
- ii. A substantial increase of more than 50 percent in the total number of clock hours or credit hours awarded for successful completion of one or more programs.

#### **C. Distance Education**

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

It is the responsibility of an institution to (1) notify local, state, and federal entities of program modifications, as necessary, and (2) obtain any and all state authorization to offer distance education, as applicable, prior to applying for Commission approval. Programmatic members will provide evidence of their institutional accreditor's approval for the delivery method. In cases where accrediting standards and state regulations differ, the more stringent of

these apply. Initial or modified distance education delivery may not be implemented or advertised until ABHES approval has been granted.

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

*1. Application for Initial Distance Education Delivery*

- a. Initial addition of distance education to a currently accredited institution or program.

For those applying for the first time to offer program(s) by distance education (not currently approved by ABHES to offer programs by distance delivery), a verification visit will be conducted by a distance education specialist within six months of beginning the approved distance education instruction. The verification visit is used to ensure that the institution has the necessary resources in place to deliver the distance education offerings effectively.

*2. Application for Modification of Distance Education Delivery*

- a. Addition of a blended and/or full distance delivery method to an existing program for institutions or programs already approved to offer program(s) by distance education.
- b. Inclusion of laboratory-based courses delivered by distance education to a program currently approved for distance education delivery.

*3. Combined Application for New Program Approval/Initial Distance Education Delivery*

- a. Addition of a new program offered through distance education when the accredited institution or program is seeking distance education approval for the first time.

*4. Combined Application for New Program Approval/Modification of Distance Education Delivery*

- a. Addition of a new program offered through distance education when the accredited institution or program is currently approved for distance education through another program.

*5. Application for Inclusion of Residential Delivery*

- a. The transition of a program from full distance education or blended delivery to residential.
- b. The addition of a residential delivery method for a program approved for blended and/or full distance education.

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

### **Subsection 6 – Addition of a non-main campus**

An institution must submit to ABHES an *Application for Non-Main Campus Inclusion*, which includes a business plan for the addition of a non-main campus. This business plan will demonstrate that the institution has the fiscal and administrative capability to operate the non-main campus. The review process includes verification of 1) academic control, 2) adequate faculty, facilities, resources, and academic and student support systems, 3) financial stability, and 4) institutional engagement in long-range planning prior to this expansion.

If the non-main campus will offer any programs not offered at the main or other non-main campuses within the institutional grouping, then the institution must also complete the *Application for New Program Approval*. If the new non-main campus will deliver any programs in a blended or full distance format, the institution must also complete the appropriate distance education approval application.

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

Following a verification visit, an institution is required to submit a Self-Evaluation Report, date to be determined by ABHES staff based on the expected date of the campus's first graduates. A full campus inclusion visit is normally conducted within 24 months of the date instruction begins. All information relative to an application, including the Self-Evaluation Report and the visitation report, will be considered by the Commission at its next scheduled meeting.

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

The Commission reserves the right to require an on-site evaluation to the main campus and the proposed non-main campus prior to approval of the campus. The Commission reserves the right to limit the number of non-main campuses approved based on its review of demonstrated administrative and financial capabilities.

### **Subsection 7 – Addition of a separate educational center**

An institution or program must submit to ABHES an *Application for Separate Educational Center* for the addition of a separate educational center. If at least 50 percent of an educational program is delivered at the separate educational center, then the application is considered a substantive change and a site visit is conducted within six months of the date instruction begins at the separate educational center.

### **Subsection 8 – Reclassification and reassignment of facilities**

A non-main campus may seek reclassification as a main campus, reassignment to a different main campus under the same ownership, and reclassification as a separate educational center and a separate education center may seek reclassification as a non-main or main campus by submitting to ABHES an *Application for Reclassification of Facilities* if the institutional grouping has been accredited for two years and is not under a probationary equivalent action, unless the institution demonstrates that the reclassification/reassignment is likely to resolve the probationary equivalent action. An institution's request for acceptance of the application must include justification for the change and its effect on the institution's operation. Upon receipt and review of the application, the Commission will approve, defer, or deny reclassification/reassignment. A visit may be required as part of the reclassification or reassignment approval process. Institutions seeking reclassification/reassignment should be aware that the change might affect their eligibility to participate in federal student aid programs.

### **Subsection 9 – Change of location**

An institution or program must submit a completed application to ABHES of a change in location at least 60 days prior to moving. The Commission evaluates the information provided and conducts an on-site visitation to the new location within six months of the date of relocation.

### **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.
- 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.

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.

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.

#### **Subsection 11 – Change in method of academic measurement**

An institution seeking to change its method of academic measurement must submit the *Application for Change in Academic Measurement* prior to a change taking place. A programmatic member must notify ABHES of a change prior to a change taking place.

#### **Subsection 12 – Change of name**

An institution or program must submit the *Application for Change in School Name* at least 15 days prior to initiating the change.

#### **Subsection 13 – Addition or change of consortium agreement**

The home institution or program seeking approval must submit an application that includes (1) a list of all parties involved in the agreement and the services to be provided, (2) a copy of the proposed agreement, and (3) a statement indicating that the home institution or program retains responsibility for compliance with all ABHES requirements.

### **SECTION C – Commission Actions**

The Commission takes final action to grant accreditation, deny accreditation, or withdraw accreditation based upon a review of evidence relevant to compliance with the Commission's policies and standards, including but not limited to:

- a. Self-Evaluation Report
- b. Team Evaluation Report(s)
- c. Institution's Response to Team Evaluation Report(s)
- d. Program Outcomes

Accreditation is granted based on a finding that the institution or program is in compliance. Continuous compliance thereafter is a requirement to maintain accreditation. The Commission may withdraw accreditation at any time if it determines that an institution or program is not complying with its policies or standards or determines that the retention, credentialing, or placement rates fall below 70 percent or if the reported rate on an institution's annual report is unverifiable. Alternatively, the Commission may in its discretion provide an opportunity for the institution or program to bring itself into compliance within a time period specified by the Commission. During this time period, the Commission may include intermediate checkpoints and ongoing monitoring to continue evaluating the institution's or program's progress for resolving areas of non-compliance. The time period will not exceed:

- a. Twelve months, if the longest program is less than one year in length.
- b. Eighteen months, if the longest program is at least one year, but less than two years in length.
- c. Two years, if the longest program is at least two years in length.

The Commission may, for good cause, extend the period for achieving compliance, defined as significant improvement by the institution in the deficient area(s) (e.g., finances, student outcomes rates) and/or the need for sufficient time to demonstrate full compliance (e.g., graduate licensure due to delay beyond the control of the institution, program, or student).

An institution may request a good cause extension by submitting a *Good Cause Extension Request Form* prior to the scheduled Commission meeting where the institution will reach its maximum timeframe. The Commission will limit the timeframe to demonstrate compliance to no longer than 12 months from the institution's original maximum timeframe to come into compliance.

To support its fact-finding, the Commission may direct a full or focus site evaluation at any time during the accreditation process, but generally this will occur when due to the passage of time, information in the accreditation record may no longer be current or accurately portray the institution or program.

### **Subsection 1 – Grant**

A grant of accreditation may be an initial grant to a new applicant or a renewal grant to a currently accredited institution or program. The Commission issues a grant of accreditation when it determines that an applicant institution or program is in compliance. The length of the grant varies, but in no case, may it exceed six years.

In the cases of initial grants of accreditation, only programs reported in the Self-Evaluation Report and evaluated on site by an ABHES evaluation team will be included in the grant of accreditation letter.

An institution or program which has officers or management under indictment, or which has charges pending against it by a local, state, accrediting or federal government agency for violations of law or any deviation from good ethical practice, will not be accredited until cleared of all charges.

The Commission may provide notice to an institution or program that, while it currently meets the standards, it may be found out of compliance with one or more standards if current trends and patterns continue. A Monitoring Report may be issued when an institution is removed from show cause or program specific warning and the Commission requires continuing progress and monitoring.

### **Subsection 2 – Grant subject-to**

The Commission may grant an initial or renewed grant of accreditation subject to receipt of documentation needed to verify compliance with a standard or policy. If, upon review, the documentation submitted does not provide the needed verification, the matter will be referred to the Commission for its consideration at the next Commission meeting.

### **Subsection 3 – Defer**

A deferral extends consideration of an institution's or program's application for an initial or renewal grant of accreditation. Typically, a deferral occurs when the Commission requires additional information and clarification in order to make an accreditation decision. This may require additional reporting by the institution or program, including a new application or Self-Evaluation Report, or a full focus or site evaluation. A deferral is not a negative action and is not appealable.

### **Subsection 4 – Program specific warning**

The Commission may issue a program specific warning if it has substantive questions and concerns regarding the institution's compliance with ABHES standards and procedures relative to specific program(s) offered by the institution.

Being placed on a program specific warning will require the institution to demonstrate why approval of the specific program(s) should not be withdrawn.

The Commission will review and evaluate the institution's response to the notice of program specific warning and make determination that may include: (a) vacating the program specific warning status; (b) continuing and/or expanding the program specific warning status; (c) limiting program enrollment; (d) suspending program approval from one or more programs which prohibits the institution from enrolling or starting new students in the program(s) until the institution meets the terms and conditions established by the Commission; and/or (e) withdrawing the program approval from one or more programs.

An institution may not submit a new program application for substantially the same program, directed by the Commission to be taught out due to its outcomes, for at least twelve months following the decision by the Commission.

An institution or program receiving a program specific warning from the Commission must disclose this decision to all current and prospective students within seven business days of receipt.

### **Subsection 5 – Show cause**

The Commission may require an institution or program to show cause why accreditation should not be withdrawn for failure to meet eligibility criteria, comply with procedures or comply with accreditation standards. A show cause directive constitutes notification to an institution or program that absent corrective action and information by and from the institution or program, its accreditation status will be in jeopardy. Show cause orders may be issued by the Executive Committee between Commission meetings and must specify the reasons for the action, the responsive information that is required from an institution or program and the deadlines for response. An institution or program directed to show cause is provided an opportunity to appear at the next meeting of the Commission.

ABHES will not review, consider, or process substantive changes while the institution is under a show cause directive, unless the institution demonstrates that the substantive change is likely to resolve the show cause directive. An institution's or program's request for acceptance of the application must include justification for the change and its effect on the institution's or program's operation.

An institution or program receiving a show cause directive from the Commission must disclose this decision to all current and prospective students within seven business days of receipt.

## **Subsection 6 – Withdraw**

The Commission may withdraw accreditation from an institution or program when, in the Commission's judgment, withdrawal is warranted based on evidence of non-compliance as follows:

- a. An institution or program fails to meet any of the ABHES eligibility criteria for institutional or programmatic accreditation.
- b. An institution or program fails to meet any procedural requirement.
- c. An institution or program fails to comply with any accreditation standard.

The Commission may act to withdraw accreditation without first issuing a show cause directive. A withdrawal action is appealable to the Appeals Panel. An institution or program must disclose a decision by the Commission to withdraw accreditation to all current and prospective students within seven business days of receipt.

If the Commission decides to withdraw the accreditation of an institution or program, accreditation may be extended until the institution or program has had reasonable time to complete the activities in its teach-out plan or to fulfill the obligations of a teach-out agreement to assist students in transferring or completing their programs.

The Commission may limit the withdraw of accreditation to particular programs that are offered by the institution or to particular locations of an institution without taking action against the entire institution and all of its programs provided the non-compliance is limited to a particular program or location.

An institution or program that has had its accreditation withdrawn may not re-apply for accreditation until a period of one year has elapsed since the final effective date of accreditation which will occur 10 days after Commission notification to the institution or program. An institution or program will be treated procedurally and substantively as if it is a new applicant for accreditation.

Prior approval is required from the ABHES Executive Committee for the acceptance of any substantive change application from an institution or program under appeal. An institution's or program's request for acceptance of the application must include justification for the change and its effect on the institution's or program's operation.

## **Subsection 7 – Deny**

An institution's or program's application for an initial or renewal grant of accreditation will be denied if the Commission has provided the institution or program the opportunity to demonstrate compliance with the eligibility criteria, procedural requirements, or accreditation standards but the institution has failed to do so. A denial action is appealable to the Appeals Panel. An institution or program must disclose a decision by the Commission to deny accreditation to all current and prospective students within seven business days of receipt.

An institution or program denied accreditation may not re-apply for accreditation until a period of one year has elapsed since the final effective date of accreditation which will occur 10 days after Commission notification to the institution or program. An institution or program will be treated procedurally and substantively as if it is a new applicant for accreditation.

## **Subsection 8 – Review of new financial information prior to final adverse action**

An institution or program whose application for an initial or renewal grant of accreditation is denied or whose accreditation is withdrawn for financial reasons may seek review of new financial information by the Commission prior to an adverse action if all of the following conditions are met:



- a. The only remaining deficiency cited by the Commission in support of an adverse action was the institution's or program's failure to meet an ABHES standard pertaining to finances.
- b. The financial information was unavailable to the institution or program until after the adverse action was taken by the Commission.
- c. The financial information is significant and bears materially on the financial deficiencies identified by the agency. The significance and materiality of information offered will be determined by the Commission using as its criteria the question whether the Commission would have been more likely than not to have reached a different decision on any of its prior findings had the information been available to it at the time of its decision.

An institution or program may seek the review of new financial information described in this subsection only once and any determination by the Commission made with respect to the significance or materiality of the new financial information does not provide a basis for appeal. The institution or program may appeal the decision on other grounds.

### **Subsection 9 – Relinquishment**

An institution or program automatically relinquishes its accreditation, without a right of appeal, through any of the following actions:

- a. It loses its state approval to operate.
- b. The Commission receives, and formally accepts, written notification from the Authorized Institutional Representative of the institution or controlling entity for the program that it voluntarily relinquishes accreditation.
- c. It ceases operation.

ABHES accredited institutions are required to file and complete formal teach-out plans. If an accredited institution closes without a teach-out plan or agreement, ABHES works with the U.S. Department of Education and the appropriate state agency, to the extent feasible, to assist students in finding reasonable opportunities to complete their education without additional charges.

## **SECTION D – Other Reviews, Notification, Publication, and Reapplication**

### **Subsection 1 – Regard for decisions of states and other accrediting and federal agencies**

ABHES will not accredit any institution or program that lacks legal authorization under applicable State law to provide a program of education beyond the secondary level.

The Commission reserves the right not to grant initial accreditation or a renewed grant of accreditation if the institution or the institution sponsoring a program is the subject of:

- a. A pending or final action brought by a state approval agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide postsecondary education or to provide one or more of the programs offered.
- b. A pending or final action brought by a recognized accrediting agency to deny accreditation or to suspend, revoke, withdraw, or terminate the institution's accreditation.
- c. Probationary equivalent status imposed by a recognized accrediting agency.

- d. A pending or final action by a federal agency to limit, suspend, or terminate the institution's participation in federal student aid programs under Title IV of the Higher Education Act or a decision to transition an institution to the reimbursement payment under Heightened Cash Monitoring.

The Commission will grant accreditation to an institution or program described in the list above only if upon complete review of all relevant evidence the Commission concludes that the action by the other agency or body and the basis for that action does not preclude the institution or program from compliance with all ABHES accreditation criteria. If the Commission reaches this conclusion and grants accreditation to an institution or program described in the list above, it will, within 30 days of the action granting accreditation, provide the Secretary of the United States Department of Education a thorough and reasonable explanation, consistent with ABHES standards, as to why the action of the other body does not preclude ABHES' grant of accreditation.

If ABHES learns that an institution or program that it accredits is the subject of a probationary equivalent or adverse action by another recognized accrediting agency, then the Commission will promptly review its accreditation of the institution or program to determine whether it should also take a probationary equivalent or adverse action.

Upon request from an appropriate recognized accrediting agency or state approval agency, ABHES will share information about the accreditation status of an institution or program and any adverse actions taken against an institution or program accredited by ABHES.

Institutions and programs applying for accreditation or currently accredited by ABHES must notify ABHES immediately of any adverse or potentially adverse action, including probationary equivalent actions such as a show cause directive or placement on probation, by a recognized accrediting agency, or any action pending (e.g., court action, audit, inquiry, review, administrative action) or taken by any court or administrative body (e.g., federal or state court, grand jury, special investigator, U.S. Department of Education, or any state approval agency).

## **Subsection 2 – Notification of actions**

ABHES provides notice of its accreditation decisions, as described below.

- a. ABHES provides written notice of the following types of decisions to the Secretary of the United States Department of Education, the appropriate state approval agency, the appropriate accrediting agencies, and the public no later than 30 days after it makes:
  - i. A decision to grant initial and renewal accreditation.
  - ii. A final decision to issue a show cause directive or a program specific warning.
  - iii. A decision to initiate a denial or withdrawal of accreditation.
  - iv. A final decision to deny or withdraw the accreditation of an institution or program.
- b. ABHES provides written notice of a show cause directive, a program specific warning, or a final decision to deny or withdraw the accreditation of an institution or program (appeal rights exhausted) to the Secretary of the United States Department of Education, the appropriate state approval agency, and the appropriate accrediting agencies at the same time ABHES notifies the institution or program of the decision, but no later than 30 days after it reaches the decision.
- c. ABHES provides written notice to the public of the decisions described in paragraph (b) of this section within one business day of its notice to the institution or program.

- d. For any decision described in paragraph (b) of this section, ABHES makes available to the Secretary, the appropriate state approval agency, and the public a brief statement no later than 60 days after the decision. That statement summarizes the reasons for the agency's decision and any official comments that the affected institution or program made with regard to that decision or evidence that the affected institution was offered the opportunity to provide official comment.
- e. ABHES notifies the Secretary of the United States Department of Education, the appropriate state approval agency, the appropriate accrediting agencies, and, upon request, the public if an accredited institution or program:
  - i. Decides to withdraw voluntarily from accreditation. ABHES notification occurs within 10 business days of receiving notification from the institution or program that it is withdrawing voluntarily from accreditation.
  - ii. Allows its accreditation lapse. ABHES notification occurs within 10 business days of the date on which accreditation lapses.

Notices to the public under this section are posted at [www.abhes.org](http://www.abhes.org).

### **Subsection 3 – Publication of accredited institutions and programs**

ABHES posts on its website ([www.abhes.org](http://www.abhes.org)) the directory of accredited institutions and programs.

### **Subsection 4 – Reapplication**

An institution or program that has had its accreditation withdrawn, denied, or relinquished may not re-apply for accreditation until a period of one year has elapsed since the date of the action. An applicant institution or program will be treated procedurally and substantively as if it is a new applicant for accreditation.

### **Subsection 5 – Additional notices**

ABHES submits to the Secretary of the United States Department of Education:

- a. A copy, updated annually, of its directory of accredited institutions and programs.
- b. A summary of ABHES' major accrediting activities during the previous year (an annual data summary), if requested by the Secretary to carry out the Secretary's responsibilities.
- c. Any proposed change in the agency's policies, procedures, or accreditation standards that might alter ABHES':
  - i. Scope of recognition.
  - ii. Compliance with the criteria for recognition.
- d. The name of any institution or program ABHES accredits that ABHES has reason to believe is failing to meet its Title IV, HEA program responsibilities or is engaged in fraud or abuse, along with the ABHES's reasons for concern about the institution or program.
- e. Information that may bear upon an accredited institution's compliance with its Title IV, HEA program responsibilities, including the eligibility of the institution or program to participate in Title IV, HEA programs, if the Secretary requests such information.

On a case-by-case basis, ABHES will consider whether contacts with the Secretary pursuant to (d) or (e) above should remain confidential between the Secretary and ABHES or whether the contact should be made known to the institution or program in question. ABHES will comply with a specific request by the Secretary that a contact and/or its content be held in confidence.

## **SECTION E – Appearances, Hearings, and Appeals**

### **Subsection 1 – Program specific warning**

If the Commission issues an order requiring an institution to justify why a program should be included in the institution's grant of accreditation, the institution has the opportunity to respond to the notification in writing or in person at the next meeting of the Commission, which may be conducted by teleconference. The Commission describes in writing to an institution the terms and conditions of submission of the response to the warning notification.

Should an institution wish to be present at the Commission meeting to justify why approval of the program should not be withdrawn, it must pay the required fee (see Appendix G) and be present before a panel of Commissioners who make a recommendation to the full Commission.

### **Subsection 2 – Show cause**

If the Commission issues an order requiring an institution or program to show cause, the institution or program has the opportunity to respond to the show cause directive in writing or in person at the next meeting of the Commission, which may be conducted by teleconference. The Commission describes in writing to an institution or program, the terms and conditions of the submission of the response to the show cause directive.

Should an institution or program wish to be present at the Commission meeting to show cause why its grant of accreditation should not be withdrawn, it must pay the required fee (see Appendix G) and be present before a panel of Commissioners who make a recommendation to the full Commission.

### **Subsection 3 – Appeals**

Appeal of final decision to remove program approval, deny accreditation or continued accreditation, or withdraw accreditation.

If an institution appeals a final decision by the Commission to remove program approval from a grant of accreditation, deny accreditation or continued accreditation, or withdraw accreditation in accordance with the procedures outlined, the institution's file becomes the responsibility of an Appeals Panel. An accredited program or institution remains accredited while the appeal is pending. A program or institution has the burden of demonstrating on appeal that the decision of the Commission was erroneous.

The Appeals Panel is separate and independent from the Commission and serves as an additional level of due process for the institution. The Appeals Panel has no authority concerning the reasonableness of eligibility criteria, policies, procedures, or accreditation standards. It can affirm, amend, or remand the prior decision of the Commission as set forth below.

If the Commission takes action withdrawing accreditation or denying initial accreditation or re-accreditation, or withdraws the approval of a program in the grant of accreditation, the following steps will be taken:

#### **a. Notification**

The Commission will send to the institution or program, within 30 days following its action, its written findings and reasons forming the basis for its action. The Commission will notify the Secretary of Education and the relevant state approval agency and other regulatory bodies of the action.

#### **b. Request for Appeal, Appeal Fee, and Written Grounds for Appeal**

An institution or program may appeal the action of the Commission within 10 calendar days of the date of the action letter by submitting (1) a written notice of intent to appeal to the Commission, and (2) the appeal fee plus an Appeal Hearing expense deposit (see Appendix G).

An institution or program must subsequently file a complete written statement of the grounds for its appeal based on the Commission's findings and reasons within 45 calendar days from the date of the Commission's written decision.

#### **c. Appeals Panel Selection; Processing of the Appeal**

For an appeal concerning removal of a program approval from an institution's grant of accreditation, the Appeals Panel consists of three members, at least one of which meets the criteria of a public member (see Appendix H). At least one member of the panel must meet the criteria of an administrator and one member must meet the criteria of an academician (see Appendix H).

For an appeal concerning institutional accreditation, the Appeal Panel consists of three members, one of which meets the criteria of a public member (see Appendix H). One member of the panel must meet the criteria of an administrator and one member must meet the criteria of an academician (see Appendix H).

For an appeal concerning programmatic accreditation, the Appeals Panel consists of four members, at least one of which meets the criteria of a public member (see Appendix H). At least one member of the panel must meet the criteria of an administrator and one member must meet the criteria of an academician (see Appendix H). One member of the panel must meet the criteria of a practitioner (see Appendix H).

The Executive Director will submit a list of proposed Appeals Panel members, to the institution or program in advance. This list shall be drawn from a pool of candidates possessing knowledge of accreditation purposes and procedures and will be constituted to meet the panel composition requirements set forth above. The candidates cannot include any current member of the Commission and cannot have a conflict of interest.

An institution, within 10 calendar days of receipt of the proposed panel, may ask in writing that any person or persons be removed from the list on the basis of potential conflict of interest, which must be explained in sufficient detail in the written request to permit ABHES to evaluate the claim. Potential members will be removed from the list if there is a potential conflict and, if necessary, additional panel members will be proposed for review and comment by the appellant. The Executive Director will finalize the composition of the Appeals Panel, including designating the chairperson.

#### **d. Logistical Procedures**

Promptly after receipt of a written statement of grounds for appeal, the Executive Director will forward the file of materials to the members of the Appeals Panel. The file will include the institution's written grounds for appeal and the material upon which the Commission based its decision. The Executive Director will establish a date for the appeal at the earliest practical time.

#### **e. Hearing of the Appeal**

The Appeals Panel will meet at a time and place selected to permit an institution to make its appeal, allowing sufficient time for presentations, deliberations, and the forwarding of a report to the Commission.

An institution or program, at its option and expense, has the right to the presence of counsel or other representatives at the hearing. A court reporter and a transcript of the hearing proceedings will be provided. A copy of the transcript is available to the institution or program upon request.

#### **f. Consideration of the Appeal**

The consideration of the appeal will be based upon the Commission's written findings and reasons related to the action, the institution's or program's written response detailing grounds for appeal, and relevant supporting documents. The Appeals Panel has no authority regarding the reasonableness of the accreditation standards, policies, or procedures. Its role is to determine whether the Commission's action was not supported by the record or was clearly erroneous. The institution or program has the burden of demonstrating that the action of the Commission was not supported by the record or was otherwise erroneous.

In determining that a Commission decision was clearly erroneous, the Appeals Panel may not substitute its judgment for that of the Commission, but rather must give the decisions of the Commission due deference in recognition of the experience and qualifications of the Commission members and the responsibilities invested in the Commission (see Appendix H). A finding by the Appeals Panel that the Commission committed error is based on its conclusion that no reasonable authority or body would have reached the decision under appeal when taking into account all the facts before it at the time of decision and in light of the requirements stated in the *Accreditation Manual* according to their plain meaning and consistent with the usual and common practices of the ABHES.

The Appeals Panel only considers whether the Commission's action was supported by the evidence that was before the Commission when it acted. The Panel has no authority to consider evidence of compliance that occurred after the date of the Commission action.

The appeal is not an opportunity to introduce evidence that could have been submitted prior to the Commission's action but was not. The Appeals Panel may consider only evidence previously submitted to and considered by the Commission.

#### **g. Decision of the Appeals Panel**

##### **1. Affirm**

The Appeals Panel will affirm the decision of the Commission when it finds that the Commission's action was supported by the record before the Commission at the time of the decision and that its decision was not clearly erroneous. In determining whether the Commission's action was supported by the record, the Appeals Panel will interpret the requirements stated in the *Accreditation Manual* according to their plain meaning and consistent with the usual and common practices of the ABHES as evidenced by the manual requirements taken as a whole and in light of past practices of ABHES in applying the provisions of the manual. The institution or program has the burden of demonstrating that the action of the Commission was not supported by the record or was otherwise erroneous.

##### **2. Remand**

The Appeals Panel will remand a decision to the Commission when it finds that the Commission failed to consider a material fact before it in reaching its decision or that the Commission should consider new evidence

that may be submitted on appeal and that had the Commission considered the material fact or the new evidence that it may have decided differently. In determining whether a fact is material and may if considered have caused the Commission to have reached a different result, the Appeal Panel will interpret the requirements stated in the *Accreditation Manual* according to their plain meaning and consistent with the usual and common practices of the ABHES as evidenced by the manual taken as a whole and by past practices. Accreditation standards place the burden of demonstrating compliance on the party seeking to obtain or maintain accreditation. Therefore, the burden is on the appealing party to show that a material fact was actually before the Commission and that the Commission more likely than not failed to consider it in reaching an adverse decision. A remand is a direction that the Commission reconsider its action in light of all relevant facts, including the specific material fact that is the basis for the remand. On remand, the Appeals Panel must identify specific issues that the Commission must address.

### **3. Amend**

The Appeals Panel will amend a decision of the Commission when it finds that the Commission's decision was not supported by the facts before it at the time of the decision, that additional facts admissible in accordance with section "f" above make the Commission's decision erroneous, or that the Commission's decision was clearly erroneous. In determining whether the Commission committed error in applying the facts to the accreditation requirements, the Appeals Panel will interpret the requirements stated in the manual according to their plain meaning and consistent with the usual and common practices of the ABHES as evidenced by the manual taken as a whole and past practices. A decision to amend an adverse action of the Commission will explain the basis for the decision that differs from that of the Commission and will direct the Commission to modify its decision in accordance with the specific direction of the Appeals Panel. The Appeals Panel may in its discretion amend a decision to deny accreditation by directing the Commission to grant accreditation while directing the Commission to consider the proper length of the grant consistent with the direction of the panel, the practices of the Commission, or in accordance with other guidance from the Appeals Panel.

### **h. Commission Receipt of Appeals Panel Decision**

The written decision of Appeals Panel will be provided to the Commission within 15 calendar days of the hearing. The report will then be considered and acted upon by the Commission with due expediency.

### **i. Commission Implementation of Appeals Panel Decisions**

The Commission will implement decisions of the Appeals Panel to affirm or amend the prior Commission decision within 30 days of receipt of the written decision by the Appeal Panel. The Commission will implement a decision to remand within 90 days of receipt of the written decision by the Appeals Panel.

### **j. Notification**

The Commission will provide the Authorized Institutional Representative of the institution or controlling entity for the program with a written decision on the appeal and statement of specifics supporting that decision.

The Commission will notify the Secretary of Education and the relevant state approval agency and other relevant regulatory bodies of the outcome of any appeal simultaneously with the issuance of its notice of the action.

## **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 A – Mission and Objectives**

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

The mission of an institution defines its purpose and reflects market needs as well as the student body it intends to serve.

### **SECTION B – Financial Capability**

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

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



## **SECTION C – Administration 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.

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

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

- 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:

- i. Status as a participant in the Federal program and immediately informs ABHES of any change in that status.
- ii. Federal student loan default rates as defined by the United States Department of Education, and for any rates that are defined by the Department as too high, it must also submit a corrective action plan to address such rates.

- iii. Any audit, program review or any other inquiry by 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.
- iv. Any findings or actions by the Department of Education relative to the institution's participation in the Title IV program.

Failure of an institution to maintain compliance with its requirements under the Title IV program will be evaluated by ABHES to determine whether it raises a question of potential noncompliance with accreditation requirements. ABHES will direct the institution to provide whatever evidence it deems necessary to resolve the question and may conduct an on-site visitation.

## **SECTION E – Representations, Advertising, and Recruitment**

### **Subsection 1 – Representations**

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

All communications with existing and prospective students about the nature of the institution, its educational programs, its financial charges, and the employability of its graduates are accurate and not misleading. Such representations are not used in a manner that gives an incorrect impression about the institution and its programs.

### **Subsection 2 – Advertising**

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

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

All advertising and promotional materials must:

- i. clearly indicate that education and not employment is being offered;
- ii. use the correct name and address of the institution; (A post office box number is not acceptable as an address.)  
  
and
- iii. correctly references accreditation for each location

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

Advertising and promotional materials may not:

- i. Offer programs of instruction at "reduced tuition" from what is in fact marked up or fictitious tuition.
- ii. Make offers of scholarships or partial 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. Falsely represent the character or scope of any program of instruction, service offered or its transferability of credit.
- xii. Use a photograph, cut, engraving or illustration in catalogs, sales literature, or otherwise in such manner as to convey a false impression as to the size, importance, location of the institution, or the institution's equipment and facilities.
- xiii. 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.
- xiv. 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.

### **Subsection 3 – Recruiting and Admissions**

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

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

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

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

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

Methods of selecting, training, supervising, and compensating recruiting and admissions personnel reflect commonly accepted business practices. 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.

#### ***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 Appendix D, Enrollment Agreements.***

The institution furnishes to an enrolling student, upon registration, a copy of the institution's enrollment agreement and other enrollment documents outlining the specifics of the applicant's chosen educational program including cost and other financial information.

Unless otherwise contained in the enrollment agreement, each student must sign and date a separate statement confirming student receipt and review and institutional explanation of policies and procedures regarding (i) student cancellation of enrollment (ii) withdrawal, dismissal, or termination of students, (iii) notification and procedures for program termination, and (iv) refund policies.

## **Subsection 5 – Catalog**

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

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

Catalog addenda 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.***

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

Students admitted under similar circumstances are charged consistently.

***IV.F.1.d. An institution maintains a current record of charges and payments and makes available confirmation of all applicable transactions.***

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

### **Subsection 2 – Collection practices and procedures**

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

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

### **Subsection 3 – Cancellation and refund policies**

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

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

Records are maintained on refunds and enrollment cancellations.

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

- i. A description of the procedures a student must follow to officially withdraw. (Note: Regardless of whether a student follows these procedures, if an institution terminates a student or determines that a student is no longer enrolled, all withdrawal/termination procedures must be followed.)
- ii. A cancellation clause, which allows a student, at a minimum, to cancel within three business days of signing an enrollment agreement, with a full refund of all monies paid. Subsequent to this three-day cancellation period, an applicant requesting cancellation prior to the start of classes is entitled to a refund of all monies paid less a registration fee of 10 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, or other term designation).
- vi. Items of extra expense to a student such as instructional supplies or equipment, tools, student activities, laboratory fees, service charges, rentals, credentialing fees, deposits and all other charges need not be considered in tuition refund computations when they are separately shown in the enrollment agreement, catalog, or in other data furnished to a student before enrollment.

#### ***IV.F.3.b. Refunds are made within 45 days after the date of the institution's determination that the student has withdrawn.***

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

## SECTION G – Programs

### ***IV.G.1. Standard academic conversion methodology is applied in calculating and awarding academic credit. (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:

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

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

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

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. 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	=	2.30	70 hours externship	=	1.55
Total	=	4.15	Total	=	2.78

Rounding occurs following the calculation of the lecture, laboratory and externship components resulting in a total of 4.0 quarter or 2.5 semester credits when rounded down to the next lowest half or whole number.

If a program offers both a distance education and a traditional campus-based component, the quality of the education and credit awarded is equivalent in all three aspects of the curriculum: didactic, laboratory, and clinical.

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

All programs that award credit hours must include outside hours regardless of whether the institution 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 complies with the requirements of Appendix B, Standards of Satisfactory Academic Progress.***

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

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



## **SECTION I – Student Satisfaction**

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

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

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

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

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

In accordance with the published grievance procedure the complaint record includes clear documentation of the complaint and details of its resolution.

## **SECTION J – Physical Environment**

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

All common areas such as lobbies, offices, restrooms, lounges, and campus grounds are accessible, clean, well-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
- ii. Evacuation
- iii. Lockdown (if the danger is a threat to students on campus)
- iv. Communications (means of communicating with staff, students, and family members during, and immediately post, incident)
- v. Media (designated persons who may address the media and what information, minimally, that will be released)
- vi. Training (method and timeframe for orienting staff and students)

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

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

## **CHAPTER V – EVALUATION STANDARDS APPLICABLE TO ALL EDUCATIONAL PROGRAMS**

### **SECTION A – Goals and Oversight**

#### ***V.A.1. Program enrollment is justified.***

The program demonstrates community demand for employment in the field.

#### ***V.A.2. 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.3. Resources exist to meet the educational goals and objectives.***

A program documents the following:

- i. Allocation of sufficient resources to support curriculum, including periodic revisions to reflect current practices, to maintain equipment, to procure supplies and teaching resources and to hire and retain a qualified faculty.
- ii. Processes are in place for annually evaluating the program resources against a program's goals and objectives.
- iii. Evaluation process includes input from program management.

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

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

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

#### ***V.A.5.a. A program has an active advisory board of in-field specialists, current in the applicable specialty, representing its communities of interest, to assist administration and faculty in fulfilling stated educational objectives 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 and objectives, curriculum, outcomes, program strength and weaknesses in preparing graduates, current and projected community needs for graduates in the field, annual evaluation of program effectiveness, and student, graduate, clinical externship 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.

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.5.b. Prepared meeting minutes are maintained and distributed.***

Meeting minutes are detailed and include:

- i. The community of interest each board member represents (e.g., distance education specialist, employer, practitioner, program graduate).
- ii. Record of member participation.
- 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.

Timely distribution of meeting minutes to the advisory board, program personnel, and interested parties is documented.

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

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

**SECTION B – Curriculum, Competencies, Clinical Experience**

***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 ensuring that a viable environment exists for an effective learning experience that provides an opportunity for students to demonstrate required competencies.

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

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

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

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

For a field-based clinical experience, a monitoring plan exists to ensure that students:

- 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. Move into an array of different tasks and procedures as their clinical experiences progress.
- v. 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. Complete required hours which are monitored to ensure that all requirements are met.

For a simulated clinical experience, a plan exists to ensure the quality of the learning experience approximates a field-based clinical experience.

***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 Appendix F (Course Syllabi Requirements).***

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

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

### **Subsection 2 – Instructional resources and delivery**

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

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

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

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

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

The program requires the following:

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

- ii. Learning resources are current and relevant to program offerings and student population and include standard reference texts, periodicals, and multi-media materials.
- iii. Knowledgeable staff, possessing documented experience or related training are available to assist students in the use of the technologies.
- iv. Students are made aware of available learning resources, including location, staff, hours of operation and materials.
- v. In evaluating the use of learning resources by students, usage is tracked, and consideration is given to accessibility and to the methods used by faculty to encourage the use of these resources by students.
- vi. When purchasing learning resources and related reference materials that are pertinent to the program (e.g., periodicals, computer hardware and software, instructional media), faculty guidance is included.
- vii. Current inventory records are maintained.

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

These materials are comprehensible and comply with fair use and copyright guidelines.

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

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

## **SECTION D – Student Assessment**

### **Subsection 1 – Admissions**

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

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

Admission requirements clearly state the basis for admission, which may 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, 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.

### **Subsection 2 – Scheduling and grading of examinations**

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

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

***V.D.2.b. Students are apprised of their academic status throughout a course through continuous evaluation and review.***

Instructors grade assessments, evaluate other educational activities, and provide feedback to students.

### **Subsection 3 – Student experience**

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

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

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

Students express overall satisfaction with the training and educational services.

### **Subsection 4 – Advising**

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

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

### **Subsection 5 – Graduation**

***V.D.5. An institution adheres to its graduation policies and graduates students who have completed all program requirements.***

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

## **SECTION E – Program Management and Faculty**

### **Subsection 1 – Program management**

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

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

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

Exceptions to this requirement must be justified through documentation of an individual's alternative experience or education in the field (e.g., completed course work, related professional certifications, documentation of expertise).

- ii. At least three years' teaching or occupational experience in the subject field.
- iii. A baccalaureate degree from an institution accredited by an agency recognized by the U.S. Secretary of Education.

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

A program provides for management and oversight, including:

- 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 is provided for the improvement of education-related management skills.***

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

***V.E.1.e. 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 accredited program recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation (CHEA) in the specialty 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 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 field or subject area in which they teach. The institution must have on file from an agency which attests to the qualitative and quantitative equivalency of the foreign education and the specific courses. The institution must use the credential evaluation services of an agency that has published standards for membership, affiliations to U.S.-based international higher education associations, and are frequently linked to and used by federal agencies, state agencies, educational institutions, and employers (e.g., NACES and AICE).
- 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 records for all full-time and part-time (including adjunct) faculty meet the requirements of Appendix E, Section B, Records Maintenance, and are up to date and maintained in a well-organized and easily accessible manner.***

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

Minutes of these meetings are recorded and include:

- i. Topics discussed.
- ii. Resolution of outstanding issues.
- iii. Record of faculty participation.
- iv. Record of attendance.

Timely distribution of meeting minutes to program personnel and other stakeholders is documented.

### **Subsection 3 – Ratios and teaching load**

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

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

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

Laboratory numbers may depend on the following factors:

- i. existing professional skills of students
- ii. previous educational experience of students
- iii. amount of lecture given in laboratory or clinical practice classes
- iv. amount of direct supervision provided by an instructor in a laboratory or clinical setting
- v. use of technology in providing alternative methods of instruction
- vi. type of procedures being demonstrated or conducted (e.g., invasive procedures require greater instructor oversight)

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

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

#### **Subsection 4 – In-service training**

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

Documentation of in-service training is required and should include topic(s) discussed, name(s) of presenter, and synopsis of the session(s) presented. Evidence of faculty attendance is maintained in each faculty member's file.

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.5. Faculty is required to participate in professional growth activities annually.***

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.

#### **SECTION F – Safety**

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

These policies are provided to all students, faculty, and personnel and are updated for compliance. Examples may include policies on weapons, hazardous materials, and personal protective equipment.

#### **SECTION G – Student and Graduate Services**

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

Services provided to students include orientation, financial assistance, referrals to community resources, and employment assistance. An institution designates qualified individuals who oversee these respective areas and provides such services during regularly scheduled hours to accommodate student schedules. Student are advised of the services available and use is encouraged.

***V.G.2. A program actively assists graduates with career placement.***

Evidence of graduate placement activities are maintained.

#### **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.

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

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

No reference to ABHES accreditation can be made 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.3. All representations regarding the program are accurate, complete, and not misleading.***

All statements made by personnel are based on accurate, verified facts and are provided in a manner and in a context to assure that a reasonable recipient is not misled. Any information regarding salary, employment opportunities, and employment information provided to students, prospective students, and the public is accurate and realistic.

***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.***

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:

**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:

- i. The only pathway to employment in the program 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) in 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.

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:

**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:

- i. The only pathway to employment in the program 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) in 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.

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.1.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.

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

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

**Student:**

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

- a. Instruction
- b. Educational resources
- c. Student services
- d. Clinical experience

**Clinical extern affiliate:**

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

- a. A critique of students' knowledge and skills upon completion of their in-school training and reflect how well the students are trained to perform their required tasks.
- b. An assessment of the strengths and weaknesses, and proposed changes, in the instructional activities for currently enrolled students.
- c. Evaluate the responsiveness and support provided by the designated school representative, who visited the site and remained in contact with the site throughout the duration of the students' externship.

**Graduate:**

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

- a. Preparedness for entry into the program field
- b. Training and education
- c. Career services

**Employer:**

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

- a. Skill level of employees
- b. Would hire another graduate from the program

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

**Survey Participation Rate = SP/NS**

SP = Survey Participation (those who actually filled out the survey)

NS = Number Surveyed (total number of surveys sent out)

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

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

**Satisfaction Rate = SL/SP**

SL = Satisfaction Level

SP = Survey Participation

The satisfaction level is determined by the institution and the definition must be provided in the institution's Program Effectiveness Plan (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, 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).

**f. delivery method assessment**

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

**g. curriculum assessment**

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

## **SECTION J – Student Record Management**

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

Academic transcripts must include:

- i. The program in which the student is/was enrolled.
- ii. The student's start date and date of graduation, termination, or withdrawal.
- iii. The student's academic achievement in terms of clock hours or units of credits for courses attempted and earned.
- iv. The credential conferred to a program graduate.

- v. 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 performance during externships and external clinical experiences.***

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 1 – Basic requirements

***VI.A.1. All courses are clearly postsecondary in nature and emphasize both the achievement of vocational objectives and general education requirements.***

Remedial courses and refresher courses are not considered for credit. Courses within the professional area of concentration shall not be classified as general education courses. General education courses give balance to the total program.

#### 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.***

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 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.

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.***

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, an associate degree from an accredited 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.

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.

### **Subsection 5 – Advertising**

***VI.A.5. Advertising and promotional materials accurately state the nature of the degree.***

An Associate of Occupational Science and Associate of Applied Science or another title as designated or permitted by state law or regulations is vocational in nature.

## **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 1 – Basic requirements**

***VI.B.1. All courses are clearly postsecondary in nature and emphasize both the achievement of vocational objectives and general education requirements.***

Remedial courses and refresher courses are not considered for credit. Courses within the professional area of concentration shall not be classified as general education courses.

General education courses give balance to the total program.

### **Subsection 2 – Curriculum**

***VI.B.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.***

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 vocational objectives.***

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.***

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 accredited 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.

### **Subsection 5 – Advertising**

***VI.B.5. Advertising and promotional materials accurately state the nature of the degree.***

### **Subsection 6 – Admissions**

***VI.B.6. An institution adheres to its admissions policies and enrolls students who possess, at a minimum, a high school diploma or recognized equivalent.***

## **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 and general education requirements.***

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

### **Subsection 2 – Curriculum**

***VI.C.2.a. The program meets the required minimum level of credit hours (or its recognized equivalent) 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 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 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 professional academic education and experience supervises the institution's library.***

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 resources available.***

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.

***VI.C.4.b. Faculty consists of qualified individuals.***

Faculty evidence the following:

- i. A minimum of a master's degree from an accredited 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.c. 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.

## **Subsection 5 – Advertising**

***VI.C.5. Advertising and promotional materials accurately state the nature of the degree.***

## **Subsection 6 – Admissions**

***VI.C.6. Students admitted to baccalaureate degree programs possess a regular high school diploma, or the 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.

## **Subsection 7 – Student services**

***VI.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.

## **SECTION D – Master’s Degrees**

### **Subsection 1 – Basic requirements**

***VI.D.1. All courses are clearly master’s level in nature and emphasize the achievement of professional objectives.***

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

Master’s degree programs emphasize research and analysis that contribute to student achievement of a high level of independent and critical thinking skills.

### **Subsection 2 – Curriculum**

***VI.D.2.a. The program meets the required minimum credit hours and contains appropriate content for a master’s degree.***

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.

***VI.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**

***VI.D.3.a. Library resources exist to complement the program.***

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.

***VI.D.3.b. An individual who possesses professional academic education and experience supervises the institution's library.***

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 resources available.***

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.

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

Faculty evidence the following:

- i. A minimum of a master's degree from an accredited 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.c. 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.

#### **Subsection 5 – Advertising**

##### ***VI.D.5. Advertising and promotional materials accurately state the nature of the degree.***

## **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 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).

## **Subsection 7 – Student services**

### ***VI.D.7. Institutions offering master's degree programs provide comprehensive services to support the number of programs and size and characteristics of the graduate student body.***

Student services must be provided to support the academic success of graduate students. Such services should include assistance with research methodology, scholarly writing, and professional networking. The individual(s) responsible for this function must have experience in servicing graduate students and are affiliated with the department in which the program resides.

## **CHAPTER VII – PROGRAMMATIC REQUIREMENTS**

## **CHAPTER VII – MA EVALUATION STANDARDS FOR MEDICAL ASSISTING**

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

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

### **DESCRIPTION OF THE PROFESSION**

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

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

### **CREDENTIALING**

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

## **SECTION A – Curriculum, Competencies, and Externship**

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

Competencies required for successful completion of the program are delineated, and the curriculum ensures achievement of these entry-level competencies through mastery of coursework and skill achievement.

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

#### **1. General Orientation**

##### **Graduates will be able to:**

- a. Describe the current employment outlook for the medical assistant
- b. Compare and contrast the allied health professions and understand their role in medical assisting
- c. Describe and comprehend medical assistant credentialing requirements
- d. List the general responsibilities and skills of the medical assistant

#### **2. Anatomy and Physiology**

##### **Graduates will be able to:**

- a. List all body systems and their structures and functions
- b. Describe common diseases and disorders as they apply to each system
- c. Identify diagnostic and therapeutic modalities as they relate to each body system
- d. Provide patient education by identifying diet and nutrition requirements

#### **3. Medical Terminology**

##### **Graduates will be able to:**

- a. Define and apply the entire basic structure of medical terminology and accurately identify the correct context (i.e., root, prefix, suffix, combinations, spelling and definitions)
- b. Apply medical terminology for each specialty
- c. Define and use medical abbreviations when appropriate and acceptable

#### **4. Medical Law and Ethics**

##### **Graduates will be able to:**

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



## **5. Human Relations**

### **Graduates will be able to:**

- a. Respond appropriately to patients with abnormal behavior patterns
- b. Provide support for terminally ill patients
  - 1) Communicate effectively with empathy
  - 2) Identify the stages of grief
  - 3) List organizations and support groups that assist patients and family members
- c. Assist patient in navigating issues and concerns (i.e., insurance policy information, medical bills, and physician/ provider orders)
- d. Define the developmental stages of life and their appropriate care
- e. Analyze the effect of hereditary and environmental influences on behavior
- f. Demonstrate an understanding of the core competencies for an inter-professional collaborative practice (i.e., values/ethics, roles/responsibilities, interprofessional communication, teamwork)
- g. Partner with health care teams to attain optimal patient outcomes
- h. Display effective interpersonal skills with patients and caregivers
- i. Demonstrate an understanding of cultural diversity

## **6. Pharmacology**

### **Graduates will be able to:**

- a. Identify drug classification, indications, dosages, side effects, and contraindications for the most commonly used medications
- b. Calculate proper dosages for medication administration
- c. Prescriptions
  - 1) Identify parts of the prescription
  - 2) Identify abbreviations commonly used in prescriptions
  - 3) Comply with legal aspects of creating prescriptions, including federal and state laws
- d. Properly utilize the Physician's Desk Reference (PDR), drug handbooks, and/or other drug references to identify a drug's classification, usual dosage, usual side effects, and contraindications

## **7. Administrative Procedures**

### **Graduates will be able to:**

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

## **8. Clinical Procedures**

### **Graduates will be able to:**

- a. Practice standard precautions and perform disinfection/ sterilization techniques
- b. Obtain and document chief complaint, patient history, and vital signs
- c. Assist provider with general/physical examination
- d. Assist provider with specialty examination, including pediatric care, cardiac, respiratory, OB-GYN, neurological, and gastroenterology procedures
- e. Perform specialty procedures, including but not limited to pediatric care, minor surgery, cardiac, respiratory, OB-GYN, neurological, and gastroenterology
- f. Prepare and administer oral and parenteral medications and monitor the patient
- g. Recognize and respond to medical office emergencies

- h. Teach self-examination, disease management, and health promotion
- i. Identify community resources and Complementary and Alternative Medicine practices (CAM)
- j. Accommodate patients with special needs (psychological or physical limitations)
- k. Demonstrate and identify care for patients across life span
- l. Demonstrate nationally recognized CPR for healthcare providers

## **9. Medical Laboratory Procedures**

### **Graduates will be able to:**

- a. Practice quality control
- b. Perform selected CLIA-waived tests that assist with diagnosis and treatment
  - 1) Urinalysis
  - 2) Hematology testing
  - 3) Chemistry testing
  - 4) Immunology testing
  - 5) Microbiology testing
- c. Dispose of biohazardous materials
- d. Collect, label, and process specimens
  - 1) Perform venipuncture
    - a. Evacuate tube system
    - b. Winged Infusion Set
    - c. Syringe
  - 2) Perform capillary puncture
  - 3) Perform wound culture procedures
  - 4) Obtain throat specimen
- e. Instruct patients in the collection of
  - 1) Urine specimens
  - 2) Fecal specimens
  - 3) Sputum specimens

## **10. Career Development**

### **Graduates will be able to:**

- a. Perform the essential requirements for employment, such as resume writing, effective interviewing, dressing professionally, time management, and following up appropriately
- b. Demonstrate professional etiquette
- c. Identify the importance of continuing education and how it is achieved

### ***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 clinical experience, students must successfully complete a nationally recognized CPR for healthcare providers course.

Clinical externships include placement at a facility that performs a balance of administrative and clinical activities that will expose students to the necessary skills required of the profession.

#### **(b) Activities**

An 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**

**Subsection 1 – Supervision**

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

A program supervisor has:

- i. A minimum of an associate degree.
- ii. A minimum of three years of full-time experience in a healthcare facility with 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**

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

*(no additional requirements beyond Chapter V)*

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

*(no additional requirements beyond Chapter V)*

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

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

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

***MA.C.1.a. The program has sufficient physical resources to meet the needs of the program's curriculum and outcomes. Laboratories must support student learning, be operational, and readily accommodate all enrolled students.***

*(no additional requirements beyond Chapter V)*

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

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

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

- i. EKG machine
- ii. Microscopes
- iii. Refrigerator
- iv. Working sink
- v. Eyewash station
- vi. Glucometer
- vii. Instruments for examinations and minor procedures
- viii. Biohazard sharp container
- ix. Biohazard waste container
- x. Examination table
- xi. Adaptive devices (walkers, wheelchairs, canes, crutches, gait belt)
- xii. Centrifuge
- xiii. Mayo stand
- xiv. Sphygmomanometers (manual and electronic)
- xv. Stethoscopes
- xvi. Adult and infant scales
- xvii. Eye chart
- xviii. Model skeleton
- xix. Autoclave
- xx. Thermometers (temporal, aural and oral)
- xxi. Electronic health records and practice management software
- xxii. Pulse oximeter
- xxiii. Designated phlebotomy station

## **CHAPTER VII – MLT**

### **EVALUATION STANDARDS FOR MEDICAL LABORATORY TECHNOLOGY**

The Accrediting Bureau of Health Education Schools is recognized to accredit Medical Laboratory Technology programs programmatically. Institutions offering Medical Laboratory Technology programs and programs seeking or holding programmatic accreditation by ABHES must comply with the *Accreditation Manual*.

All programs must comply with Chapter V. In addition, degree-granting programs must comply with Chapter VI. This chapter contains additional specific requirements for a Medical Laboratory Technology program.

This chapter is equally applicable to any education program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter, whether called a medical laboratory technology program or any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning.

#### **DESCRIPTION OF THE PROFESSION**

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

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

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

#### **CREDENTIALING**

Credentialing in medical laboratory technology is required by most states to work in the field, is often required by employers, and is encouraged for graduates of ABHES-accredited programs. Programs are expected to prepare students in necessary aspects of the curriculum included in the national credentialing examinations that are available in this field of study.

## **SECTION A – Curriculum, Competencies, Externship, and/or Internal Clinical Experience**

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

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

1. Each program will be assessed for its effectiveness in achieving the program objectives and state requirements.
2. Requisites (career development, medical terminology, medical law and ethics, college math, anatomy and physiology, and communication skills).
3. A program curriculum that prepares the graduate to deal with workplace issues in a professional manner. Student competencies are developed for effective interpersonal relationships with other health care professionals, problem solving, work management, and quality patient care. Graduates from the program should be prepared to express logical ideas in writing and to demonstrate appropriate communication techniques for dealing with diverse patient populations.
4. A program curriculum to include experience with manual and automated processes and equipment, as applicable.

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

#### **1. General Laboratory Orientation**

##### **Graduates will be able to:**

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

#### **2. Medical Law and Ethics**

##### **Graduates will be able to:**

- a. Demonstrate and comply with HIPAA rules and regulations
- b. Complete a chain of custody form
- c. Demonstrate an understanding of OSHA compliance rules and regulations
- d. Demonstrate an understanding of the core competencies for an inter-professional collaborative practice (i.e., values/ethics, roles/responsibilities, interprofessional communication, teamwork)

### **3. Anatomy and Physiology**

#### **Graduates will be able to:**

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

### **4. General Chemistry**

#### **Graduates will be able to:**

- a. Understand inorganic and organic chemical reactions
- b. Understand clinical methodologies performed by automated chemistry analyzers
- c. Calculate clinical results using standard curves

### **5. Urinalysis and Body Fluids**

#### **Graduates will be able to:**

- a. Perform urinalysis procedures
- b. Perform procedures for analysis of body fluids, including but not limited to, synovial, pleural, and spinal fluids

### **6. Hematology**

#### **Graduates will be able to:**

- a. Perform procedures for hematology including:
  - 1) Hemoglobin and hematocrit
  - 2) RBC, WBC counts, and platelet counts
  - 3) Blood smears and differentials
  - 4) Erythrocyte sedimentation rates
  - 5) Reticulocyte counts
- b. Perform coagulation procedures to include:
  - 1) Prothrombin Time/INR
  - 2) Fibrinogen
  - 3) Activated Partial Thromboplastin Time
  - 4) Factor assays
  - 5) D-Dimer assays

### **7. Immunohematology**

#### **Graduates will be able to:**

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

### **8. Microbiology**

#### **Graduates will be able to:**

- a. Perform Gram staining techniques
- b. Select and inoculate appropriate culture media

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

## **9. Immunology/Serology**

### **Graduates will be able to:**

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

## **10. Clinical Chemistry**

### **Graduates will be able to:**

- a. Perform specific analyte testing, including:
  - 1) Enzymes
  - 2) Glucose
  - 3) Lipids/lipoproteins
  - 4) Electrolytes
  - 5) Therapeutic drug monitoring
  - 6) BUN and creatinine
- b. Demonstrate an understanding of principles and procedures for chemical analysis
- c. Demonstrate an understanding of components of metabolic panels/profiles

## **11. Quality Assurance**

### **Graduates will be able to:**

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

## **12. Specimen Collection**

### **Graduates will be able to:**

- a. Perform routine venipunctures
- b. Perform dermal punctures
- c. Collect blood cultures



- d. Demonstrate and understanding of:
  - 1) Instructing patients in urine, stool, and semen collection procedures
  - 2) Special collection procedures, including forensic testing, sweat chloride, paternity testing and PKU

### **13. Career Development**

#### **Graduates will be able to:**

- a. Understand the importance of passing a national certification exam and holding membership in a professional organization
- b. Write a resume
- c. Demonstrate proper job interview techniques
- d. Explain what continuing education is and how it is acquired to enhance career development

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

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

##### **(a) Assignment**

The program provides a clinical laboratory experience for the students in a CLIA certified laboratory. Clinical experiences include placement at facilities that perform various types of activities that will expose students to the necessary skills required of the profession.

All approved clinical experiences are in a laboratory that examines materials derived from the human body and are in a:

- i. clinical or research laboratory (a) directed by a person holding an earned doctorate degree in one of the sciences or (b) approved for service to patients under "Conditions for Coverage of Services of Independent Laboratories" under Medicare; OR
- ii. hospital laboratory accredited by the Joint Commission on Accreditation of Health Organizations, Commission of Hospitals of the American Osteopathic Association or College of American Pathologists.

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

##### **(b) Activities**

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

##### **(c) Supervision**

*(no additional requirements beyond Chapter V)*

##### **(d) Requirements for completion**

*(no additional requirements beyond Chapter V)*

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

### **Subsection 1 – Supervision**

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

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

### **Subsection 2 – Faculty and consultation**

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

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

- i. Be currently credentialed by a nationally recognized and accredited agency as a medical laboratory technician or medical technology/clinical laboratory scientist.
- ii. Hold, at minimum, an associate degree.

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

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

#### ***MLT.C.1.a. The program has sufficient physical resources to meet the needs of the program's curriculum and outcomes. Laboratories must support student learning, be operational, and readily accommodate all enrolled students.***

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

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

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

- i. Microscope
- ii. Centrifuge
- iii. Spectrophotometer and/or chemistry analyzer
- iv. Glassware and pipettes
- v. Specimen collection supplies and equipment (e.g., needles, syringes, band aids, tubes, phlebotomy station)
- vi. Microscope slides
- vii. Blood culture bottles
- viii. Reagent strips
- ix. Diagnostic testing kits
- x. Hemocytometers
- xi. Stains
- xii. Incubator
- xiii. Culture media
- xiv. Identification systems for biochemical testing
- xv. Automated instrumentation

## **CHAPTER VII – ST EVALUATION STANDARDS FOR SURGICAL TECHNOLOGY**

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

### **DESCRIPTION OF THE PROFESSION**

The surgical technologist is an operating room specialist who performs specific duties for pre-, intra-, and postoperative case management. Surgical technologists must be knowledgeable in asepsis and sterile technique, and must be able to properly care for instrumentation, equipment, and supplies. Education includes the following: basic sciences: microbiology, anatomy and physiology, pathophysiology, and surgical pharmacology. Additionally, this education includes: surgical procedures, case management, wound care and closure, surgical patient care, and safety.

Preoperative case management duties include operating room preparation, gathering of supplies and equipment, case set-up, and preparation of the operative site with sterile drapes. Intraoperative case management duties include maintenance of the sterile field, passing instruments and medications to the surgeon and assistant, specimen care, and application of wound dressings. Postoperative case management duties include care and maintenance of equipment and instruments after use, and preparation of the operating room for the next procedure.

Surgical technologists' employment includes: hospital operating rooms, central sterile processing departments, outpatient surgical units, medical companies as sales representatives, physicians in private practice, cardiac catheterization units or endoscopic departments.

### **CREDENTIALING**

Credentialing in surgical technology is required by an increasing number of states to work in the field, is often required by most employers, and is encouraged for graduates of ABHES-accredited programs. Programs are expected to prepare students in necessary aspects of the curriculum included in the credentialing examinations available from a nationally recognized and accredited certifying agency in the field of study.

## **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](http://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.

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

### **Subsection 1 – Supervision**

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

Supervisors of a surgical technology program:

- i. Hold a credential in the surgical technology field from a nationally recognized and accredited credentialing agency.
- ii. 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.
- iii. Evidence 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**

***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)

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

***ST.C.1.a. The program has sufficient physical resources to meet the needs of the program's curriculum and outcomes. Laboratories must support student learning, be operational, and readily accommodate all enrolled students.***

Laboratory areas are of a size to accommodate students, faculty, and equipment during instruction.

Student use of a laboratory must be under the direct supervision of a qualified instructor.

Equipment and instruments are available in quantity and quality to support student learning.

***ST.C.1.b. Equipment and instruments are available within the institution's laboratory facility to achieve the program's goals and objectives.***

Equipment and instruments support the requirements of the current Core Curriculum.

At a minimum, the institution's laboratory must include:

- i. Working operating room (OR) scrub sink
- ii. Eyewash station
- iii. Instrument trays for procedures (as applicable)
- iv. Biohazard sharps container
- v. OR table/bed
- vi. Back table
- vii. OR lights
- viii. Suction canisters
- ix. Anesthesia machine
- x. Electrosurgical unit
- xi. Laparoscopic tower (camera, light cord, scope, etc.)
- xii. IV pole
- xiii. Mayo stand
- xiv. Surgery bucket
- xv. Arm boards
- xvi. Ring stand
- xvii. Mannequin
- xviii. Standard disposable OR supplies



## **CHAPTER VIII – PROGRAM SPECIFIC REQUIREMENTS**

## **Summary of Distinctions Between Dental Assisting I and Dental Assisting II Programs**

*Institutions offering basic dental assisting programs (designated by ABHES as DAI) may choose to offer a more advanced level of dental assisting program (designated by ABHES as DAII). The substantive additional requirements for DAII programs are outlined below.*

### **DESCRIPTION OF THE PROFESSION**

[Dental assistants] expose and/or process dental images and prepare dental materials and injections. (Preparing injections is beyond DAI)

#### **Clinical Sciences**

DAII programs are required to offer instruction in:

##### **DAII.A.1. 1.g.**

Graduates will compare and contrast the state laws and regulations that affect the practice of the dental assistant.

##### **DAII.A.1. 1.h.**

Graduates will compare and contrast how state laws and regulations affect the delegation of duties by the dentist to the dental assistant.

##### **DAII.A.1. 1.i.**

Graduates will list and describe the various print and electronic resources that the dental assistant can utilize to stay current for practice.

#### **Infection and hazard control**

DAII programs are required to offer instruction in:

##### **DAII.A.1. 3.b.**

Graduates will perform placement of personal protective barriers.

##### **DAII.A.1. 3.g.**

Graduates will perform procedures for soaking of instruments.

##### **DAII.A.1. 3.i.**

Graduates will perform gloving techniques according to established protocols.

##### **DAII.A.1. 3.n.**

Graduates will handle all sharps (needles and blades) according to established procedures.

#### **Ergonomics for the dental setting**

DAII programs are required to offer instruction in:

##### **DAII.A.1. 5.a.**

Graduates will understand the importance of ergonomic positioning for the dental team.

### **Medical/dental histories and vital signs**

DAII programs are required to offer instruction in:

#### **DAII.A.1. 6.a.**

Graduates will apply the relevance of medical and dental histories to treatment.

### **Tissue retraction and oral evacuation**

DAII programs are required to offer instruction in:

#### **DAII.A.1. 9.c.**

Graduates will assess the need for protection of the patient's oral tissues and apply methods to prevent damage.

#### **DAII.A.1. 9.d.**

Graduates will assess the dangers of aspiration during dental procedures and apply methods to prevent aspiration of objects.

### **Chairside instrumentation and materials for restorative procedures**

DAII programs are required to offer instruction in:

#### **DAII.A.1. 11.e.**

Graduates will comprehend the function of abrasive rotary instruments.

#### **DAII.A.1. 11.f.**

Graduates will comprehend the function of preset trays and tubs.

#### **DAII.A.1. 11.i.**

Graduates will assess and recognize the indications for fluoride use and proper placement in accordance with state law and administer to the patient when necessary.

#### **DAII.A.1. 11.k.**

Graduates will research and describe the uses of laser and air-abrasion techniques in dentistry.

### **Professionalism**

DAII programs are required to offer instruction in:

#### **DAII.A.1. 17.g.**

Graduates will describe small-group dynamics and how they affect dental assisting practice.

#### **DAII.A.1. 17.h.**

Graduates will use techniques for quality assurance to enhance patient care.

#### **DAII.A.1. 17.i.**

Graduates will list and describe potential ethical scenarios that may arise during dental assisting practice.

#### **DAII.A.1. 17.j.**

Graduates will define the term ethics and explain its importance for dental assisting practice.

**DAII.A.1. 17.k.**

Graduates will safeguard patient confidentiality through ethical and legal practices and identify and apply all HIPAA guidelines for dental assisting practice.

**Dental Sciences: Oral Pathology**

**DAII.A.1. 18.f.**

In addition to the following DAI standard:

*Program curriculum must include content in the following areas:*

*Basic and clinical science of oral pathology and application of the knowledge gained to the recognition and understanding of deviation from normal.*

DAII courses must provide the following:

*An emphasis on clinical application includes an understanding of personal health and disease and its relation to optimal function. The components of oral and general pathology may be addressed in one core course or integrated into several courses throughout the curriculum. The depth and scope of the curriculum may vary based upon the influences of the program level and academic setting.*

**Externship and/or Internal Clinical Experiences**

**DAII.A.2. (a).**

DAII programs are required to offer a minimum of 300 clock hours for clinical experiences. (DAI programs are required to offer a minimum of 160 clock hours for clinical experiences.)

**Program Supervision, Faculty, and Consultation**

DAII programs are required to employ a program supervisor who:

**DAII.B.1. ii.**

Possesses a baccalaureate degree.

**DAII.B.1. iii.**

Has experience in the field as an educator, including administrative functions, of a dental assisting program.

The responsibilities of the program supervisor include participation in:

- (a) Budget preparation
- (b) Fiscal administration
- (g) Determining admissions criteria and procedures

DAII programs are required to employ core faculty who possess:

**DAII.B.2.a. 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 certifying agency.

**DAII.B.2.a. ii.**

State license, if required.

**DAII.B.2.a. iv.**

An earned baccalaureate degree or be working toward completing a baccalaureate degree program in a timely manner.

## **CHAPTER VIII – DA I EVALUATION STANDARDS FOR DENTAL ASSISTING**

The Accrediting Bureau of Health Education Schools (ABHES) does not programmatically accredit any dental assisting program, whether at a basic level or at a more advanced level of practice, but, as an institutional accrediting agency, includes this program within an institution's grant of accreditation. The dental assisting program offered at an ABHES-accredited institution must comply with all policies, procedures, and standards described throughout the *Accreditation Manual*, including the general evaluation standards applicable to all institutions (Chapter IV) and the standards applicable to all programs offered (Chapter V). In addition, degree-granting programs must comply with Chapter VI. This chapter contains additional specific accreditation requirements for a dental assisting program.

ABHES may include either a basic level dental assisting program (Dental Assisting I), a dental assisting curriculum with additional academic and clinical training (Dental Assisting II), or both, within an institution's grant of accreditation. The practice of dental assisting has evolved so that in some areas of the country the broad field commonly referred to as dental assisting may now encompass more than one level of job functions and responsibilities. Consistent with the fact of the different levels of professional responsibility, ABHES recognizes that not all educational programs under the general rubric dental assisting have the same mission, but rather that some are intended to prepare graduates only for the more basic responsibilities while others are intended to prepare graduates for additional, greater levels of responsibility. Therefore, ABHES provides additional standards for the inclusion of a more advanced level dental assisting program (Dental Assisting II).

This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter, whether called a dental assisting program or any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning.

### **DESCRIPTION OF THE PROFESSION**

The dental assistant is trained in dentistry techniques and also performs general office duties, including a variety of patient care, office, and laboratory duties. Dental assistants work chairside and some duties may be performed under general or direct supervision, as state dental laws provide.

Dental assistants acquire vital signs and dental and medical histories, prepare patients for examinations, treatments, or surgical procedures, and work chairside as dentists examine and treat patients. They expose and/or process dental images and prepare dental materials.

Dental assistants possess a thorough knowledge of the equipment, supplies, instruments, and techniques required for every dental procedure, and proper disinfection and sterilization techniques for infection control. They sterilize and disinfect instruments and equipment, prepare trays of instruments for dental procedures, and instruct patients on pre- and postoperative and general oral health care. They apply topical anesthesia preoperatively if permitted by law and understand the procedural steps necessary to successfully complete any dental procedure. During the procedure, dental assistants provide oral illumination, tissue retraction, and oral evacuation.

Dental assistants perform a variety of clinical, laboratory, and administrative duties. Dental assistants should not be confused with dental hygienists or dental therapists, who are licensed to perform at different scopes of practice. Only those procedures legally permitted to be performed will be taught to clinical competence; all other procedures will be taught to laboratory competence.

## **CREDENTIALING**

States may regulate the duties that dental assistants are allowed to perform through licensure or registration, which may require passing a written or practical examination. Licensure, certification, or registration is an acknowledgment of an assistant's qualifications and professional competence and may be an asset when one is seeking employment.

Many states have adopted specific requirements for education, experience, or credentialing of dental assistants or of dental assistants with expanded functions or duties. An expanded dental assisting program that complies with ABHES requirements may not be comparable to state requirements for an expanded functions dental assisting program. Institutions are further responsible to be familiar with and to disclose to all prospective students all information related to graduate eligibility or credentialing, licensure, and employment.

## **SECTION A – Curriculum, Competencies, and Externship and/or Internal Clinical Experience**

### ***DAI.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 dental assisting field.***

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

#### **1. Clinical sciences**

##### **Graduates will be able to:**

- a. Employ crucial problem-solving skills for work-related problems
- b. Practice critical thinking to effect workplace solutions
- c. Promote practices for good health, and communicate these practices to patients
- d. Practice the ability for self-assessment and correct problems that are identified
- e. Employ evidence-based techniques for workplace decisions
- f. Define professional behavior and explain its importance for dental assisting practice
- g. Define ethics and explain its importance for dental assisting practice
- h. List and describe potential ethical scenarios that may arise during dental assisting practice
- i. Describe and practice principles and procedures for patient safety
- j. Assess therapeutic communication based on specific audiences
- k. Formulate written communications that utilize proper grammar, punctuation, and spelling
- l. Describe and employ methods for bridging communication gaps for non-English speakers or those whose listening abilities are impaired
- m. Practice interpersonal skills to enhance working relationships
- n. Demonstrate an understanding of diverse populations (e.g., culture, religion, race, age, gender, sexual orientation, disability or patients with special needs, and economic status) and the ways that diversity influences language and communication
- o. Demonstrate an understanding of the core competencies for Interprofessional Collaborative Practice i.e., values/ethics; roles/responsibilities; interprofessional communication; teamwork

#### **2. Business office procedures**

##### **Graduates will be able to:**

- a. Recognize the importance of accurate patient treatment record maintenance
- b. Schedule office appointments in a professional manner
- c. Respond to telephone and electronic queries in a professional manner
- d. Perform word processing on a computer
- e. Operate office equipment
- f. Utilize current trends in technology for communication and outreach
- g. Define and demonstrate professional verbal and written communication in the work place
- h. Identify dental office marketing opportunities (e.g., newsletters, websites, social media, etc.)
- i. Identify and analyze patient confidentiality issues involving the collection and transmission of data
- j. Maintain inventory supply levels

#### **3. Infection and hazard control**

##### **Graduates will be able to:**

- a. Perform all relevant hand washing techniques
- b. Recognize the need for, and demonstrate the use of personal protective barriers
- c. Recognize the need for, and demonstrate the use of surface barriers
- d. Differentiate between sterilization and disinfection
- e. Perform disinfection procedures and techniques
- f. Utilize ultrasonic cleaning and utilize ultrasound cleaning techniques



- g. Define procedures for cold sterilization
- h. Practice OSHA-approved techniques for hazardous waste management
- i. Demonstrate gloving techniques according to established procedures
- j. Operate sterilizing equipment according to manufacturer's guidelines
- k. Assemble and prepare instruments for sterilization
- l. Utilize biological indicators to monitor autoclave effectiveness
- m. Utilize radiographic monitoring devices and understand their importance
- n. Document instruction and compliance with Universal Precautions in laboratory and clinical settings, including appropriate handling of sharps and biohazard materials.
- o. Document instruction and compliance with Bloodborne Pathogen Training

#### **4. Clinical equipment function and maintenance**

##### **Graduates will be able to:**

- a. Identify the various functions for dental equipment in a clinical setting
- b. Operate dental equipment according to manufacturer's guidelines and institutional policy
- c. Perform regular maintenance for dental equipment according to manufacturer's guidelines and institutional policy

#### **5. Ergonomics for the dental setting**

##### **Graduates will be able to:**

- a. Describe the importance of ergonomic positioning for the dental team
- b. Utilize accepted techniques for prevention of repetitive motion injuries
- c. Seat and dismiss patients for dental procedures
- d. Identify the needs of all patients, including those with disabilities (and other special needs), and seat and provide assistance accordingly

#### **6. Medical/dental histories and vital signs**

##### **Graduates will be able to:**

- a. Interview patients, record their medical and dental history, and report areas of concern to the dentist
- b. Obtain and document readings for body temperature, pulse rate, respiration rate, and blood pressure
- c. Compare and contrast the normal/abnormal readings of each of the vital signs
- d. Assess and document the patient's level of pain

#### **7. Instruments, tray set-ups, transfer methods**

##### **Graduates will be able to:**

- a. Identify the name, parts, and use of dental instruments
- b. Recognize the function and use of dental instruments
- c. Identify instruments and demonstrate proper placement for a tray set-up for any given dental procedure
- d. Utilize the various grasps for dental instruments
- e. Transfer of mixed materials, instruments, and other items using four or six handed dentistry

#### **8. Oral illumination**

##### **Graduates will be able to:**

- a. Describe the functions of dental light
- b. Operate and maintain dental lights
- c. Position dental lights for optimal illumination of the oral cavity for all chairside procedures

#### **9. Tissue retraction and oral evacuation**

##### **Graduates will be able to:**

- a. Apply methods of tissue retraction, including retraction with a high volume evacuator
- b. Place the saliva ejector for maintenance of a dry field

- c. Utilize methods to protect the patient's oral tissue
- d. Identify the dangers of aspiration during dental procedures and apply methods to prevent aspiration of objects

#### **10. Isolation methods**

##### **Graduates will be able to:**

- a. Describe the functions and uses of dental dams
- b. Assemble a dental dam tray for placement
- c. Demonstrate proper placement and removal of a dental dam
- d. Describe the functions and uses of cotton rolls and other isolation and moisture-control items
- e. Place and remove cotton rolls and other isolation and moisture-control items

#### **11. Chairside instrumentation and materials for restorative procedures**

##### **Graduates will be able to:**

- a. Describe the functions, parts, and uses of various restorative instruments
- b. Describe the function and manipulation of various chairside materials
- c. Describe the function of hand cutting instruments
- d. Explain the names, numbers, and functions of burs
- e. Describe the function of abrasive rotary instruments
- f. Describe the function of preset trays and tubs
- g. Describe cavity classifications
- h. List the steps necessary for removal of caries prior to placement of a restoration
- i. Recognize the indications for fluoride use and administer to the patient in accordance with state law, when prescribed by dentist
- j. Describe the steps in obtaining virtual impressions to send to the dental laboratory
- k. Describe the uses of laser and air-abrasion techniques in dentistry

#### **12. Dental charting**

##### **Graduates will be able to:**

- a. Identify cavity classifications
- b. Use the Universal, Federation Dentaire Internationale, and Palmer numbering systems
- c. Demonstrate skills in completing paper and electronic charting using appropriate terminology
- d. Utilize common abbreviations for simple, compound, and complex cavities
- e. List and describe color indicators and charting symbols

#### **13. Dental laboratory/pre-clinical**

##### **Graduates will be able to:**

- a. Describe the function and manipulation of various laboratory materials
- b. Demonstrate the use of laboratory materials in taking an impression, and pouring and trimming a study model for diagnostic purposes
- c. Obtain accurate bite-registration
- d. Polish removable appliances
- e. Fabricate a mouthguard
- f. Fabricate temporary crowns using a variety of materials
- g. Fabricate custom and whitening trays
- h. Describe the application of CAD/CAM in fixed prosthodontics

#### **14. Pain management**

##### **Graduates will be able to:**

- a. Recognize and describe the symptoms associated with pain and anxiety
- b. Describe the methods for treatment of pain and anxiety during a chairside procedure

- c. Compare and contrast the types, indications, and contraindications of local anesthetics
- d. Describe the components and functions of the anesthetic syringe
- e. Assemble the supplies for administering local anesthesia
- f. Explain the method for placement of topic anesthetics in accordance with state law
- g. Locate and describe the sites for maxillary and mandibular arch injections
- h. Compare and contrast the supplemental techniques for anesthetic administration
- i. Explain the need and method for nitrous oxide administration and methods for monitoring its administration
- j. List and describe the treatment for and recognition of complications arising from anesthesia administration

## **15. Patient management and care procedures**

### **Graduates will be able to:**

- a. Seat and dismiss the patient
- b. Assess and recognize the indications for oral health instruction and educate the patient where appropriate
- c. Assess and recognize the indications for pre- and postoperative instructions, and administer to the patient when necessary

## **16. Dentistry law and ethics**

### **Graduates will be able to:**

- a. List and describe the legal aspects of dentistry
- b. Compare and contrast the ethical aspects to the ethical dilemmas of dentistry
- c. Describe the professional responsibilities as required in the *American Dental Assistants' Association Principles and Ethics*
- d. Define the term ethics and explain its importance for dental assisting practice
- e. Apply ethical decision-making
- f. Explain pertinent regulations and terminology applicable to the profession
- g. Maintain patient confidentiality and privacy
- h. Display competence and proper use of HIPAA compliance
- i. Explain the patient Bill of Rights
- j. Maintain professional codes of conduct and scope of practice
- k. Apply local, state, and federal standards and regulation for the control and use of health information

## **17. Professionalism**

### **Graduates will be able to:**

- i. Define professional behavior and explain its importance in daily dental assisting practice
- ii. Demonstrate professional skill in the use of the internet, social media, and e-mail services
- iii. Exhibit effective listening skills and body language during performance of the job
- iv. Describe and employ appropriate attire and personal hygiene practices
- v. Use self-control and negotiation skills to resolve potential conflicts
- vi. Explain the importance of teamwork and consensus-building in daily dental assisting practice
- vii. Utilize critical thinking and apply appropriate problem-solving skills for work related conflicts
- viii. Practice a caring attitude and express compassion in all patient interactions
- ix. Practice knowledge of interpersonal skills to enhance working relationships

## **18. Dental sciences**

Program curriculum must include content in the following areas:

- a. Anatomy and Physiology of the Oral Cavity

In-depth knowledge of the anatomy and physiology of the oral cavity. In addition, an understanding of basic pathology requires knowledge of normal anatomy and physiology.

b. Pharmacology of the Oral Cavity

Courses prepare graduates to demonstrate knowledge of:

- i. Drug classifications and prescription writing
- ii. Modes of medication administration
- iii. Drug interactions
- iv. Medication side effects

c. Radiography of the Oral Cavity

Theoretical and practical application of exposing and processing intra- and extra-oral radiographs. Graduates demonstrate knowledge of radiation safety measures and competency in producing radiographic images in the laboratory on mannequins before they are allowed to take radiographs on patients, in accordance with state law. Supervision and evaluation by faculty is essential for safety and proper instruction.

d. Microbiology

Basic principles of bacteriology, mycology, virology, and immunology with special emphasis on the microbial flora of the oral cavity and to pathology. Concepts and methods of sterilization, disinfection, and infection control principles are linked into concepts of Microbiology.

e. Nutrition

Principles of diet management as it pertains to oral health.

f. Oral Pathology

Basic and clinical sciences of oral pathology and application of the knowledge gained to the recognition and understanding of deviation from normal.

- 1) General Pathology: the nature of disease, its causes, its processes, and its effects
- 2) Oral Pathology: basic knowledge of etiology, pathogenesis, identification, and management of diseases which affect the oral and maxillofacial regions.
- 3) Environmental/Occupational Hazards: any use or handling of tissue specimens that may be included as part of course or clinical instruction related to oral pathology follow recommended CDC and OSHA guidelines

**19. Healthcare provider CPR**

**Graduates will be able to:**

- a. Obtain nationally recognized CPR for healthcare providers

**20. Communication**

**Graduates will be able to:**

- a. Assess therapeutic communication based on specific audiences
- b. Assess the listener's comprehension of the message conveyed
- c. Formulate written communications that utilize proper grammar, punctuation, and spelling
- d. Demonstrate verbal techniques that influence perception and enhance listening
- e. Describe and employ methods for bridging communication gaps for non-English speakers or those whose listening abilities are impaired
- f. Practice knowledge of interpersonal skills to enhance working relationships
- g. Exhibit an understanding of diversity (e.g., culture, religion, race, age, gender, sexual orientation, disability, or other special needs, and economic status) and the ways that diversity influence language and communication

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

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

**(a) Assignment**

Clinical experiences include placement at a facility that performs various types of activities that will expose the student to the necessary skills required of the profession. Minimally the clinical experience includes 160 clock hours. In all cases, the clinical site used is properly approved and regulated.

Simulations may be substituted for up to 20 percent of the total required clinical hours. Programs 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.

**(b) Activities**

A minimum of 60 percent of the time spent in the clinic or office is spent in assisting in general dentistry.

**(c) Supervision**

There is direct supervision of all students in the field while participating in a clinical experience. Programs clarify their role in how their students will be supervised, by whom and visited how often while at their site. There is clear and documented communication between the program and the clinical site.

**(d) Requirements for Completion**

Upon completion of the clinical experience, students demonstrate entry-level proficiency in all areas of the curriculum.

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

**Subsection 1 – Supervision**

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

### ***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.

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

### ***DAI.C.1.a. The institution's laboratory facilities are well stocked, sufficient in size, and adequately maintained.***

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

- i. Student stations suitable to number of students
- ii. Lighting, electrical outlets, ventilation, and storage space
- iii. Adjustable chair
- iv. Sinks and plaster control devices
- v. Sufficient number of lathes, model trimmers, and vibrators for proper instruction
- vi. Sufficient variety of quality dental materials/supplies
- vii. Power operated chairs
- viii. Air and water syringes
- ix. Dental units and mobile stools
- x. Adjustable patient overhead dental light
- xi. High and low speed handpieces
- xii. Oral evacuating equipment
- xiii. Sterilizing equipment and area for preparing, sterilizing, and storing instruments
- xiv. Sufficient number of dental radiography units that meet applicable regulations
- xv. Sufficient number of teaching mannequins

- xvi. Sufficient number of view boxes and film-holding devices to accommodate several students
- xvii. Imaging devices and processing equipment
- xviii. Individual radiation monitoring devices/dosimeters
- xix. Lead apron with cervical collar

***DAI.C.1.b. Equipment and instruments are available within the institution's laboratory facility to achieve the program's goals and objectives.***

Instruments include, but are not limited to, the following types:

- i. Diagnostic
- ii. Surgical
- iii. Operative
- iv. Periodontal
- v. Orthodontic
- vi. Endodontic
- vii. Pediatric
- viii. Prosthodontics (removable and fixed)

***DAI.C.1.c. The institution's laboratory facilities are readily available for students to develop required skills with faculty supervision.***

Radiography facilities are available for students to develop required skills with faculty supervision. Each is sufficient to accommodate instruction and practice in exposing and processing radiographs. Student to radiography machine ratio does not exceed 5:1 when exposing radiographic images.

***DAI.C.1.d. Clinical treatment areas are sufficient in size to accommodate an operator, patient, student, and faculty member during instruction.***

***DAI.C.1.e. Infectious disease management policies are provided to all students, faculty, and appropriate support staff and continuously monitored for compliance.***

Programs document compliance with institutional policy and applicable local, state, and federal regulations that include, but are not limited to hazardous materials, universal precautions, blood borne pathogens, and infectious disease management. Policies on blood borne pathogens and infectious disease management are made available to patients and applicants for admission.

## **SECTION D – Radiation Safety**

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

- i. Radiation safety policies and practices promote the application of ALARA (as low as reasonably achievable) principles.
- ii. The program assures that students appropriately perform radiation safety in laboratory and clinical settings.
- iii. Students must not hold image receptors.

***DAI.D.1.b. Students must be issued radiation exposure monitors that are relevant to current practice regarding type and length of exposure.***

- i. The program required students to wear an assigned radiation monitor in all potential exposure situations to include laboratory, clinical, or other observational experiences.
- ii. The program has an established process for timely review of student dosimetry reports.
- iii. Dosimetry reports must be maintained in a secure and confidential manner.
- iv. The program must maintain and monitor student radiation exposure data. This information must be available to students within thirty (30) schools days following receipt of data.

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

- i. Students must have access to the program's pregnancy policy upon enrollment.
- ii. The program's pregnancy policy allows for voluntary written disclosure of pregnancy, including a voluntary written withdrawal of this disclosure.
- iii. The program's pregnancy policy provides enrollment choices for disclosed pregnant students including, but not limited to, an option for student continuance in the program without modification. The program may offer clinical component options such as clinical reassignment and/or leave of absence.
- iv. The program's pregnancy policy allows disclosed pregnant students to seek counseling from a qualified individual.
- v. Upon student disclosure, the student must be provided a fetal dose monitor and instructions for use.



## **CHAPTER VIII– DA II**

### **EVALUATION STANDARDS FOR DENTAL ASSISTING**

The Accrediting Bureau of Health Education Schools (ABHES) does not programmatically accredit any dental assisting program, whether at a basic level or at a more advanced level of practice, but, as an institutional accrediting agency, includes this program within an institution's grant of accreditation. The dental assisting program offered at an ABHES-accredited institution must comply with all policies, procedures, and standards described throughout the *Accreditation Manual*, including the general evaluation standards applicable to all institutions (Chapter IV) and the standards applicable to all programs offered (Chapter V). In addition, degree-granting programs must comply with Chapter VI. This chapter contains additional specific accreditation requirements for a dental assisting program.

ABHES may include either a basic level dental assisting program (Dental Assisting I), a dental assisting curriculum with additional academic and clinical training (Dental Assisting II), or both within an institution's grant of accreditation. The practice of dental assisting has evolved so that in some areas of the country the broad field commonly referred to as "dental assisting" may now encompass more than one level of job functions and responsibilities. Consistent with the fact of the different levels of professional responsibility, ABHES recognizes that not all educational programs under the general rubric dental assisting have the same mission, but rather that some are intended to prepare graduates only for the more basic responsibilities while others are intended to prepare graduates for additional, greater levels of responsibility. Therefore, ABHES provides additional standards for the inclusion of a more advanced level dental assisting program, Dental Assisting II.

This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter, whether called a dental assisting program or any other name or designation that is reasonable understood by professionals in the field, students, or the public to have the same meaning.

#### **DESCRIPTION OF THE PROFESSION**

The dental assistant is trained in dentistry techniques and also performs general office duties, including a variety of patient care, office, and laboratory duties. Dental assistants work chairside and some duties may be performed under general or direct supervision, as state dental laws provide.

Dental assistants acquire vital signs and dental and medical histories, prepare patients for examinations, treatments, or surgical procedures, and work chairside as dentists examine and treat patients. They expose and/or process dental images and prepare dental materials and injections.

Dental assistants possess a thorough knowledge of the equipment, supplies, instruments, and techniques required for every dental procedure, and proper disinfection and sterilization techniques for infection control. They sterilize and disinfect instruments and equipment, prepare trays of instruments for dental procedures, and instruct patients on pre- and postoperative and general oral health care. They apply topical anesthesia preoperatively if permitted by law and understand the procedural steps necessary to successfully complete any dental procedure. During the procedure, dental assistants provide oral illumination, tissue retraction, and oral evacuation.

Dental assistants perform a variety of clinical, laboratory, and administrative duties. Dental assistants should not be confused with dental hygienists or dental therapists, who are licensed to perform at different scopes of practice. Only those procedures legally permitted to be performed will be taught to clinical competence; all other procedures will be taught to laboratory competence.

## **CREDENTIALING**

States may regulate the duties that dental assistants are allowed to perform through licensure or registration, which may require passing a written or practical examination. Licensure, certification, or registration is an acknowledgment of an assistant's qualifications and professional competence and may be an asset when one is seeking employment.

Many states have adopted specific requirements for education, experience, or credentialing of dental assistants or of dental assistants with expanded functions or duties. An expanded dental assisting program that complies with ABHES requirements may not be comparable to state requirements for an expanded functions dental assisting program. Institutions are further responsible to be familiar with and to disclose to all prospective students all information related to graduate eligibility or credentialing, licensure, and employment.

## **SECTION A – Curriculum, Competencies, and Externship and/or Internal Clinical Experience**

### ***DAIL.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 dental assisting field.***

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

#### **1. Clinical sciences**

##### **Graduates will be able to:**

- a. Employ crucial problem-solving skills for work-related problems
- b. Practice critical thinking to effect workplace solutions
- c. Promote practices for good health, and communicate these practices to patients
- d. Practice the ability for self-assessment and correct problems that are identified
- e. Explain and employ evidence-based techniques for workplace decisions
- f. Describe and practice principles and procedures for patient safety
- g. Compare and contrast the state laws and regulations that affect the practice of the dental assistant
- h. Compare and contrast how state laws and regulations affect the delegation of duties by the dentist to the dental assistant
- i. List and describe the various print and electronic resources that the dental assistant can utilize to stay current for practice
- j. Demonstrate an understanding of the core competencies for Interprofessional Collaborative Practice i.e., values/ethics; roles/responsibilities; interprofessional communication; teamwork

#### **2. Business office procedures**

##### **Graduates will be able to:**

- a. Recognize the importance of accurate patient treatment record maintenance
- b. Schedule office appointments in a professional manner
- c. Respond to telephone and electronic queries in a professional manner
- d. Perform word processing on a computer
- e. Operate office equipment
- f. Utilize current trends in technology for communication and outreach
- g. Define and demonstrate professional verbal and written communication in the work place
- h. Identify dental office marketing opportunities (e.g., newsletters, websites, social media, etc.)
- i. Identify and analyze patient confidentiality issues involving the collection and transmission of data
- j. Maintain inventory supply levels

#### **3. Infection and hazard control**

##### **Graduates will be able to:**

- a. Perform all relevant hand washing techniques
- b. Recognize the need for and demonstrate the use of personal protective barriers and perform their placement
- c. Recognize the need for and demonstrate the use of surface barriers
- d. Differentiate between sterilization and disinfection
- e. Perform disinfection procedures and techniques
- f. Utilize ultrasonic cleaning and utilize ultrasound cleaning techniques
- g. Perform procedures for soaking of instruments
- h. Practice OSHA-approved techniques for hazardous waste management
- i. Perform gloving techniques according to established procedures
- j. Operate sterilizing equipment according to manufacturer's guidelines
- k. Assemble and prepare instruments for sterilization

- l. Utilize biological indicators to monitor autoclave effectiveness
- m. Utilize radiographic monitoring devices and understand their importance
- n. Handle all sharps (needles and blades) according to established procedures
- o. Document instruction and compliance with Universal Precautions in laboratory and clinical settings, including appropriate handling of sharps and biohazard materials
- p. Document instruction and compliance with Bloodborne Pathogen Training

#### **4. Clinical equipment function and maintenance**

##### **Graduates will be able to:**

- a. Identify the various functions for dental equipment in a clinical setting
- b. Operate dental equipment according to manufacturer's guidelines and institutional policy
- c. Perform regular maintenance for dental equipment according to manufacturer's guidelines and institutional policy

#### **5. Ergonomics for the dental setting**

##### **Graduates will be able to:**

- a. Describe and understand the importance of ergonomic positioning for the dental team
- b. Utilize accepted techniques for prevention of repetitive motion injuries
- c. Seat and dismiss patients for dental procedures
- d. Identify the needs of all patients, including those with disabilities (and other special needs), and provide assistance accordingly

#### **6. Medical/dental histories and vital signs**

##### **Graduates will be able to:**

- a. Apply the relevance of medical and dental histories to treatment
- b. Interview patients, record their medical and dental history, and report areas of concern to the dentist
- c. Obtain and document readings for body temperature, pulse rate, respiration rate, and blood pressure
- d. Compare and contrast the normal/abnormal readings of each of the vital signs
- e. Assess and document the patient's level of pain

#### **7. Instruments, tray set-ups, transfer methods**

##### **Graduates will be able to:**

- a. Identify the name, parts, and use of dental instruments
- b. Recognize the function and use of dental instruments
- c. Identify instruments and demonstrate proper placement for a tray-set up for any given dental procedure
- d. Utilize the various grasps for dental instruments
- e. Transfer of mixed materials, instruments, and other items using four or six handed dentistry

#### **8. Oral illumination**

##### **Graduates will be able to:**

- a. Describe and understand the functions of dental lights
- b. Operate and maintain dental lights
- c. Position dental lights for optimal illumination of the oral cavity for all chairside procedures

#### **9. Tissue retraction and oral evacuation**

##### **Graduates will be able to:**

- a. Apply methods of tissue retraction, including retraction with a high volume evacuator
- b. Utilize methods to protect the patient's oral tissue
- c. Assess the need for protection of the patient's oral tissues and apply methods to prevent damage
- d. Assess the dangers of aspiration during dental procedures and apply methods to prevent aspiration of objects

## **10. Isolation methods**

### **Graduates will be able to:**

- a. Describe the functions and uses of dental dams
- b. Assemble a dental dam tray for placement
- c. Demonstrate proper placement and removal of a dental dam
- d. Describe the functions and uses of cotton rolls and other isolation and moisture control items
- e. Place and remove cotton rolls and other isolation and moisture-control items

## **11. Chairside instrumentation and materials for restorative procedures**

### **Graduates will be able to:**

- a. Describe the functions, parts, and uses of various restorative instruments
- b. Describe the function and manipulation of various chairside materials
- c. Describe the function of hand cutting instruments
- d. Explain the names, numbers, and functions of burs
- e. Comprehend the function of abrasive rotary instruments
- f. Comprehend the function of preset trays and tubs
- g. Describe cavity classifications
- h. List the steps necessary for removal of caries prior to placement of a restoration
- i. Assess and recognize the indications for fluoride use and proper placement in accordance with state law and administer to the patient when necessary
- j. Describe the steps in obtaining virtual impressions to send to the dental laboratory
- k. Research and describe the uses of laser and air-abrasion techniques in dentistry

## **12. Dental charting**

### **Graduates will be able to:**

- a. Identify cavity classifications
- b. Use the Universal, Federation Dentaire Internationale, and Palmer numbering systems
- c. Demonstrate skills in completing paper and electronic charting using appropriate terminology
- d. Utilize common abbreviations for simple, compound, and complex cavities
- e. List and describe color indicators and charting symbols

## **13. Dental laboratory/pre-clinical**

### **Graduates will be able to:**

- a. Describe the function and manipulation of various laboratory materials
- b. Demonstrate the use of laboratory materials in taking an impression, and pouring and trimming a study-model for diagnostic purposes
- c. Obtain accurate bite-registration
- d. Polish removable appliances
- e. Fabricate a mouthguard
- f. Fabricate temporary crowns using a variety of materials
- g. Fabricate custom and whitening trays
- h. Describe the application of CAD/CAM in fixed prosthodontics

## **14. Pain management**

### **Graduates will be able to:**

- a. Recognize and describe the symptoms associated with pain and anxiety
- b. Describe the methods for treatment of pain and anxiety during a chairside procedure
- c. Explain the method for placement of topical anesthetics in accordance with state law
- d. Compare and contrast the types, indications, and contraindications of local anesthetics
- e. Describe the components and functions of the anesthetic syringe
- f. Assemble the supplies for administering local anesthesia

- g. Locate and describe the sites for maxillary and mandibular arch injections
- h. Compare and contrast the supplemental techniques for anesthetic administration
- i. Explain the need and method for nitrous oxide administration, and methods for monitoring its administration
- j. List and describe the treatment for and recognition of complications arising from anesthesia administration

## **15. Patient management and care procedures**

### **Graduates will be able to:**

- a. Seat and dismiss the patient
- b. Assess and recognize the indications for oral health instruction and educate the patient where appropriate
- c. Assess and recognize the indications for pre- and postoperative instructions, and administer to the patient when necessary

## **16. Dentistry law and ethics**

### **Graduates will be able to:**

- a. List and describe the legal aspects of dentistry
- b. Compare and contrast the ethical aspects to the ethical dilemmas of dentistry
- c. Describe the professional responsibilities as required in the *American Dental Assistants' Association Principles and Ethics*
- d. Define the term ethics and explain its importance for dental assisting practice
- e. Apply ethical decision-making
- f. Explain pertinent regulations and terminology applicable to the profession
- g. Maintain patient confidentiality and privacy
- h. Display competence and proper use of HIPAA compliance
- i. Explain the patient Bill of Rights
- j. Maintain professional codes of conduct and scope of practice
- k. Apply local, state, and federal standards and regulations for the control and use of health information

## **17. Professionalism**

### **Graduates will be able to:**

- a. Define professional behavior and explain its importance for dental assisting practice
- b. Describe and employ appropriate attire and personal hygiene practices
- c. Use self-control and negotiation skills to resolve conflicts
- d. Explain the importance of teamwork and consensus-building for successful dental assisting practice
- e. Practice a caring attitude and express compassion in all patient interactions
- f. Practice knowledge of interpersonal skills to enhance working relationships
- g. Describe small-group dynamics and how they affect dental assisting practice
- h. Use techniques for quality assurance to enhance patient care
- i. List and describe potential ethical scenarios that may arise during dental assisting practice
- j. Define the term ethics and explain its importance for dental assisting practice
- k. Safeguard patient confidentiality through ethical and legal practices, and identify and apply all HIPAA guidelines for dental assisting practice

## **18. Dental sciences**

Program curriculum must include content in the following areas:

- a. Anatomy and Physiology of the Oral Cavity

In-depth knowledge of the anatomy and physiology of the oral cavity. In addition, an understanding of basic pathology requires knowledge of normal anatomy and physiology.

b. Pharmacology of the Oral Cavity

Courses prepare graduates to demonstrate knowledge of:

- i. Drug classifications and prescription writing
- ii. Modes of medication administration
- iii. Drug interactions
- iv. Medication side effects

c. Radiography of the Oral Cavity

Theoretical and practical application of exposing and processing intra- and extra-oral radiographs. Graduates demonstrate knowledge of radiation safety measures and competency in producing radiographic images in the laboratory on mannequins before they are allowed to take radiographs on patients, in accordance with state laws. Supervision and evaluation by faculty is essential for safety and proper instruction.

d. Microbiology

Basic principles of bacteriology, mycology, virology, and immunology with special emphasis on the microbial flora of the oral cavity and to pathology. Concepts and methods of sterilization, disinfection, and infection control principles are linked into concepts of Microbiology.

e. Nutrition

Principles of diet management as it pertains to oral health.

f. Oral Pathology

Basic and clinical sciences of oral pathology and application of the knowledge gained to the recognition and understanding of deviation from normal. An emphasis on clinical application includes an understanding of personal health and disease and its relation to optimal function. The components of oral and general pathology may be addressed in one core course or integrated into several courses throughout the curriculum. The depth and scope of the curriculum may vary based upon the influences of the program level and academic setting.

- 1) General Pathology: the nature of disease, its causes, its processes, and its effects, together with associated alterations of structure and function.
- 2) Oral Pathology: basic knowledge of etiology, pathogenesis, identification, and management of diseases which affect the oral and maxillofacial regions.
- 3) Environmental/Occupational Hazards: any use or handling of tissue specimens that may be included as part of course or clinical instruction related to oral pathology follow recommended CDC and OSHA guidelines.

**19. Healthcare provider CPR**

**Graduates will be able to:**

- a. Obtain nationally recognized CPR for healthcare providers

**20. Communication**

**Graduates will be able to:**

- a. Assess therapeutic communication based on specific audiences
- b. Assess the listener's comprehension of the message conveyed
- c. Formulate written communications that utilize proper grammar, punctuation, and spelling
- d. Demonstrate verbal techniques that influence perception and enhance listening
- e. Describe and employ methods for bridging communication gaps for non-English speakers or those whose listening abilities are impaired
- f. Practice knowledge of interpersonal skills to enhance working relationships
- g. Exhibit an understanding of diversity (e.g., culture, religion, race, age, gender, sexual orientation, disability, or other special needs, and economic status) and the ways that diversity influences language and communication

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

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

**(a) Assignment**

Clinical experiences include placement at a facility that performs various types of activities that will expose the student to the necessary skills required of the profession. Minimally the clinical experience includes 300 clock hours. In all cases, the clinical site used is properly approved and regulated.

Simulations may be substituted for up to 20 percent of the total required clinical hours. Programs 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.

**(b) Activities**

A minimum of 60 percent of the time spent in the clinic or office is spent in assisting in general dentistry.

**(c) Supervision**

There is direct supervision of all students in the field while participating in a clinical experience. Programs clarify their role in how their students will be supervised, by whom and visited how often while at their site. There is clear and documented communication between the program and the clinical site.

**(d) Requirements for Completion**

Upon completion of the clinical experience, students demonstrate entry-level proficiency in all areas of the curriculum.

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

**Subsection 1 – Supervision**

***DAIL.B.1. The program supervisor is credentialed and experienced in the 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.
- iii. Has experience in the 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**

### ***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 or be working toward completing a baccalaureate degree program in a timely manner.
- 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.

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

### ***DAII.C.1.a. The institution's laboratory facilities are well stocked, sufficient in size, and adequately maintained.***

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

- i. Student stations suitable to number of students
- ii. Lighting, electrical outlets, ventilation, and storage space
- iii. Adjustable chair
- iv. Sinks and plaster control devices
- v. Sufficient number of lathes, model trimmers, and vibrators for proper instruction
- vi. Sufficient variety of quality dental materials/supplies
- vii. Power operated chairs
- viii. Air and water syringes
- ix. Dental units and mobile stools
- x. Adjustable patient overhead dental light
- xi. High and low speed handpieces
- xii. Oral evacuating equipment
- xiii. Sterilizing equipment and area for preparing, sterilizing, and storing instruments
- xiv. Sufficient number of dental radiography units that meet applicable regulations
- xv. Sufficient number of teaching mannequins
- xvi. Sufficient number of view boxes and film-holding devices to accommodate several students
- xvii. Imaging devices and processing equipment
- xviii. Individual radiation monitoring devices/dosimeters
- xix. Lead apron with cervical collar

### ***DAII.C.1.b. Equipment and instruments are available within the institution's laboratory facility to achieve the program's goals and objectives.***

Instruments include, but are not limited to, the following types:

- i. Diagnostic
- ii. Surgical
- iii. Operative
- iv. Periodontal
- v. Orthodontic
- vi. Endodontic
- vii. Pediatric
- viii. Prosthodontics (removable and fixed)

### ***DAII.C.1.c. The institution's laboratory facilities are readily available for students to develop required skills with faculty supervision.***

Radiography facilities are available for students to develop required skills with faculty supervision. Each is sufficient to accommodate instruction and practice in exposing and processing radiographs. Student to radiography machine ratio does not exceed 5:1 when exposing radiographic images.

### ***DAII.C.1.d. Clinical treatment areas are sufficient in size to accommodate an operator, patient, student, and faculty member during instruction.***

***DAII.C.1.e. Infectious disease management policies are provided to all students, faculty, and appropriate support staff and continuously monitored for compliance.***

Programs document compliance with institutional policy and applicable local, state, and federal regulations that include, but are not limited to hazardous materials, universal precautions, blood borne pathogens, and infectious disease management. Policies on blood borne pathogens and infectious disease management are made available to patients and applicants for admission.

## **SECTION D – Radiation Safety**

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

- i. Radiation safety policies and practices promote the application of ALARA (as low as reasonably achievable) principles.
- ii. The program assures that students appropriately perform radiation safety in laboratory and clinical settings.
- iii. Students must not hold image receptors.

***DAII.D.1.b. Students must be issued radiation exposure monitors that are relevant to current practice regarding type and length of exposure.***

- i. The program required students to wear an assigned radiation monitor in all potential exposure situations to include laboratory, clinical, or other observational experiences.
- ii. The program has an established process for timely review of student dosimetry reports.
- iii. Dosimetry reports must be maintained in a secure and confidential manner.
- iv. The program must maintain and monitor student radiation exposure data. This information must be available to students within thirty (30) schools days following receipt of data.

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

- i. Students must have access to the program's pregnancy policy upon enrollment.
- ii. The program's pregnancy policy allows for voluntary written disclosure of pregnancy, including a voluntary written withdrawal of this disclosure.
- iii. The program's pregnancy policy provides enrollment choices for disclosed pregnant students including, but not limited to, an option for student continuance in the program without modification. The program may offer clinical component options such as clinical reassignment and/or leave of absence.
- iv. The program's pregnancy policy allows disclosed pregnant students to seek counseling from a qualified individual.
- v. Upon student disclosure, the student must be provided a fetal dose monitor and instructions for use.

## **CHAPTER VIII – DMS**

### **EVALUATION STANDARDS FOR DIAGNOSTIC MEDICAL SONOGRAPHY**

The Accrediting Bureau of Health Education Schools does not accredit programmatically a diagnostic medical sonography program, but, as an institutional accrediting agency, includes this program within an institution's grant of accreditation. The program must comply with all policies, procedures, the standards described throughout the *Accreditation Manual*, including the general evaluation standards applicable to all institutions (Chapter IV) and the standards applicable to all programs offered (Chapter V). In addition, degree-granting programs must comply with Chapter VI. This chapter contains additional specific requirements for a Diagnostic Medical Sonography program.

This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter, whether called a diagnostic medical sonography program or any other name or designation that is reasonably understood by professional in the field, students, or the public to have the same meaning.

#### **DESCRIPTION OF THE PROFESSION**

A diagnostic medical sonographer is a healthcare professional who utilizes medical ultrasound in various medical settings to gather sonographic data to aid in the diagnosis of a variety of medical conditions and diseases. Specialties for the profession include general (defined as abdominal, obstetric, gynecological, and superficial structures), cardiac, and vascular sonography, muscular skeletal, pediatrics, interventional, breast, as well as various other subspecialties. The diagnostic medical sonographer may work under general or direct supervision defined by state law.

The diagnostic medical sonographer identifies, records, and processes anatomical and pathophysiological data for diagnostic screening and for integration with medical history. The findings are properly communicated to a licensed practitioner for interpretation. In addition, the diagnostic medical sonographer provides education to patients in matters that involve medical ultrasound procedures and promotes basic principles of good health.

Diagnostic medical sonographers are employed in both inpatient and outpatient healthcare settings, including but not limited to: general and specialized hospitals, imaging centers, mobile clinics, surgical centers, vascular centers, obstetric gynecological offices, physician's offices, and veterinary centers.

#### **CREDENTIALING**

Credentialing in diagnostic medical sonography may be required by employers and is encouraged for graduates of ABHES-accredited programs. Programs are expected to prepare students in necessary aspects of the curriculum included in the credentialing examinations available from a nationally recognized and accredited certifying agency in the field of study.

## **SECTION A – Curriculum, Competencies, and Clinical Experience**

### ***DMS.A.1. The depth and breadth of the program’s curriculum enables graduates to acquire the knowledge and competencies as an entry-level sonographer in the field of diagnostic medical sonography.***

Competencies required for successful completion of the program are delineated, and the curriculum ensures achievement of these entry-level competencies through coursework, skills assessments, and clinical experiences. Students are advised, prior to enrollment and throughout the program, of any credentialing requirements necessary to achieve and/or maintain employment in the field. Focus is placed on increasing the marketability and employability of graduates through credentialing.

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

#### **Curricular Components**

Courses are defined as either core or non-core courses. Core courses are categorized as Applied Ultrasound Sciences and Learning Concentrations. Non-core courses are categorized as General Education and Curricular Requisites. General Education requirements (communication skills which may be met with courses in college-level English composition or speech, college-level mathematics, human anatomy and physiology, and general physics are met before core educational courses are presented. Curricular Requisites (career development, medical terminology, medical law and ethics, basic patient care, and pathophysiology), are presented in a logical sequence within the curriculum. The curriculum follows a logical and progressive order and sequence.

#### **1. General Education (must be met prior to Core Courses)**

##### **A. Communication skills**

###### **Graduates will be able to:**

- a. Obtain patient history
- b. Discuss pre- and post-procedure information
- c. Explain diagnostic testing protocols
- d. Prepare and present technical reports and communicate clinical findings to licensed practitioner
- e. Demonstrate basic computer skills
- f. Practice effective communication in the workplace
- g. Demonstrate proper telephone etiquette
- h. Demonstrate an understanding of diverse populations (e.g., culture, religion, race, age, gender, sexual orientation, disability or patients with special needs, and economic status) and the ways that diversity influences language and communication
- i. Demonstrate an understanding of the core competencies for Interprofessional Collaborative Practice i.e., values/ethics; role/responsibilities; interprofessional communication; teamwork

##### **B. Mathematics**

###### **Graduates will be able to:**

- a. Demonstrate a proficient understanding of the metric system and measurements
- b. Perform arithmetic and algebraic functions and processes
- c. Understand the use of fractions, decimals, percentages, and interconversions
- d. Apply knowledge of logarithms and exponents

##### **C. General physics**

###### **Graduates will be able to:**

- a. Apply principles of general physics

- b. Describe principles of acoustic physics (e.g., sound production and propagation and interactions of sound with matter)
- c. Classify properties of matter
- d. Identify mechanics of measurement
- e. Compare forces of motion
- f. Describe properties of gravity, temperature, and heat
- g. Describe the fundamentals of thermodynamics
- h. Describe electricity and magnetism

#### **D. Anatomy and physiology**

##### **Graduates will be able to:**

Understand the following major body systems:

- a. Respiratory
- b. Cardiovascular system
- c. Nervous system
- d. Digestive system
- e. Muscular Skeletal system
- f. Reproductive systems, including embryology and fetal development
- g. Urinary system
- h. Endocrine system
- i. Reticuloendothelial system
- j. Skin and Integumentary system

## **2. Curricular Requisites**

#### **A. Medical terminology**

##### **Graduates will be able to:**

- a. Explain structure of medical terms (roots, prefixes, and suffixes)
- b. Demonstrate an understanding and use of abbreviations and symbols in health care
- c. Apply procedural terminology specific to the field of diagnostic medical sonography

#### **B. Medical law and ethics**

##### **Graduates will be able to:**

- a. Apply ethical decision-making
- b. Explain pertinent regulations and terminology applicable to the profession
- c. Maintain patient confidentiality and privacy
- d. Demonstrate competence and proper use of HIPAA compliance
- e. Explain the patient Bill of Rights
- f. Explain governmental healthcare guidelines including patient rights and advanced directives
- g. Maintain professional codes of conduct and scope of practice
- h. Apply local, state, and federal standards and regulations for the control and use of health information

#### **C. Basic patient care**

##### **Graduates will be able to:**

- a. Demonstrate an understanding of Sonographer – Patient interaction (based on age, needs, and conditions)
- b. Practice patient safety
- c. Apply strategies for dealing with difficult patients, family members, and situations
- d. Offer principles of emotional and psychological support
- e. Maintain infection control and universal precautions
- f. Manage emergency situations including biological hazards in accordance with facility protocol

- g. Demonstrate awareness of physical environment and setting
- h. Demonstrate nationally recognized CPR for healthcare providers
- i. Demonstrate skills for patient transfer, transportation, and proper positioning, as applicable by facility or state regulation

#### **D. Sonographer safety**

##### **Graduates will be able to:**

- a. Apply personal protective equipment requirements
- b. Describe the importance of ergonomic positioning
- c. Utilize accepted techniques for prevention of repetitive motion injuries
- d. Describe work-related musculoskeletal disorders in ultrasound
- e. Recognize factors that relate to physical and emotional stress and injuries
- f. Maintain equipment safety

#### **E. Professionalism**

##### **Graduates will be able to:**

- a. Define professional behavior and explain its importance in daily practice
- b. Demonstrate professional skill in the use of the internet, e-mail services, and medical information services
- c. Exhibit effective listening skills and body language during performance of the job
- d. Describe and employ appropriate attire and personal hygiene practices
- e. Use self-control and negotiation skills to resolve potential conflicts
- f. Explain the importance of teamwork and consensus-building in daily practice
- g. Utilize critical thinking and apply appropriate problem-solving skills for work related conflicts
- h. Practice knowledge of interpersonal skills to enhance working relationships

#### **F. Career and professional development**

##### **Graduates will be able to:**

- a. Understand process of certification, credentialing, and licensure relevant to each state, as applicable
- b. Differentiate career pathways within the field of diagnostic medical sonography
- c. Demonstrate effective resume writing, interview skills, and conduct employment searches
- d. Identify continuing education requirements and the benefits of professional organization memberships

### **3. Applied Ultrasound Sciences**

#### **A. Physics of sonography and instrumentation**

##### **Graduates will be able to:**

- a. Demonstrate the use of ultrasound equipment and its proper function
- b. Select appropriate transducer for specific applications
- c. Apply principles of Doppler and Duplex applications in diagnostic medical sonography
- d. Identify Doppler and Duplex instruments, components, and technologies
- e. Understand the components and functions of the ultrasound system
- f. Select and utilize ultrasound transducers
- g. Understand the principles of hemodynamics
- h. Demonstrate knowledge of bio effects of ultrasound, quality assurance, and clinical safety

#### **B. Scanning techniques and examination procedures**

##### **Graduates will be able to:**

- a. Apply scanning techniques such as:
  - 1) Scanning methods and planes
  - 2) Purpose and function of various scanning techniques, and their appropriate selection

- 3) Ergonomics, including supports, tools, devices, and adjustments
- b. Demonstrate knowledge of the following examination procedures
  - 1) Patient name and information
  - 2) Type of examination (pre-sets)
  - 3) Apply proper scanning protocols

### **C. Sonography modes**

#### **Graduates will be able to:**

- a. Demonstrate image optimization techniques including
  - 1) 2D
  - 2) Color flow
  - 3) Spectral and Power Doppler
  - 4) Duplex imaging
  - 5) M-mode
  - 6) Harmonic imaging
- b. Demonstrate image optimization techniques that may include:
  - 1) 3D and 4D
  - 2) Strain imaging
  - 3) Elastography
  - 4) Biopsy mode

### **D. Technical image production**

#### **Graduates will be able to:**

- a. Use system controls to optimize image production
- b. Adjust 2-D gray scale and M-mode controls
  - 1) Power
  - 2) Overall Gain
  - 3) TGC
  - 4) Depth
  - 5) Focus
  - 6) Frequency
  - 7) Dynamic range
  - 8) Reject
- c. Adjust color flow Doppler, spectral Doppler, and power Doppler
  - 1) Angle correction
  - 2) Color box size and direction
  - 3) Scale
  - 4) Baseline position
  - 5) Wall filter
  - 6) Persistence
  - 7) Color Mapping
  - 8) Gate Placement and size
  - 9) Aliasing

### **E. Measurements and calculations**

#### **Graduates will be able to:**

Perform ultrasound measurements and calculations for:

- a. Distance
- b. Area
- c. Circumference
- d. Volume



- e. Weight
- f. Gestational age
- g. Spectral analysis
- h. M-mode
- i. Specific protocol and examination

#### **F. Examination documentation**

##### **Graduates will be able to:**

Produce the following image documentation:

- a. Static imaging
- b. Video and/or cine loop
- c. Digital archiving

#### **G. Quality assurance and system maintenance**

##### **Graduates will be able to:**

- a. Ensure and implement quality assurance by maintaining:
  - 1) Safety and ALARA principle
  - 2) Resolution
  - 3) Displays
  - 4) Phantom testing
  - 5) Storage and communication
- b. Describe the significance of Bio effects

#### **H. Imaging limitations**

##### **Graduates will be able to:**

- a. Identify limitations of imaging related to each learning concentration, as applicable:
  - 1) Equipment limitations/capabilities
  - 2) Patient limitations: habitus, current health status, body position, accessibility
  - 3) Operator limitations: experience, training
  - 4) Imaging artifacts
  - 5) Biological artifacts
  - 6) Acoustical artifacts

### **4. Learning Concentrations**

#### **A. General sonographic concentration**

**Programs with a general sonographic concentration must include, but are not limited to, the following competencies.**

- a. Graduates will be able to recognize and identify the normal sonographic appearance, variants, and findings in the abdomen and small parts:
  - 1) Liver
  - 2) Gallbladder and biliary ductal system
  - 3) Pancreas
  - 4) Kidneys and the urinary tract, including the bladder
  - 5) Adrenal glands
  - 6) Spleen
  - 7) Lymph nodes
  - 8) Abdominal vasculature
  - 9) Peritoneal cavities and retroperitoneal spaces

- 10) Gastrointestinal system
  - 11) Non-cardiac chest, including the pleural cavity
  - 12) Neck
  - 13) Thyroid and parathyroid glands
  - 14) Scrotal sac, including testes, epididymis, spermatic cord, prostate, and seminal vesicles
  - 15) Prostate gland and penis
  - 16) Abdominal wall
  - 17) Breast
  - 18) Extremity soft tissue
  - 19) Superficial and subcutaneous tissue
  - 20) Musculoskeletal structures
- b. Graduates will be able to recognize and identify the normal sonographic appearance, variants, and findings in the reproductive system and female pelvis:
- 1) Reproductive System
    - a) Uterus
    - b) Vagina
    - c) Ovaries
    - d) Adnexa
  - 2) Pelvic musculature
  - 3) Peritoneal spaces
  - 4) Pelvic vasculature
- c. Graduates will be able to recognize and identify the normal sonographic appearance, variants, and findings in the maternal and fetal structures during the first, second, and third trimesters of gestation, including:
- 1) Gravid uterus, cervix, vagina, ovaries, and cul-de-sac
  - 2) Single versus multiple gestations
  - 3) Embryological structures, including gestational sac, yolk sac, embryo
  - 4) Fetal head and face, brain, lungs, stomach, diaphragm, spine, kidneys, bladder, reproductive organs, and extremities
  - 5) Heart to include four chambers, axis chambers, and in-flow and out-flow tracts
  - 6) Umbilical cord and insertion
  - 7) Fetal abdominal wall and cavities
  - 8) Pertinent assessment and/or measurement of fetal structures including:
    - a) Gestational sac
    - b) Yolk sac
    - c) Fetal presentation
    - d) Fetal heart rate
    - e) Placental location, size, and grading
    - f) Biophysical profile scoring
  - 9) Biometric measurements, including:
    - a) Bi-parietal diameter
    - b) Head circumference
    - c) Cephalic index
    - d) Orbital
    - e) Lateral ventricles
    - f) Cisterna magna
    - g) Nuchal fold
    - h) Cerebellar diameter
    - i) Thoracic circumference

- j) Abdominal circumference
  - k) Femur length
  - l) Humerus length
- d. Graduates will be able to recognize and identify the normal sonographic appearance, variants, and findings in support of invasive, interventional, and therapeutic procedures, including:
  - 1) Breast biopsy
  - 2) Thyroid biopsy
  - 3) Liver biopsy
  - 4) Renal biopsy
  - 5) Soft tissue biopsy
  - 6) Lymph node biopsy
  - 7) Thoracentesis
  - 8) Paracentesis
  - 9) Chorionic villus sampling
  - 10) Amniocentesis
  - 11) Fine needle aspiration
  - 12) Umbilical cord sampling
  - 13) Umbilical cord transfusion
  - 14) In-vitro fertilization
- e. Graduates will be able to recognize sonographic pathologies, and:
  - 1) Apply the appropriate scanning protocol, techniques, and measurements in correlation with the following clinical information:
    - a) History and physical examination
    - b) Other imaging and laboratory findings
    - c) Primary Diagnosis
    - d) Differential Diagnosis
  - 2) Identify sonographic appearance patterns of pathologies in the following etiologies:
    - a) Iatrogenic
    - b) Degenerative
    - c) Inflammatory
    - d) Traumatic
    - e) Neoplastic
    - f) Infectious
    - g) Obstructive
    - h) Congenital anomalies
    - i) Hereditary
    - j) Metabolic
    - k) Immunologic
- f. Graduates will be able to recognize sonographic obstetric pathology, and:
  - 1) Apply the appropriate scanning protocol, techniques, and measurements in correlation with the following clinical information:
    - a) History and physical examination
    - b) Other imaging and laboratory findings
    - c) Primary Diagnosis
    - d) Differential Diagnosis
  - 2) Graduates must recognize and identify the sonographic appearance and findings of pathologies in the following areas and conditions:
    - a) Placenta

- b) Umbilical cord
- c) Amniotic Fluid
- d) Fetal anatomy to include:
  - (1) Fetal head and face
  - (2) Fetal brain
  - (3) Spine
  - (4) Heart
  - (5) Lungs
  - (6) Diaphragm
  - (7) Abdominal wall and cavities, skin lines
  - (8) Digestive system, including the gastrointestinal tract
  - (9) Kidneys and bladder
  - (10) Reproductive organs
  - (11) Muscular skeletal system
- e) Multiple pregnancies
- f) Growth patterns/fetal development
- g) Congenital anomalies and hereditary pathologies
- h) Pregnancy complications
- i) Maternal diseases
- j) Fetal diseases
- k) Post-partum complications
- l) Therapeutic procedures

## **B. Cardiac learning concentration**

**Programs with a cardiac learning concentration must include, but are not limited to, the following competencies.**

- a. Graduates will be able to recognize and identify the normal sonographic appearance, variants, and findings in the heart and surrounding associated structures:
  - 1) Embryology and fetal cardiac development
  - 2) Location of the heart in the chest cavity
  - 3) Chambers and septa of the heart
  - 4) Valves and valve dynamics
  - 5) Coronary arteries
  - 6) Great vessels
- b. Graduates will be able to describe:
  - 1) Basic assessment techniques
  - 2) History and physical
  - 3) Vital signs assessment
  - 4) Cardiac assessment
  - 5) Rhythm
  - 6) Heart sounds and auscultation
  - 7) Percussion
  - 8) Respiration
  - 9) Cyanosis/diaphoresis
  - 10) Edema
  - 11) Pulse oximetry
  - 12) Lab results
  - 13) Level of consciousness

- c. Graduates will be able to recognize and identify the normal appearance, variants, and findings associated with the Principles of Electrophysiology:
  - 1) Application and completion of EKGs of high technical quality
  - 2) EKG measurements and waveform recognition
  - 3) Identification of arrhythmia
  - 4) Identification of conduction defects
  - 5) Determination of axis
  - 6) Recognition of patterns of ischemia, injury, and infarction
  - 7) Recognition of hypertrophy
  - 8) Identification of electrolyte imbalance changes
  - 9) Identification of valve abnormalities
  - 10) Identification of pacemaker rhythms and ICDS
  - 11) Artifacts
- d. Graduates will be able to demonstrate knowledge of the basic principles of pharmacology specific to cardiology:
  - 1) ADME of cardiac specific drugs
  - 2) Use of drugs used for cardiac emergency
  - 3) Recitation of medical/legal requirements and classifications
  - 4) Listing of pharmacodynamics and pharmacokinetics:
    - a) Adrenergic
    - b) Cholinergic
    - c) Vasopressors and vasodilators
    - d) ACE inhibitors
    - e) Anticoagulants/thrombolytic
    - f) Nitrates
    - g) Antiarrhythmic
    - h) Diuretics and antihypertensive
    - i) Cardiac glycosides
    - j) Calcium channel drugs
    - k) Beta blockers
    - l) Analgesics
    - m) Antibiotics
    - n) Contrast agents
- e. Graduates will be able to correlate diagnostic data obtained during various non-invasive procedures:
  - 1) Holter monitoring and scanning
  - 2) Phonocardiography, as it relates to the cardiac cycle
  - 3) Graded Exercise Stress Test (GEST)
  - 4) Pacemaker functions, cardioversion, and defibrillations
  - 5) Telemetry
  - 6) Radionuclide tests
  - 7) Utilization of hemodynamic principles
- f. Graduates will be able to demonstrate knowledge of the principles of cardiovascular technology involved with the collection, application, and interpretation of basic ultrasound imaging using:
  - 1) 2-D gray-scale imaging
  - 2) M-mode
  - 3) Spectral Doppler
  - 4) Color flow Doppler

- 5) Tissue Doppler imaging
- 6) Strain imaging
- g. Graduates will be able to explain and demonstrate proficiency with M-mode, two-dimensional echocardiography, and Doppler imaging, such as:
  - 1) Advanced techniques of scanning and proficiency with the continuous wave (CW) non-imaging (blind) transducer
  - 2) Measuring of cardiac structures and ventricular function
  - 3) Qualitative evaluation of cardiac chambers, wall segments, and valve motion
  - 4) Acceptable protocols in timely manner for documentation of sonographic findings
- h. Graduates will be able to describe the indications, contraindications, limitations, and procedures below:
  - 1) Stress echocardiography
  - 2) Trans-esophageal echocardiography
  - 3) Intra-operative echocardiography
  - 4) Sterile technique/disinfection
  - 5) Contrast echocardiography
  - 6) Three-dimensional echocardiography
  - 7) Echo-guided procedures
- i. Graduates will be able to recognize and identify the normal sonographic appearance, variants, and findings associated with pathological mechanisms, clinical manifestations, and appropriate therapeutic measures, of diseases and congenital anomalies that affect the heart and vascular systems:
  - 1) Acquired cardiovascular diseases
  - 2) Congenital cardiovascular diseases
  - 3) Cardiac trauma
- j. Graduates will be able understand the sonographer's role with various treatment options:
  - 1) Conservative
  - 2) Medical/Pharmacological
  - 3) Interventional

### **C. Vascular learning concentration**

**Programs with a vascular learning concentration must include, but are not limited to, the following competencies.**

- a. Graduates will be able to demonstrate knowledge of sonographic appearance of normal anatomic structures, including anatomic variants and normal patterns of the following:
  - 1) Cerebrovascular
  - 2) Great vessels
  - 3) Abdominal vasculature
  - 4) Upper extremity vasculature
  - 5) Lower extremity vasculature
- b. Graduates will be able to understand patient history and recognize signs and symptoms of vascular disease, including:
  - 1) Basic assessment techniques
  - 2) History and physical
  - 3) Vital signs assessment
  - 4) Prior medical assessment, procedures, and treatment

- 5) Vascular assessment and rhythm
  - 6) Respiration
  - 7) Cyanosis/erythema/diaphoresis
  - 8) Edema
  - 9) Pulse oximetry
  - 10) Clinical/diagnostic laboratory results
  - 11) Level of consciousness
- c. Graduates will be able to demonstrate knowledge of noninvasive vascular equipment controls with use of instruments and techniques including:
    - 1) Duplex ultrasound
    - 2) Color flow Doppler
    - 3) Power Doppler
    - 4) Pulsed wave Doppler
    - 5) Continuous wave (CW) Doppler
    - 6) Arterial plethysmography
    - 7) Photoplethysmography
    - 8) Segmental blood pressures
    - 9) Ankle-brachial index (ABI)
  - d. Graduates will be able to acquire data through vascular assessments to create a preliminary interpretation and summary of findings that demonstrate:
    - 1) Correlation of vascular diagnostic techniques with patient history and physical examination
    - 2) Knowledge of proper applied indications for vascular procedures
    - 3) Knowledge of differential diagnosis
    - 4) An understanding of interventional vascular procedures
    - 5) Accuracy and limitations of noninvasive exams
    - 6) Correlation of findings with other imaging modalities and labs
  - e. Graduates will be able to understand and identify pathological mechanisms, clinical manifestations, and appropriate therapeutic measures that affect the vascular system and surrounding structures including:
    - 1) Acquired vascular diseases
    - 2) Congenital vascular diseases
    - 3) Vascular trauma
  - f. Graduates will be able to understand the sonographer's role with various treatment options:
    - 1) Conservative
    - 2) Medical/Pharmacological
    - 3) Interventional

***DMS.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**

Clinical experiences include placement at a facility that performs various types of activities that will expose the student to the necessary skills required of the profession. In all cases, the clinical site is properly approved and regulated.

The majority of the students' clinical experiences are spent at sites that perform a proportionate number of examinations per year, with an appropriately balanced mix of procedures to achieve the objectives of the curriculum. If multiple sites are used, the volume and variety of procedures interrelate/combine to meet this volume and variety.

The student to clinical staff ratio must not exceed 1:1.

Simulations 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). Programs 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.

**(b) Activities**

*(no additional requirements beyond Chapter V)*

**(c) Supervision**

There is direct supervision of all students in the field while participating in clinical experiences. Programs clarify their role in how students will be supervised, by whom and visited how often while at their site. There is clear and documented communication between the program and the clinical site.

A qualified preceptor employed by the clinical site and responsible for student oversight must possess:

- i. Three years of occupational experience in the Diagnostic Medical Sonography profession.
- ii. An active registration/credential from a nationally recognized sonography credentialing agency in addition to certification in the specific concentration(s) area of supervision.

**(d) Requirements for Completion**

Upon completion of the clinical rotation/s, students demonstrate entry-level proficiency in all areas of the curriculum.

**SECTION B – Program Supervision**

**Subsection 1 - Supervision**

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

The program supervisor (program director):

- i. Holds, at a minimum, a bachelor's degree earned at 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 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**

***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

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.

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

***DMS.C.1.a. The institution's laboratory facilities support the requirements of the program curriculum.***

The laboratory facilities include:

- i. A dedicated space to support the role of a diagnostic medical sonographer that meets the requirements of the current curriculum.
- ii. Lighting, electrical outlets, ventilation, and storage space.
- iii. A controlled environment conducive to instruction, learning, and practice.

***DMS.C.1.b. Equipment and instruments are available within the institution's laboratory facility to achieve the program's goals and objectives.***

Relevant equipment and instruments support the requirements of the current curriculum.

***DMS.C.1.c. The institution's laboratory facilities are available for students to develop required skills with faculty supervision.***

*(no additional requirements beyond Chapter V)*

## **CHAPTER VIII – MTB**

### **EVALUATION STANDARDS FOR MASSAGE THERAPY AND BODYWORK**

The Accrediting Bureau of Health Education Schools does not accredit programmatically a massage therapy/bodywork program, but, as an institutional accrediting agency, includes this program within an institution's grant of accreditation. The program must comply with all policies, procedures, the standards described throughout the *Accreditation Manual*, including the general evaluation standards applicable to all institutions (Chapter IV) and the standards applicable to all programs offered (Chapter V). In addition, degree-granting programs must comply with Chapter VI. This chapter contains additional specific requirements for a massage therapy/bodywork program.

This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter, whether called a massage therapy or bodywork program or any other name or designation that is reasonable understood by professionals in the field, students, or the public to have the same meaning.

#### **DESCRIPTION OF THE PROFESSION**

Massage Therapists and Bodyworkers are multi-skilled health professionals who perform a wide range of modalities in a variety of health care and alternative/complementary health care settings, including but not limited to: massage clinics, physicians' offices/hospitals, chiropractic offices, health and wellness centers, acupuncture centers, sports and rehabilitative facilities, various spa settings, private practices, corporate offices, health clubs, salons, professional sporting organizations/teams, cruise ships, etc. Massage therapists and bodyworkers may be self-employed, contract their services to businesses, or may be employed by larger companies.

Duties may vary depending upon setting and size of company, but can normally include: clinically assessing, educating, and consulting with the client/patient; answering phones; setting appointments; preparing the treatment room; sanitizing treatment areas; laundering linens; taking case notations; and, billing, among other functions.

Massage therapy and bodywork modalities generally practiced include but are not limited to: Swedish Massage; Reflexology; Zone Therapy; Deep Tissue; Sports Massage; Trigger Point Therapy; Neuromuscular Therapy; Myofascial Release; Structural Integration; Prenatal, Perinatal, or Infant Massage; Craniosacral Therapy; various Traditional Chinese Medicine (TCM) and bodywork like Shiatsu, Thai Massage, Tui Na, Jin Shin Do, Ayurvedic Massage, energy therapy; Hydrotherapy techniques for rehabilitation; and, spa treatments for physiologic homeostasis.

#### **CREDENTIALING**

Credentialing/state licensing in massage therapy is encouraged for graduates of ABHES-accredited programs. Programs prepare students for state or national credentialing examinations where required to practice in this field of study. States have varying requirements for credentialing and/or licensure.

## **SECTION A – Curriculum, Competencies, and Clinical Experiences**

***MTB.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 massage therapy and bodywork field.***

Competencies required for successful completion of the program are delineated, and the curriculum ensures achievement of these entry-level competencies through coursework and skills assessments. Students are advised, prior to enrollment and throughout the program, of any credentialing requirements necessary to achieve and/or maintain employment in the field. Focus is placed on increasing the marketability and employability of graduates through credentialing.

To provide for attainment of entry-level competencies, the program curriculum must be a minimum of 500 hours of supervised instruction that complies with state licensing requirements and includes, but not necessarily be limited to, the following:

### **1. Theory, principles, and practice**

#### **Graduates will be able to:**

- a. Describe the physiological effects or benefits of massage and bodywork
- b. Demonstrate proper body mechanics (general stance, movement, and strokes)
- c. Describe the history, indications, and contraindications to massage and bodywork
- d. Demonstrate the appropriate application of each of the five basic Swedish massage strokes and their variations

### **2. Ethics, professionalism, and the therapeutic relationship**

#### **Graduates will be able to:**

- a. Define and demonstrate all the parameters and ramifications of touch in society and in somatic therapy professions:
  - 1) Touch as sensory input and communication
  - 2) Touch in different cultures
  - 3) Unwanted touch & touch-related crimes
  - 4) Touch-related therapies
  - 5) Touch and power differential
  - 6) Dual or conflicting relationships
- b. Apply professionalism and ethics in:
  - 7) Oral and written communication skills
  - 8) Appropriate attire and personal hygiene practices for massage therapy and bodywork
  - 9) Marketing massage (resumes, letters of introduction, advertising)
  - 10) Personal, professional, and business ethics
- c. Demonstrate:
  - 11) Basic accounting skills for office and tax purposes
  - 12) Patient/client confidentiality, including HIPAA
  - 13) Compliance with mandatory reporting of abuse, misconduct, or related actions
  - 14) Understanding of state laws governing massage therapy practice
  - 15) Understanding of informed consent

### **3. Adapting sessions for special populations**

#### **Graduates will be able to:**

- a. Accommodate client/patient-specific needs
- b. Identify and adapt care to specific client/patient conditions (mental illness, PTSD, hospice, physical impairment, pregnancy, pediatric, geriatric, etc.)

#### **4. Anatomy, physiology, and pathology**

##### **Graduates will be able to:**

- a. Identify and demonstrate knowledge of anatomy and physiology including, but not limited to the following body systems and associated tissues:
  - 1) Skeletal
  - 2) Muscular
  - 3) Integumentary
  - 4) Cardiovascular
  - 5) Nervous
  - 6) Lymphatic
  - 7) Digestive
  - 8) Urinary
  - 9) Respiratory
  - 10) Endocrine
  - 11) Reproductive
- b. Identify and demonstrate knowledge of anatomy and physiology related to fascia and connective tissues
- c. Identify medical terminology, including prefixes, suffixes, root words, and common abbreviations
- d. Describe common pathologies seen in massage therapy and bodywork professions
- e. List common pathogens, pathways of infections, preventions, and treatments
- f. Explain universal precautions and their relevance to preventing the spread of communicable and infectious disease pathogens

#### **5. Assessment and documentation**

##### **Graduates will be able to:**

- a. Assess and describe the general indications and contraindications of massage and bodywork during patient intake
- b. Identify different classes of pharmaceuticals and contraindications
- c. Utilize patient intake form in clinical assessment
- d. Apply S.O.A.P. notes and other assessment tools in daily practice

#### **6. Massage and bodywork application**

##### **Graduates will be able to:**

- a. Perform a 50-minute massage demonstrating the five basic Swedish massage strokes
- b. Perform skill competencies in various bodywork-related methodologies specific to the program's curriculum
- c. Demonstrate proper draping
- d. Perform table and/or mat setup and maintenance
- e. Describe the use of various industry-standard therapy-related equipment (bolsters and hot packs)
- f. Distinguish between various lubricants
- g. Practice universal precautions

#### **7. Palpatory kinesiology**

##### **Graduates will be able to:**

- a. Identify and describe individual and synergistic muscle action
- b. Describe how muscles become restricted in movement from trauma or disuse
- c. Demonstrate passive and active stretching to increase ROM
- d. Identify muscle location, attachment, actions, and fiber-direction
- e. Identify types of muscle contraction (concentric, eccentric, and isometric)
- f. Describe the association between joint structure and function

## **8. Career development**

### **Graduates will be able to:**

- a. Obtain nationally recognized CPR for healthcare providers
- b. Utilize oral and written communication skills in the workplace
- c. Create marketing techniques for massage practice including effective resumes as well as letters of introduction, and advertising
- d. Practice personal effectiveness communication skills
- e. Demonstrate basic accounting skills for the office and tax purposes
- f. Demonstrate basic business ethics skills for the office
- g. Describe state massage regulations
- h. Demonstrate professional behavior
- i. Exhibit effective listening skills and body language during the performance of the job
- j. Utilize self-control and negotiation skills to resolve conflicts
- k. Practice an empathetic attitude and express compassion in all patient/client interactions

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

The program provides external and/or internal clinical experiences to expose students to the various skills required of the profession. Simulations may not be substituted for clinical experiences.

#### **(a) Assignment**

External or internal clinical sites include placement at a facility that performs various types of activities that will expose the student to the necessary skills required of the profession. In all cases, the site is properly licensed and regulated by state or local jurisdiction.

The majority of the students' clinical experiences is spent performing massages and/or treatments, with an appropriately balanced mix of procedures to achieve the objectives of the curriculum.

#### **(b) Activities**

*(no additional requirements beyond Chapter V)*

#### **(c) Supervision**

There is supervision of all students while participating in a clinical experience. Programs must have a policy on the role of clinical supervision, including the frequency of observations.

#### **(d) Requirements for Completion**

Upon completion of the clinical experience, students demonstrate entry-level proficiency in all areas of the curriculum.

### ***MTB.A.3. Hands-on lab time is required for students to develop required techniques within a classroom environment under direct faculty supervision.***

Hands on laboratory experiences provide the student practical applications of knowledge gained through the program.

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

### **Subsection 1 – Supervision**

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

A program supervisor has:

- i. A minimum of an associate degree.
- 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**

***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)*

## **SECTION C – Laboratory and Massage Clinic Facilities and Resources**

***MTB.C.1.a. The institution's laboratory and clinical facilities include the following:***

- i. Sufficient space to comfortably accommodate the number of students enrolled, faculty, and equipment during instruction and practice lighting, electrical outlets, ventilation, and storage space.
- ii. Sufficient lighting, electrical outlets, ventilation, and storage space.
- iii. A controlled, private environment conducive to instruction, learning, and practice.
- iv. Secured space to create, maintain, and store patient records.

***MTB.C.1.b. Equipment and instruments are available and in good working condition within the institution's laboratory facility or adjoining areas to achieve the program's goals and objectives.***

Equipment and instruments to support current enrollment and curriculum requirements must be present in the laboratory facility. At a minimum, this must include:

- i. Massage tables
- ii. Bolsters and pillows
- iii. Face rests
- iv. Blankets

- v. Skeleton
- vi. Anatomical charts and/or anatomical models
- vii. Antibacterial cleansers
- viii. Hand washing basins and paper towels

***MTB.C.1.c. The institution's laboratory facilities are available for students to develop required skills under direct faculty supervision.***

*(no additional requirements beyond Chapter V)*

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

The Accrediting Bureau of Health Education Schools (ABHES) does not programmatically accredit pharmacy technician programs, but, as an institutional accrediting agency, includes this program within an institution's grant of accreditation. The pharmacy technician program offered at an ABHES-accredited institution must comply with all policies, procedures, and standards described throughout the *Accreditation Manual*, including the general evaluation standards applicable to all institutions (Chapter IV) and the standards applicable to all programs offered (Chapter V). In addition, degree-granting programs must comply with Chapter VI. This chapter contains additional specific accreditation requirements for a pharmacy technician program.

This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter, whether called a pharmacy technology program or any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning.

### **DESCRIPTION OF THE PROFESSION**

The general responsibilities of the pharmacy technician are to assist pharmacists in processing prescriptions and maintaining the pharmacy department. A pharmacy technician possesses abilities to identify, measure, and supply pharmaceutical products that have been ordered by a prescriber. Duties for the pharmacy technician may vary depending upon the type of facility in which they are employed, as well as federal and state laws and regulations that define pharmacy technician practice. For example, pharmacy technicians who work in hospital pharmacies perform different tasks than those who work in community or retail pharmacies or other environments.

### **CREDENTIALING**

Certification for pharmacy technicians is required for employment in a majority of states, and many states require a pharmacy technician to register with their respective state board of pharmacy.

Credentialing as a pharmacy technician is encouraged for graduates of ABHES-accredited programs. Programs are expected to prepare students in necessary aspects of the curriculum included in the national credentialing examinations that are available in this field of study.



## SECTION A – Curriculum, Competencies, and Clinical Experience

### ***PHT.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 pharmacy technician field.***

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

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

#### **1. Medication, order-entry, and fill process**

##### **Graduates will be able to:**

- a. Explain the purpose and structure of a Drug Utilization Evaluation (formerly DUR) and collect pertinent information for use by the pharmacist
- b. Describe and understand the federal and state laws and regulations associated with the receipt, screening, transcribing or interpreting, and delegation of prescription/medication orders
- c. Describe and understand federal and state laws controlling the substitution of pharmaceuticals
- d. Receive telephone, electronic, and faxed prescriptions from prescribers
- e. Assess prescription/medication orders for completeness
- f. Assemble patient information materials following established procedures, and describe how they contribute to better patient care
- g. Identify the types of written information that would be placed into product packages
- h. Record bulk, unit dose, and special dose medication preparation according to established procedures, and explain why accurate documentation is so important
- i. Define “NDC number” and explain its function
- j. List and describe the components of a complete prescription/medication order
- k. Translate abbreviated instructions for medication use into full wording
- l. Explain the methods for retrieving missing pieces of information in a prescription/medication order
- m. Screen prescription/medication orders for authenticity
- n. Assist in the administration of selected immunizations
- o. Identify the schedule for controlled substances
- p. Recognize who has prescribing authority as well as the medications within that prescriber’s discipline
- q. Verify a prescriber’s DEA number according to established procedures via the Drug Enforcement Administration
- r. Detect forged or altered prescriptions according to established procedures
- s. Alert the pharmacist to potential illegitimate or inappropriate prescription/medication orders or refills
- t. Communicate to patients that they will receive counseling by the pharmacist for new prescriptions; patient may decline counseling
- u. Identify situations when screening prescription refills and renewals when the pharmacy technician should notify the pharmacist
- v. Identify prescription orders where the medication being prescribed is beyond the realm of the prescriber’s practice
- w. Transcribe common pharmacy abbreviations
- x. Explain the term investigational drug product, what it means to a pharmacy technician, and the role the pharmacy plays in dispensing investigational drugs
- y. Compare and contrast the types of systems for medication distribution
- z. Record medication distribution of controlled substances according to established policies and procedures
- aa. Demonstrate the prescription fill process across pharmacy modalities
- bb. Review and process orders

- cc. Utilize the metric system
- dd. Input prescription/medication order information into the designated system using metric measures
- ee. Secure inventory from a site's storage system

## **2. Medication safety**

### **Graduates will be able to:**

- a. Explain the methods utilized for the direction and prevention of medication errors in the pharmacy and the role of the pharmacy technician
- b. Explain how to report a medication error to ISMP, MERP, or FDA MedWatch.
- c. Demonstrate knowledge of error-prone abbreviations
- d. Describe the daily practices of a pharmacy technician that contribute to prevention of medication errors, and explain how the pharmacy technician contributes to these practices
- e. List and describe the daily tasks that require special attention to accuracy for prevention of medication errors
- f. Describe the ways that automation and information technology contribute to reduction of medication errors, and also the ways that they can potentially contribute to medication errors
- g. List and describe the global and local procedures for reporting medication errors
- h. Determine the presence of a clinically significant adverse drug event (ADE) and contribute to formulation of a strategy for preventing a recurrence
- i. Practice principles and procedures for safety when preparing all medications
- j. Explain why patient counseling is necessary, and why it is important for patient safety

## **3. Leadership skills and communication**

### **Graduates will be able to:**

- a. Utilize patient interviewing techniques and effectively query other health care professionals to collect pertinent patient information
- b. Identify patient-specific information that requires the attention of the pharmacist
- c. Use effective strategies for communication with patients of a diverse population
- d. Demonstrate skill in the use of the internet, e-mail services and computerized medication information services
- e. Organize and sequentially formulate logical ideas verbally and in writing
- f. Assess appropriate communication levels, lengths, and depths for specific audiences
- g. Assess the listener's comprehension of the message conveyed
- h. Formulate written professional or workplace communications which utilize proper grammar, punctuation, and spelling
- i. Exhibit effective listening skills and body language during the performance of the job
- j. Exhibit verbal techniques which influence perception and enhance listening
- k. Exhibit an understanding of diversity (e.g., culture, religion, race, age, gender, sexual orientation, disability, economic status) and the ways that this understanding influence health care decisions
- l. Describe methods for bridging communication gaps for non-English speakers or those whose listening abilities are impaired
- m. Utilize effective listening skills in performing job functions
- n. Define "professional behavior," and explain its importance for pharmacy technician practice
- o. Define the term "ethics," and explain its importance for pharmacy technician practice
- p. List and describe potential ethical scenarios that may arise during pharmacy technician practice
- q. Describe appropriate attire and personal hygiene practices for the pharmacy technician
- r. Utilize self-control and negotiation skills to resolve conflicts
- s. List and describe the various print and electronic resources that the pharmacy technician can utilize to stay current for practice
- t. Utilize sound problem-solving skills for work related problems
- u. Explain the importance of teamwork and consensus-building for successful pharmacy practice

- v. Practice knowledge of interpersonal skills to enhance working relationships
- w. Describe the core competencies for Interprofessional Collaborative Practice i.e., values/ethics; roles/responsibilities; interprofessional communication; teamwork
- x. Describe interdepartmental relationships and techniques to enhance communication and collaboration
- y. Explain small-group dynamics and how they affect pharmacy practice
- z. Utilize stress-relief strategies to enhance pharmacy practice
- aa. Utilize techniques for quality assurance to enhance patient care
- bb. Safeguard patient confidentiality through ethical and legal practices, and apply all federal guidelines for pharmacy practice
- cc. Practice a caring attitude and express compassion in all patient interactions
- dd. Explain workflow management and apply this knowledge for responsible job performance

#### **4. Pharmacology**

##### **Graduates will be able to:**

- a. List and describe the systems of the body and identify the organs in each system
- b. Describe the fundamental elements that are used to build medical words
- c. Identify and define abbreviations pertinent to anatomy and pharmacy practice
- d. Demonstrate knowledge of medications used to treat body systems
- e. Define the terms that describe the body and its structural units
- f. Describe the basic anatomy and physiology of each system
- g. Define the medical terms and accepted abbreviations commonly associated with each body system
- h. Differentiate between the prescription and non-prescription medications commonly used to treat diseases affecting each physiologic system, as well as their therapeutic and adverse effects
- i. Differentiate between the brand, and generic names, common doses and dosage forms, and routes of administration for prescription and nonprescription medications commonly used to treat diseases of each system
- j. Identify the adverse effects of each medication class
- k. Describe types of complementary alternative medications (CAM's) and discuss their role in treating disease
- l. Describe the role of the Federal Drug Administration in the regulation of herbal products, dietary supplements, and CAM's
- m. Compare and contrast "tolerance" and "physical dependence"

#### **5. Computer technology**

##### **Graduates will be able to:**

- a. Explain how to update and maintain information systems for price updates and report generation
- b. Demonstrate knowledge of electronic drug references specific to drug and pharmacy operation
- c. Create a new patient profile or modify an existing profile according to established procedures
- d. Describe and utilize the information that is contained in each section of a patient profile or record
- e. Explain the impact of accurate data collection and entry
- f. Demonstrate a usage of pharmacy software for documenting, storing, retrieving, dispensing, and using pharmacy-related information (for example, drug interactions, profiles, generating labels)
- g. Explain the characteristics of a typical database used to support the pharmacy functions of the acute and non-acute care practice environment
- h. Describe the importance of health information systems for pharmacy practice activities, and how they facilitate effective decision making for patient care
- i. Explain currently emerging technologies that may impact the practice of pharmacy
- j. Collect pertinent patient information for use by the pharmacist from the patient, other medical professionals
- k. Describe the purposes for the collection of patient-specific information
- l. Create a new patient profile or modify an existing profile according to established procedures
- m. Produce pharmacy productivity reports

- n. Compare and contrast the role of pharmacy technicians in several currently used pharmacy productivity measurement systems
- o. Demonstrate the ability to use e-mail service, word processing techniques, construct spreadsheets, and input and manipulate data in a database
- p. Utilize computerized medication information databases, including patient electronic health records
- q. Recognize and practice patient confidentiality

## **6. Sterile and non-sterile compounding**

### **Graduates will be able to:**

- a. List and describe federal and state laws and regulations governing the technician's role in compounding of sterile products
- b. Differentiate between sterile and non-sterile compounding
- c. Calibrate and operate commonly used compounding equipment
- d. Operate common pharmaceutical measurement and weighing devices
- e. Follow safety policies and procedures in the preparation of all medications
- f. Prepare medications utilizing established policies and procedures for safety
- g. Dispose of hazardous and nonhazardous wastes following established safety protocols, e.g., USP <797> and USP <800> Standards
- h. Manually package products using the correct type and size of container
- i. Describe the various container types and explain why container size and type are important for pharmaceutical packaging
- j. List the required elements for a prescription product label, and explain the importance of accuracy for label generation
- k. Describe categories of medications that require auxiliary labels
- l. Follow safety policies and procedures in the preparation of all medications with special consideration given to cytotoxic and hazardous medications
- m. Define non-sterile or extemporaneous compounding, and explain why certain medications require compounding
- n. Collect the correct supplies and ingredients to determine the accurate amounts for non-sterile products that require compounding
- o. Solve mathematical problems involving the following:
  - 1) Roman numerals, Arabic numerals, fractions, apothecary symbols, and decimals
  - 2) Weights and measures and direct ratio and proportion
  - 3) Reducing and enlarging formulas
  - 4) Percent strength, weight-in-volume, weight-in-weight, and volume-in-volume
  - 5) Ratio strength calculations for pharmaceutical preparations
  - 6) Dilution and concentration
  - 7) Conversions among various measurement systems
  - 8) The alligation method
  - 9) Milliequivalents
  - 10) Compounded products that require an overfill (solve for a correct answer for volume to be added)
- p. Compound non-sterile dosage forms and explain the reason for each step
- q. Compound cytotoxic and other hazardous medication products and explain the reasons for each step
- r. Explain how incompatibilities can be prevented when compounding nonsterile products
- s. Describe stability requirements for non-sterile medication products
- t. Differentiate between household, apothecary, and avoirdupois systems
- u. Demonstrate Good Manufacturing Practices (GMP) and Good Compounding Practice (GCP)
- v. Collect drug products and supplies necessary for compounding
- w. Demonstrate aseptic technique
- x. Demonstrate proper technique utilizing equipment and devices necessary for compounding sterile products

- y. Describe storage requirements for compounded sterile products, cytotoxic, and other hazardous medication products
- z. Differentiate between horizontal and vertical laminar flow hoods and a biological safety cabinet
- aa. Compound hazardous medication products and explain the reasons for each step
- bb. Describe common pharmacy equipment used in compounding and dispensing
- cc. List and describe federal and state regulations and institutional policies and procedures that control the handling of hazardous waste, sharps containers and infection control
- dd. Clean laminar flow and biological safety cabinets according to established protocols and explain the reason for each step

## **7. Billing and reimbursement**

### **Graduates will be able to:**

- a. Describe the various forms and processing of payment for a prescription/medication order
- b. Operate and maintain a cash register and describe how different forms of payment are entered
- c. Explain the type of data collected, transmitted, and stored by pharmacy information systems
- d. Explain the purpose and use of a formulary
- e. Define “fraud,” “waste,” and “abuse” and know how to report
- f. Utilize interview strategies to rectify incomplete patient-specific information from new patients
- g. Notify the pharmacist when screening of an order reveals that a non-formulary medication has for third party coverage:
  - 1) Operate electronic systems for input and coverage verification
  - 2) Verify by phone (from a physician if permitted by state law or from the patient for drug refill orders)
  - 3) Identify the reason for a rejected claim and convey the reason to the pharmacist and patient
  - 4) Explain responses that may cause distress to the patient and utilize techniques to diffuse emotional reactions
- h. Verify that third-party insurance covers specific medication orders
- i. Compare and contrast pricing and billing systems for medication payments
- j. Describe how billing systems are used to track payments, and determine payment due for medication orders
- k. Explain the impact of co-insurance, co-pays, and deductibles, including as it applies to Medicare and Medicaid on billing for prescriptions
- l. Collect outstanding third-party payments, adjudicate billing claims, and readjudicate billing claim if needed
- m. Identify those products that are taxable and nontaxable

## **8. Direct patient care**

### **Graduates will be able to:**

- a. Define direct patient care and discuss the role of the pharmacy technician in its delivery
- b. Identify situations, when reviewing patient-specific information, which require the attention of the pharmacist
- c. Practice patient confidentiality
- d. Explain the importance of electronic devices and information systems for proper delivery of direct patient care
- e. Describe the importance of monitoring for medication therapy
- f. Demonstrate selected monitoring procedures, such as for blood pressure, radial pulse, glucose, and cholesterol levels
- g. List and describe all necessary equipment and supplies for performance of selected procedures
- h. Provide proof of Healthcare Provider BLS certification.
- i. Assist the pharmacist in providing direct patient care in enhanced pharmacy services

## **9. Inventory management**

### **Graduates will be able to:**

- a. Demonstrate knowledge of the legal requirements, policies, and procedures to secure inventory

- b. Describe the “want book” and how inventory to be ordered is identified
- c. List and describe purchasing procedures, including those required for atypical products and emergency orders
- d. Explain the process of ordering pharmaceuticals, devices, and supplies according to established protocols
- e. List and describe methods of inventory control, and follow established policies and procedures for receiving goods
- f. Follow the manufacturer’s recommendations and/or the pharmacy’s guidelines for the storage of all medication prior to distribution
- g. List and describe each method necessary for handling back ordered medications
- h. Describe common reasons for discontinuing or recalling items, and differentiate between the different classes of drug recalls (Class I, Class II, and Class III)
- i. Remove expired, recalled, or discontinued inventory according to established policies and procedures, including automated machines
- j. Explain the importance of inventory documentation, as well as the maintenance of an adequate supply of pharmaceuticals
- k. Describe how an item that is unavailable through traditional routes can be procured
- l. Explain methods for communicating changes in product availability
- m. Explain the various methods for deterrence of theft or diversion of medication, and describe how it should be reported
- n. Maintain records for receipt, storage, and removal of controlled substances and describe legal requirements
- o. Describe procedures for destruction of controlled substances, including procedures for using reverse distributor and take back programs
- p. Assess design and function of pharmacy storage equipment and describe how medications and devices are typically stored

## **10. Pharmacy law and regulations**

### **Graduates will be able to:**

- a. Describe the portions in OBRA’90 that dictate the pharmacist’s obligations for counseling patients
- b. Explain the federal and state laws and regulations that control specific monitoring activities
- c. Explain federal and state laws and regulations that prescribe the recording of the preparation of controlled substances
- d. Define controlled substance.
- e. Explain why accurate documentation is essential to pharmacy operation
- f. Describe the differences between federal and state laws, regulations, and professional standards, and explain the importance of the pharmacy's compliance with each
- g. Explain federal and state laws governing substitution of medication products law/billing/fill
- h. List and describe federal and state regulations governing the technician’s role in compounding of sterile and non-sterile products
- i. Describe the legal aspects for patient counseling as specified in OBRA’90 and in federal and state laws and regulations
- j. Comply with USP <795> Standards
- k. Comply with USP <797> Standards
- l. List and describe federal and state laws and regulations governing the technician’s role in compounding of cytotoxic and other hazardous medication, including USP <800> Standards
- m. List and explain the policies and procedures for recording the distribution of controlled substances
- n. Explain Risk Evaluation and Mitigation Strategies (REMS), including the requirements for FDA mandated drug programs

## 11. Quality assurance

### Graduates will be able to:

- a. Define the term “quality assurance,” and explain its importance for the pharmacy team
- b. List and describe methods for achieving and maintaining quality assurance, and the duties and of tasks the pharmacy technician that require quality assurance procedures
- c. Define calibration
- d. Utilize established medication monitoring techniques to assure an accurate match with the prescription/medication order
- e. Describe event reporting procedures, including medication errors, adverse effects, product integrity, FDA Med Watch Forms, and root cause analysis
- f. Compare and contrast various error control strategies, including look Alike-Sound Alike medications, high-alert medications, and Tall Man Lettering
- g. Demonstrate barcode technology in various settings

## 12. Pharmacy technician certification examination review

### Graduates will be able to:

- a. Describe the certification examination requirements
- b. Differentiate between certification, licensure, and registration
- c. Participate in a certification examination preparation process
- d. Describe the process for obtaining national certification as a pharmacy technician
- e. Identify applicable state law requirements regarding employment and licensure
- f. Recognize the importance of certification as a pharmacy technician
- g. List and describe the value and the benefits of membership in local, state, and national pharmacy organizations
- h. Participate in continuing education for the field of pharmacy

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

Clinical experiences allow the student to expand the knowledge and skills developed in the didactic and laboratory phases of their training. Clinical site experiences may vary and may include, but are not limited to practice in the following environments:

- i. Acute Care
- ii. Long Term Care
- iii. Home Infusion
- iv. Community Retail or Outpatient Pharmacy
- v. Mail Order
- vi. Nuclear Pharmacy
- vii. Pharmacy Benefits Management (PBM)

The clinical experiences reinforce the competencies and skills learned in the didactic and laboratory settings. Duties performed must advance over the course and length of the clinical experience. At a minimum, the clinical experience must be no less than 160 hours. Students may only engage in clinical experiences following the completion of the prescribed core curriculum and after the requirements of the clinical site have been met.

Simulations may be substituted for up to 30 percent of the total required clinical hours. Programs 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.

Prior to student enrollment, programs must disclose potential requirements, such as background checks and drug screening, which may be necessary for clinical experiences.

The following are considered in choosing, placing, and maintaining externship site affiliation experiences:

**(a) Assignment**

Clinical experiences include placement at a facility that performs various types of activities that will expose the student to the necessary skills required of the profession. In all cases, the externship site used is properly licensed and regulated.

**(b) Activities**

*(No additional requirements beyond Chapter V)*

**(c) Supervision**

There is direct supervision by a preceptor of all students while participating in a clinical experience. Programs must also document that students will be visited by an individual employed by the institution, meeting the qualifications of program faculty (the responsible individual), during their clinical experience. The program will identify how often the visits occur. The institution ensures that the responsible individual and preceptor have been provided information relating to program expectations and preceptor responsibilities.

**(d) Requirements for Completion**

Upon completion of the clinical experience, students demonstrate entry-level proficiency in all areas of the curriculum.

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

**Subsection 1 – Supervision**

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

***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.

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

***PHT.C.1.a. The institution's laboratory facilities include the following:***

- i. Student stations suitable to number of students
- ii. Lighting, electrical outlets, ventilation, and storage space
- iii. Physical environment is conducive to instruction and learning

***PHT.C.1.b. Equipment and supplies are available within the institution's laboratory facility and are in sufficient number to achieve the program's goals and objectives.***

Equipment minimally includes:

- i. Amber bottles (liquid)
- ii. Amber bottles (pills and tablets)
- iii. Ampules
- iv. Cash register
- v. Cylindrical graduate
- vi. Depth filter
- vii. Disinfecting clean solution
- viii. Electronic scale or torsion balance
- ix. Eyewash station (OSHA requirement)
- x. Filter needle
- xi. Filter paper
- xii. Forceps (if school is using a torsion balance with metric weights)
- xiii. Glass funnel
- xiv. Glass mortar and pestle
- xv. Glycine paper
- xvi. Large volume parenterals
- xvii. Laminar flow hood (simulated or actual)
- xviii. Membrane filter
- xix. Metric weights (if Torsion Balance is used)
- xx. Multiple dose vial
- xxi. Non-latex gloves (various sizes)
- xxii. Ointment jars
- xxiii. Ointment slab
- xxiv. Personal Protective Equipment
- xxv. Prescription processing software/management system
- xxvi. Pill counting trays
- xxvii. Porcelain mortar and pestle
- xxviii. Reconstitution tube
- xxix. Rubber spatula
- xxx. Sharps container
- xxxi. Single-dose vial
- xxxii. Sink with running hot and cold water (OSHA requirement)

- xxxiii. Small volume parenteral
- xxxiv. Stainless steel spatula
- xxxv. Sterile gauze
- xxxvi. Syringes
- xxxvii. Label making device
- xxxviii. Barcode reader

## **SECTION D – Admissions**

***PHT.D.1. An institution adheres to its admissions policies and enrolls only students who have passed a background check.***

An admission process exists to screen and evaluate each applicant's eligibility status and enrolls only students who have passed a background check. In addition, the program complies with the requirements of the State Board of Pharmacy in states that regulate pharmacy technicians and require national certification.

## **CHAPTER VIII – RT EVALUATION STANDARDS FOR RADIOLOGIC TECHNOLOGY/RADIOGRAPHY**

The Accrediting Bureau of Health Education Schools (ABHES) does not programmatically accredit radiologic technology/radiography programs, but, as an institutional accrediting agency the radiologic technology program will be included within the institution's grant of accreditation. The radiologic technology/radiography program offered at an ABHES-accredited institution must comply with all policies, procedures, and standards described throughout the *Accreditation Manual*, including the general evaluation standards applicable to all institutions (Chapter IV), the standards applicable to all programs offered (Chapter V). In addition, degree-granting programs must comply with Chapter VI. This chapter contains additional specific accreditation requirements for Radiologic Technology/Radiography.

These standards place emphasis on commonly-accepted requirements for professional practice in Radiologic Technology/Radiography and have been informed, in part, by the programmatic accreditation standards (JRCERT Standards for an Accredited Educational Program in Radiography, Copyright 2020) of the Joint Review Committee on Education in Radiologic Technology (JRCERT), a recognized programmatic accreditor in the field of radiologic technology. These standards were used as a resource in the development of the ABHES standards, as well as ABHES' own independent research.

This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter, whether called a radiologic technology or radiography program or any other name or designation that is reasonably understood by professionals in the field, student, or the public to have the same meaning. For purposes of this chapter, a radiologic technology/radiography program includes any program whose graduates are eligible to sit for the American Registry of Radiologic Technologists (ARRT) National Certification examination in Radiography.

### **DESCRIPTION OF THE PROFESSION**

Radiographers produce radiographic images for diagnostic and medical intervention procedures. Such individuals perform specific pre-, intra-, and post-procedure duties that allow for patient safety and comfort, while producing accurate radiographic images for the medical provider. Radiographers utilize various techniques, safety devices, and equipment to protect their patients, themselves, and coworkers from unnecessary exposure to radiation. Radiographers may specialize in more complex imaging procedures and advanced modalities.

### **CREDENTIALING**

The ARRT offers voluntary certification for radiologic technologists. Attaining ARRT certification is encouraged for all graduates of programs within institutions accredited by ABHES; many states require certification for licensure. Students must be advised, prior to admission of any eligibility requirements to sit for the ARRT exam.

## SECTION A – Curriculum, Competencies, and Clinical Experience

### ***RT.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 field of radiography.***

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

The program's curriculum is consistent with the current *Radiography Curriculum*, developed by the American Society of Radiologic Technologists (ASRT). This may be demonstrated by completion of the current JRCERT *Radiography Curriculum Analysis Grid* ([www.jrcert.org](http://www.jrcert.org)).

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

Clinical experiences provide the student practical applications of knowledge gained to function as a productive healthcare team member. Clinical assignments are progressive and competency-based.

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

#### **(a) Assignment and Administration**

Clinical sites will be selected and assigned to provide equitable learning opportunities for all students. Clinical sites provide various types of radiologic and related patient care activities which expose students to the necessary skills required for competency achievement. Clinical facilities must be properly licensed and regulated by the appropriate governing authority.

For field-based clinical experiences, the student to clinical staff ratio must not exceed 1:1.

#### **(b) Activities**

All students are oriented to the clinical facility and the daily routine, functions, services, operations, and safety policies/procedures of the facility.

General patient care and imaging procedures competencies for successful completion of the program are outlined in the current ASRT *Radiography Curriculum* and the *ARRT Radiography Didactic and Clinical Competency Requirements*.

Programs must provide students with learning opportunities in advanced imaging modalities. It is the program's prerogative as to how these learning opportunities occur (e.g., observations, assigned participation, rotations, didactic). Advanced imaging modalities may include, but are not limited to, computed tomography, magnetic resonance, sonography, nuclear medicine, and vascular imaging/interventions. If gender sensitive procedures are provided (i.e., mammography), a statement regarding any student access limitations must be disclosed to prospective students.

#### **(c) Supervision**

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

- i. Review the procedure in relation to student achievement.

- ii. Evaluate the condition of the patient in relation to the student's knowledge.
- iii. Review and approve the procedure and image.

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

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

#### **(d) Requirements for Completion**

Upon completion of the clinical experience, students demonstrate entry-level proficiency in all areas of the curriculum.

***RT.A.3. Competencies required for successful completion of a program are identified in writing and made known to students.***

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

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

#### **Subsection 1 – Program supervision**

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

The program supervisor:

- i. Graduated from an accredited radiography program.
- ii. Holds a minimum of a master's degree.
- 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 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 (12) months and students are enrolled in didactic and/or clinical courses, the program supervisor must assure that all program responsibilities are fulfilled.

## **Subsection 2 – Faculty and consultation**

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

All program faculty members work under the direction of the program supervisor. Job descriptions and responsibilities of program personnel are clearly explained to include, but are not limited to:

#### **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 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.

### **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)*

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

#### ***RT.C.1. The program has sufficient physical resources to meet the needs of the program’s curriculum and outcomes. Laboratories must support student learning, be operational and readily available to accommodate all enrolled students.***

- i. Laboratory areas are of a size to accommodate students, faculty, and equipment during instruction.
- ii. Energized laboratories, if applicable, are in compliance with federal and/or state radiation safety regulations.
- iii. Student use of an energized laboratory must be under the direct supervision of a qualified instructor.
- iv. Off-site laboratories designated for patient care must demonstrate availability for student and instructional use.
- v. Equipment and instruments are available in quantity and of operational quality to support student learning.

### **SECTION D – Radiation Safety**

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

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

#### ***RT.D.1.b. Students must be issued radiation exposure monitors that are relevant to current practice regarding type and length of exposure.***

- i. The program requires students to wear an assigned radiation monitor in all potential exposure situations to include laboratory, clinical, or other observational experiences.

- ii. The program has an established process for timely review of student dosimetry reports by a qualified radiation safety officer (RSO) or other qualified individuals.
- iii. Dosimetry reports that contain student social security numbers must be maintained in a secure and confidential manner.
- iv. The program must maintain and monitor student radiation exposure data. This information must be available to students within thirty (30) school days following receipt of data.
- v. The program has established thresholds that are lower than US Nuclear Regulatory Commission occupational dose limits for student exposure and an established process for investigation and counseling for excessive exposure readings.

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

- i. Students must have access to the program's pregnancy policy upon enrollment.
- ii. The program's pregnancy policy allows for voluntary written disclosure of pregnancy, including a voluntary written withdrawal of this disclosure.
- iii. The program's pregnancy policy provides enrollment choices for disclosed pregnant students including, but not limited to, an option for student continuance in the program without modification. The program may offer clinical component options such as clinical reassignment and/or leave of absence.
- iv. The program's pregnancy policy allows disclosed pregnant students to seek counseling from a radiation safety officer (RSO) or other qualified individuals.
- v. Upon student disclosure, the student must be provided a fetal dose monitor and instructions for use.
- vi. The program has established thresholds that are lower than US Nuclear Regulatory Commission occupational dose limits for embryo/fetus exposure and an established process for investigation and counseling for excessive exposure readings.



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

The Accrediting Bureau of Health Education Schools is recognized to accredit programs delivered utilizing distance education methodologies. ABHES defines distance education as a formal educational process to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the instructor and students, and among students. Correspondence education is not within ABHES' scope of recognition and therefore is not eligible for accreditation by ABHES.

This chapter contains additional standards specifically applicable to distance education. Institutions or programs seeking or holding accreditation by ABHES that offer blended or full distance education must comply with remaining accreditation standards described throughout the *Accreditation Manual*, including Chapter IV for all institutions, Chapter V for all programs, Chapter VI for degree-granting programs, Chapters VII and VIII for specialized programs, and all appendices, as applicable.

### **SECTION A – Goals and Oversight**

***IX.A.1. Monitor academic progress to ensure that distance education students are advised of their progress in a timely manner and that assistance is offered, if needed.***

### **SECTION B – Curriculum, Competencies, and Clinical Experiences**

***IX.B.1. Distance education course design provides for timely, regular, and substantive interaction between faculty and students.***

An institution or program demonstrates that interaction between faculty and students is built into the distance education coursework regardless if the course is offered in a blended or full distance education format. Students receive opportunities for substantive interactions on a predictable and scheduled basis commensurate with the length of time and the amount of content in the course or competency. Substantive interaction engages students in teaching, learning, and assessment and includes all of the following:

- i. Providing direct instruction.
- ii. Assessing or providing feedback on a student's coursework.
- iii. Providing information or responding to questions about the content of a course or competency.
- iv. Facilitating discussion regarding the content of a course or competency.

***IX.B.2. The curricula for the distance education offerings are comparable in academic rigor to educational offerings on ground.***

Academic rigor of a distance education program or course (didactic, laboratory and clinical experiences) must be comparable with that of a program or course delivered on ground. Prior to beginning a clinical experience, competencies must be validated in writing along with a description of the method used to validate competencies.

## **SECTION C – Technology and Learning Resources**

***IX.C.1. Provide a means to verify the hardware and software capability of the technology used to meet the technical requirements of the program or course.***

***IX.C.2. Ensure appropriate authentication processes are used to verify student identity.***

An institution demonstrates that appropriate measures are in place to ensure that the person who receives credit for coursework is the same person who enrolled in the course. This can be accomplished through a variety of methods including, but not limited to, the use of a secure login process, proctored examinations, or third-party identity verification systems.

***IX.C.3. Utilize processes to protect student privacy.***

Students have a private means to communicate with faculty and school administrators using methods including, but not limited to, email, phone, private online forum, and secure gradebook.

***IX.C.4. Demonstrate that the selected distance education delivery system or learning management system (LMS) has the following requirements.***

- i. Appropriate infrastructure, policies, and procedures to safeguard against short and long-term data loss.
- ii. Applicable scalability to accommodate both current and expected near-term enrollment growth.
- iii. Sufficient resources to communicate, deliver and distribute learning materials without noticeable service interruption.

***IX.C.5. Ensure sufficient facilities, equipment, technology, budget, staffing, and other resources to support distance education offerings and their growth.***

Management must demonstrate that the infrastructure can support enrollment growth, which is monitored annually by ABHES.

## **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 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.

## **SECTION E – Program Management**

### **Subsection 1 – Program administration**

#### ***IX.E.1.a. Employ an individual(s) responsible for development of the instructional design of the distance delivery model being used by the institution or program.***

Institutions or programs offering distance education, whether blended or full, employ at least one individual who is trained and/or experienced in the development and delivery of distance education and participates in instructional design using the model currently in place at the institution. This individual may be located at the campus or be a member of the staff at the parent corporation provided regular communication with the campus enrolling students in distance education is evidenced.

#### ***IX.E.1.b. Employ an individual(s) responsible for administering the delivery of the distance education.***

Institutions or programs offering distance education, whether blended or full, employ at least one individual who is readily available and responsible for administering the delivery of distance education programs and courses. This individual will have regular interaction with students and faculty who are engaged in distance education. Whether this individual works remotely or on site, evidence must be provided to show the extent and frequency of engagement.

#### ***IX.E.1.c. Employ an individual(s) responsible for evaluating the effectiveness of faculty in the distance education environment.***

Institutions or programs offering distance education, whether blended or full, employ at least one individual trained and/or experienced in evaluating instructional effectiveness of distance education faculty. This individual may be directly employed by the institution or the parent company and may work remotely or on site.

### **Subsection 2 – Faculty**

#### ***IX.E.2.a. Distance education faculty 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 and annual evaluations are on file at the respective campus location.

#### ***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.

### **Subsection 3 – Ratios**

#### ***IX.E.3. Distance education ratio of students to faculty does not exceed 25 to 1.***

Deviation from the stated ratio must demonstrate that the student-teacher ratio appropriately supports faculty-student interaction, facilitation of interaction among students, and interaction with curriculum to ensure course learning objectives are met.

### **Subsection 4 – Faculty training**

#### ***IX.E.4.a. Distance education faculty are trained in effective distance education instructional methods.***

Distance education faculty members receive training in instructional methodology, including delivery, testing and evaluation, and other techniques necessary to effectively teach in the distance education environment.

#### ***IX.E.4.b. Distance education faculty are trained in the use of the institution's current distance education delivery system or learning management system (LMS).***

Prior to teaching a distance education course, faculty members complete comprehensive training on the utilization of the current learning management system.

#### ***IX.E.4.c. Document that faculty members participate, at least annually, in training specific to distance education pedagogy.***

### **SECTION F – Approvals and Agreements**

#### ***IX.F.1. Maintain documentation of ABHES approvals for distance education 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 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 regarding delivery of distance education.***

An institution or program has on file up-to-date records of contractual relationships and arrangements with third-party 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.

## **SECTION G – Student Support Services**

### ***IX.G.1. Provide orientation to students prior to the first day of class to acclimate them to the specific distance education learning methodology and technology.***

The orientation, provided prior to the start of distance education coursework, includes, but is not limited to, a discussion of expectations of participation, navigation of the learning management system or distance education delivery system, and issues related to academic integrity.

### ***IX.G.2. Provide technical support specific to distance education activities to assist students in completing the program.***

An institution or program discloses to students and faculty in writing the availability of technical support, including contact information and hours of operation, prior to their start of distance education coursework.

### ***IX.G.3. Provide access to a variety of student support services for students enrolled in distance education programs and courses.***

All students are provided access to comparable support services, regardless of instructional delivery method.

## **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.***

### ***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.

## APPENDICES

## **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. independent administration of a valid, recognized standardized test, prior to enrollment (if a timed test, the time limit must be observed and passing score measured against an adhered-to norm);
  - 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.

## **APPENDIX B**

### **STANDARDS OF SATISFACTORY ACADEMIC PROGRESS**

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

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

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

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

1. An institution has written standards of satisfactory academic progress for all students published in appropriate institutional literature. An institution may maintain separate standards for academic quality and attendance requirements.
2. A satisfactory academic progress policy provides quantitative and qualitative standards, grade point average, or completion of work projects, which can be measured against a norm.
3. The policy defines a maximum time frame, not to exceed 150 percent of the normal program length, in which the educational objective must be successfully completed (e.g., number of academic years, months/weeks, terms or modules, etc.).

The maximum time frame is to be divided into increments, during which a minimum percentage of work is to be completed. The increment is not to be more than one academic year in length or one half of a program, whichever is shorter.

4. A specific policy describing the effect on the student for not completing a program within the specified time frame must be published and adhered to fully.
5. An institution's policies define the effect on satisfactory progress of course withdrawals, incomplete grades, repeated courses, transfer credits, proficiency credits, non-credit courses, remedial courses, or non-punitive (pass/fail) grades, as applicable.
6. An institution's policy has appropriate and clearly specified conditions for reinstatement if the application of satisfactory academic progress has resulted in termination.
7. An institution must have an appeal process for students who do not meet the requirements of its satisfactory progress policy.
8. If an institution has a policy on warning or probation, the requirements of placement on and removal from such probation must be defined.



## APPENDIX C

### CATALOGS

The following items are to be incorporated:

1. Name, full address, telephone number, 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. 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 (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.

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 evaluated by an agency which attests to the qualitative and quantitative equivalency of the foreign education and the specific course or courses for which transfer credit is to be awarded. The institution must use the credential evaluation services of an agency that has published standards for membership, affiliations to international higher education associations, and are frequently linked to and used by federal agencies, state agencies, educational institutions, and employers (e.g., NACES and AICE).

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

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 incorporated into an institution's enrollment agreement:

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

#### **A. Students (current, withdrawn, graduate, LOA)**

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

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

#### **B. Faculty**

1. Signed job description appropriate to position and level of responsibility.
2. Resume or curriculum vitae.
3. 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. Evidence that classroom evaluation for new instructors is completed within 30 days of beginning instruction.
7. Documentation of continued professional development.
8. Documentation of participation in in-service training.

9. Fully completed, signed, and annually updated ABHES Faculty Data Sheets.
10. Completed Hepatitis B immunization or declination forms for at risk faculty.

## **APPENDIX F**

### **COURSE SYLLABI REQUIREMENTS**

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

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

## APPENDIX G FEES

### APPLICATIONS

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

#### **Accreditation (Initial and Renewal)**

##### **Initial Institutional or Programmatic Accreditation**

Initial (first location and all programs for institutional applicants; per program for programmatic applicants) \$4,000

Initial (each non-main campus, includes all programs for institutional applicants) \$4,000

##### **Renewal Institutional or Programmatic Accreditation**

Renewal (each main and non-main campus) \$2,500

*(includes change in status from programmatic to institutional)*

#### **Other**

**Approval to Conduct Other Business on School Premises** \$150

**Change in Academic Measurement** (clock-to-credit hour or credit-to-clock hour) \$750

**Change of Location** \$500

**Change in Mission** \$300

**Change of Name** \$300

##### **Change in Legal Status, Ownership, or Form of Control**

Main campus \$3,000

Each non-main campus \$2,000

Programmatically accredited, per campus \$1,000

**Change of Accreditation Status** (institutional to programmatic) \$300

**Distance Education (Initial)** \$1,200

(Each additional location, identical program, submitted at the same time) \$500

**Distance Education (Modification)** \$500

(Each additional location, identical program, submitted at the same time) \$500

**Excluded Continuing Education Courses/Program** \$500

**Program Revision** \$500

##### **New Program Approval**

New Program Approval, Residential only \$1,200

(Each additional location, identical program, submitted at same time) \$500

Combined New Program Approval with Distance Education (Initial) \$2,400

(Each additional location, identical program, submitted at the same time) \$500

Combined New Program Approval with Distance Education (Modification)	\$1,700
(Each additional location, identical program, submitted at the same time)	\$500
<b>Non-main Campus Inclusion</b>	\$3,000
<b>Facility Reclassification or Reassignment</b>	\$3,000
<b>Separate Educational Center Inclusion</b>	\$1,000
<b><u>Visits</u></b>	
<b>Commission-Directed Focus Visit Fee</b>	\$3,000
(plus on-site evaluation expenses)	
<b>On-Site Evaluation Visit Expenses</b>	
Per team member for the first day	\$1,500
Per team member for each additional day	\$500
<b>Virtual Evaluation Visit Expenses</b>	
Per team member for each full day	\$500
Per team member for each half day (approximately four hours)	\$250
<b>Visit Cancellation Fee (effective date of visit confirmation letter)</b>	\$500
(plus incurred costs of team member expenses)	
<b><u>Program Specific Warning</u></b>	
<b>In-Person Appearance Fee</b>	\$3,000
In-Person Commission Expense Fee	\$3,000
<b>Teleconference Meeting Fee</b>	\$2,000
<b><u>Show Cause</u></b>	
<b>In-Person Appearance Fee</b>	\$3,000
In-Person Commission Expense Fee	\$3,000
<b>Teleconference Meeting Fee</b>	\$2,000
<b><u>Appeal</u></b>	
<b>Appeal Fee (denial, withdrawal)</b>	\$5,000
Expense deposit	\$10,000
<b><u>Workshops</u></b>	
<b>Accreditation Workshop Fees</b>	
Registration Fee	\$650 early bird; \$700 within 30 days or on site
School-Sponsored (per 10 attendees; \$400 per additional attendee)	\$6,000
<b><u>Late Submissions</u></b>	
<b>Annual Report Delinquency Fee</b>	\$2,500
(if received after published due date)	
<b>Financial Statements Late Fee</b>	\$1,500
<b>General Late Submission Fee</b>	\$700
(if received after Commission directed deadline)	



### **ANNUAL SUSTAINING FEES\***

#### **Institutional Accreditation:**

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

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

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

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

Institutions operating a separate educational center that is located beyond a reasonable and customary commuting distance from the main or non-main campus to which it is assigned will be assessed an additional sustaining fee based upon the number of students in attendance at that facility within the ABHES reporting period of July 1 to June 30.

	<u><b>Number of Students in Attendance</b></u>			
Group I	1	-	75	\$ 1,500
Group II	76	-	200	3,200
Group III	201	-	300	4,000

Group IV	301	-	500	5,500
Group V	501	-	750	6,500
Group VI	751	-	900	7,500
Group VII	901	-	1200	8,500
Group VIII	1201	-	2500	9,500
Group IX	2501	-	3500	10,500
Group X	3501	-	4500	11,500
Group XI	4501	-	6000	12,500
Group XII	6001	-	and up	14,000

## **APPENDIX H BYLAWS**

### **TABLE OF CONTENTS**

<b>ARTICLE I. GENERAL PROVISIONS</b>	189
Section 1.1. Name	189
Section 1.2. Principal and Other Offices	189
Section 1.3. Registered Office and Agent	189
Section 1.4. Employed Personnel	189
Section 1.5. Organization	189
Section 1.6. Purposes	189
Section 1.7. Mission	189
Section 1.8. Nondiscrimination Policy	189
<b>ARTICLE II. MEMBERSHIP</b>	189
Section 2.1. Members	189
Section 2.2. Transfer of Membership	189
<b>ARTICLE III. MEETINGS OF MEMBERS</b>	190
Section 3.1. Annual Meetings	190
Section 3.2. Special Meetings	190
Section 3.3. Quorum	190
Section 3.4. Place and Time of Meeting	190
Section 3.5. Notice of Meeting	190
Section 3.6. Waivers of Notice	190
<b>ARTICLE IV. BOARD OF TRUSTEES</b>	190
Section 4.1. General Powers	190
Section 4.2. Chair of the Commission	190
Section 4.3. Vice Chair of the Commission	191
Section 4.3.1. Past Chair of the Commission	191
Section 4.4. Composition	191
Section 4.5. Elected Commissioners	191
Section 4.5.1. Categories and Qualifications of Elected Commissioners	191
Section 4.5.2. Eligibility to Vote	192
Section 4.5.3. Procedures for Election by the Members	192
Section 4.6. Appointed Commissioners	192
Section 4.6.1. Categories and Qualifications of Appointed Commissioners	192
Section 4.6.2. Procedures for Appointment by the Commission	193
Section 4.7. Term of Office	193
Section 4.8. Resignation	194
Section 4.9. Removal	194
Section 4.10. Vacancies	194
Section 4.11. Regular Meetings	194
Section 4.12. Special Meetings	194
Section 4.13. Remote Participation in Meetings	194
Section 4.14. Notice of Commission Meetings	194
Section 4.15. Quorum	195
Section 4.16. Manner of Acting	195

Section 4.17. Written Consent.....	195
<b>ARTICLE V. OFFICERS.....</b>	<b>195</b>
Section 5.1. Officers.....	195
Section 5.2. Election of Officers .....	195
Section 5.3. Term of Office.....	195
Section 5.4. Resignation.....	195
Section 5.5. Removal.....	195
Section 5.6. Vacancies.....	195
Section 5.7. President .....	196
Section 5.8. Secretary .....	196
Section 5.9. Treasurer.....	196
Section 5.10. Executive Director.....	196
<b>ARTICLE VI. COMMITTEES .....</b>	<b>196</b>
Section 6.1. Committees of Commissioners.....	196
Section 6.2. Standing Committees.....	196
Section 6.2.1. Executive Committee .....	197
Section 6.2.2. Governing Committee .....	197
Section 6.2.3. Commissioner Nominating Committee .....	197
Section 6.2.4. Officer Nominating Committee.....	197
Section 6.2.5. Substantive Change Committee.....	197
Section 6.3. Other Committees.....	198
Section 6.4. Limitation on Committees.....	198
<b>ARTICLE VII. EXPENSES REIMBURSEMENT .....</b>	<b>198</b>
<b>ARTICLE VIII. PROHIBITION AGAINST SHARING IN CORPORATE EARNINGS .....</b>	<b>198</b>
<b>ARTICLE IX. NOTICE.....</b>	<b>198</b>
<b>ARTICLE X. AMENDMENTS.....</b>	<b>199</b>
<b>ARTICLE XI. LEGAL RIGHTS AND RESPONSIBILITIES .....</b>	<b>199</b>
Section 11.1. Indemnification and Insurance .....	199
Section 11.2. Suits Against ABHES, Jurisdiction, Venue, and Choice of Law .....	199
Section 11.3. Reimbursement Legal Costs & Fees of ABHES's Litigation Expenses.....	200
Section 11.4. Other Expenses.....	200
Section 11.5. Binding Effect .....	200
<b>ARTICLE XII. MISCELLANEOUS PROVISIONS .....</b>	<b>200</b>
Section 12.1. Operational and Fiscal Year .....	200
Section 12.2. Books and Records.....	200
Section 12.3. Corporate Seal .....	200
Section 12.4. Contracts.....	200
Section 12.5. Checks, Drafts, etc.....	201
Section 12.6. Deposits.....	201
Section 12.7. Gifts.....	201

# **BYLAWS OF THE ACCREDITING BUREAU OF HEALTH EDUCATION SCHOOLS, INC.**

## **ARTICLE I. GENERAL PROVISIONS**

**Section 1.1. Name.** The name of the corporation is the Accrediting Bureau of Health Education Schools, Inc. (hereinafter referred to as "ABHES" or the "Corporation"), a nonprofit corporation incorporated under the Virginia Non-Stock Corporation Act.

**Section 1.2. Principal and Other Offices.** The principal office of ABHES shall be located in Virginia. ABHES may have such other office or offices, at such suitable place or places within or outside of Virginia as the ABHES Board of Trustees (hereinafter referred to as the "Commission") may from time to time determine as necessary or desirable.

**Section 1.3. Registered Office and Agent.** ABHES shall have and continuously maintain a registered office in Virginia (which may be synonymous with the principal office), and a registered agent whose office is synonymous with the registered office.

**Section 1.4. Employed Personnel.** The Commission shall designate an Executive Director who shall be the chief executive officer of ABHES. The Executive Director may employ such other personnel as may be necessary to carry out the work of the Commission.

**Section 1.5. Organization.** ABHES is organized exclusively for charitable, religious, educational, and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as now in effect or as may hereafter be amended.

**Section 1.6. Purposes.** The specific purposes for which ABHES is formed are those set forth in the Articles of Incorporation.

**Section 1.7. Mission.** The mission of the Accrediting Bureau of Health Education Schools (ABHES) is to serve as a nationally recognized accrediting agency of institutions predominantly providing health education and programmatic accreditation in specific health and/or allied health education disciplines.

**Section 1.8. Nondiscrimination Policy.** ABHES shall not discriminate on the basis of race, religion, national origin, gender, age, color, pregnancy, childbirth or related medical conditions, disability, or sexual orientation in the hiring and/or other employment practices of the corporation. The Corporation shall conduct all of its activities in accordance with all applicable local, state, and federal anti-discrimination laws, as well as in accordance with all other laws and regulations applicable to the operation of Virginia non-stock corporations.

## **ARTICLE II. MEMBERSHIP**

**Section 2.1. Members.** Every institution or program accredited by ABHES shall be a member of ABHES. Membership is conditioned upon maintenance of accreditation and compliance with these Bylaws and with the requirements stated in the ABHES *Accreditation Manual*.

**Section 2.2. Transfer of Membership.** Membership in ABHES is not transferable or assignable.

### **ARTICLE III. MEETINGS OF MEMBERS**

**Section 3.1. Annual Meetings.** The Commission shall designate a time and place to hold the annual membership meeting for the members for the transaction of such business as may properly come before the members.

**Section 3.2. Special Meetings.** The Chair of the Commission, the Commission, or no fewer than one-fourth of the members may call a special meeting of the members.

**Section 3.3. Quorum.** At any regular or special meeting of the members, one-fourth of the members shall constitute a quorum. Members may be represented in person, by proxy, electronically or by mail.

**Section 3.4. Place and Time of Meeting.** Meetings of members may be held at such place, either within or without the Commonwealth of Virginia, and at such hour as may be fixed in the meeting notice.

**Section 3.5. Notice of Meeting.** Written or printed notice stating the date, time, and place of the meeting, and, in the case of a special meeting, the purpose or purposes for which the meeting is called, shall be delivered not less than ten (10) nor more than sixty (60) days before the date of the meeting. Notice of any membership meeting may be given in accordance with Article IX of these Bylaws.

**Section 3.6. Waivers of Notice.** Whenever any notice is required to be given to any member under any provision of law, the Articles of Incorporation, or these Bylaws, a waiver thereof in writing, signed by the member entitled to such notice and delivered to ABHES, whether before or after the time stated therein, shall be the equivalent to the giving of such notice. The presence of any member at a meeting without objection to the lack of notice of such meeting also shall constitute a waiver of notice by such member unless he or she is present for the purpose of objecting to holding the meeting or to transacting business at the meeting.

### **ARTICLE IV. BOARD OF TRUSTEES**

**Section 4.1. General Powers.** ABHES shall have a Board of Trustees, referred to herein as the Commission, which shall have the following responsibilities:

- (a) hire, evaluate, compensate, and dismiss a chief executive officer to manage the operation of ABHES, whose title shall be Executive Director;
- (b) oversee revenues, expenditures, investments, budget development, and internal financial controls;
- (c) promulgate, after notice to and comment from the members of the Corporation, standards of accreditation;
- (d) adopt and apply standards, policies, and procedures for accreditation;
- (e) consider and act on applications for accreditation;
- (f) publish a list of accredited institutions and programs;
- (g) monitor compliance with the standards of accreditation of institutions and programs;
- (h) conduct an annual meeting of the membership of ABHES;
- (i) support communication and coordination among the Commissioners;
- (j) assure canons of ethical business operations and personal conduct;
- (k) assess the effectiveness of ABHES in fulfilling its mission and meeting its goals and objectives;
- (l) amend the Bylaws.

**Section 4.2. Chair of the Commission.** The Chair of the Commission shall preside at all Commission meetings and at all meetings of the membership; serve as Chair of the Executive Committee; call special meetings of the Commission; and call meetings of the Executive Committee. In addition, the Chair shall communicate to the Commission, whenever he or she deems proper, such matters and suggestions as may promote the Commission's

welfare and, in general, perform all duties incident to the office of the Chair. The Chair serves by virtue of election as President of ABHES in accordance with Section 5.2 of these Bylaws.

**Section 4.3. Vice Chair of the Commission.** In the Chair's absence, or in the event the Chair cannot act, the Vice Chair shall perform the Chair's duties and, when so acting, have all the power of and be subject to all the restrictions upon the Chair.

**Section 4.3.1. Past Chair of the Commission.** A Chair whose term on the Commission continues after his or her term as Chair expires assumes the position of "Past Chair." Only the most recent former Chair still serving as a commissioner shall be designated "Past Chair." In absence of both the Chair and Vice Chair, or in the event that both the Chair and Vice Chair cannot act, the Past Chair shall perform the Chair's duties and, when so acting, have all the power of and be subject to all the restrictions upon the Chair.

**Section 4.4. Composition.** The Commission shall be composed of a minimum of nine (9) and a maximum of fifteen (15) Commissioners. The majority of Commissioners shall be nominated and elected by the members in accordance with Section 4.5.3 of these bylaws. The remaining Commissioners shall be appointed by the Commission in accordance with Sections 4.6.2 of these bylaws.

In order to assure that the Commission is well-qualified to effectively carry out the mission of ABHES, the Commission may expand the number of Commissioners representing a specific category provided that the majority of Commissioners is elected, the total number of Commissioners does not exceed 15, at least two (2) Commissioners are owner representatives, and at least one-seventh (1/7) of the Commissioners represent the public. A decrease in the number of Commissioners shall not have the effect of shortening the term of any incumbent Commissioner.

No more than one sitting Commissioner may be employed by or otherwise closely connected to any institution, or group of institutions commonly owned. Such relationship with a sitting Commissioner shall disqualify an individual for nomination for an elected or appointed position on the Commission. The Commissioner Nominating Committee shall not nominate two individuals having such relationship for consideration at the same election.

#### **Section 4.5. Elected Commissioners.**

**Section 4.5.1. Categories and Qualifications of Elected Commissioners.** Unless stated otherwise within these bylaws, there must be at least one representative for each of the following except the Commissioner-at-Large seat:

(a) **Academic in a Healthcare related area.** Requires at least five (5) years of academic experience on site at a member institution or program, including active participation in an academic capacity in the day-to-day operations of a member institution or program during the three (3) years immediately preceding election (those three (3) years may count toward the five-year experience requirement).

(b) **Administrator in a Healthcare related area.** Requires at least five (5) years of administrative experience in a member institution or program, including active participation in an administrative capacity in the day-to-day operations of a member institution or program during the three (3) years immediately preceding election (those three (3) years may count toward the five-year experience requirement).

(c) **Ownership Representative (at least two (2)).** Requires current status as: (i) a sole or majority owner; corporate officer, chief executive officer or president of a member institution holding institutional accreditation, (ii) a member of the board of directors, a trustee, or an officer of a member institution or sponsoring institution holding programmatic accreditation owned or operated by a nonprofit entity; (iii) a person who owns a sufficient interest in a member institution or sponsoring institution holding programmatic accreditation that functions as a partnership or privately held corporation; OR (iv) an officer of a publicly held corporation that owns a member institution holding institutional accreditation.

(d) **Educator in Specialty Area.** Must be recently or directly engaged in a significant manner in an academic position at a postsecondary institution accredited by an agency recognized by the Secretary of the U.S. Department of Education in a health-care related field for which ABHES is recognized as a programmatic accreditor by the Secretary of the U.S. Department of Education.

(e) **Commissioner-at-Large.**

**Section 4.5.2. Eligibility to Vote.** Only institutions and programs accredited by ABHES are eligible to vote for elected Commissioners. The number of votes that may be cast is as follows:

(a) **Accredited Institutions.** Each main campus or non-main campus receives two (2) votes.

(b) **Accredited Programs.** Each address identified on records as having one or more accredited programs receives one (1) vote.

**Section 4.5.3. Procedures for Election by the Members.** The Commission will set the time, date, and place for an election. At least sixty (60) days before the date of election, the Executive Director shall provide to all members a Notice of Election, which shall state: (a) the date, time, place and method of election; (b) the number and required qualifications of Commissioners to be elected; and (c) who is eligible to vote. The Notice of Election will identify specific qualifications or experience necessary for ABHES to effectively carry out its responsibilities in discrete program disciplines.

Upon receipt of the Notice of Election, members may submit nominations to the Executive Director, for the consideration of the Commissioner Nominating Committee, established in accordance with Section 6.2.2 of these bylaws. Nominations must be in writing, state the individual's name, employment, and qualifications for office and attest that the candidate has consented to the nomination. An individual may nominate him or herself.

At least ten (10) days before the date of election, the Executive Director shall provide a ballot to each member in accordance with Article IX of these bylaws. At the same time, the Executive Director will notify any nominee who was not selected by the Commissioner Nominating Committee.

**Section 4.6. Appointed Commissioners.** Commissioners shall be appointed following the procedures set forth in Section 4.6.2.

**Section 4.6.1. Categories and Qualifications of Appointed Commissioners.** Unless stated otherwise within these bylaws, there must be at least one representative for each of the following except the Commissioner-at-Large seat:

(a) **Practitioner in Specialty Area.** Must be currently or recently directly engaged in a significant manner as a health-care related specialist in a field for which ABHES is recognized as a programmatic accreditor by the Secretary of the U.S. Department of Education.

(b) **Higher Education Specialist.** Must have a graduate degree at the master's level and at least seven (7) years employment at institutions of higher education that awards degrees at the graduate level and are accredited by an agency recognized by the United States Secretary of Education. This employment must be as (i) an instructor of courses that apply toward the baccalaureate degree or higher credential, (ii) an administrator whose responsibilities include one or more academic programs that offer the baccalaureate degree or higher credential or (iii) a combination of such teaching and administrative work.



(c) **Distance Education Specialist.** Requires at least three (3) years of experience in an academic position designing or developing, teaching and/or evaluating distance education courses at a postsecondary institution accredited by an agency recognized by the Secretary of the U.S. Department of Education.

(d) **Public Member.** (At least 1/7 of Commission) A Public Member is an individual who is not (1) An employee, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that is accredited by ABHES or has applied for accreditation, (2) a member of any trade association or membership organization related to, affiliated with, or associated with ABHES, or (3) a spouse, parent, child, or sibling of an individual identified in paragraph (1) or (2) of this definition.

(e) **Commissioner-at-Large.**

**Section 4.6.2. Procedures for Appointment by the Commission.** The Executive Director will set the time and manner for appointment of Commissioners. At least sixty (60) days before the date of appointment, the Executive Director shall provide to all members a Notice of Appointment, which shall state: (a) the number and qualifications of Commissioners to be appointed, (b) the qualifications required for nomination and appointment for each seat, and (c) the time and manner for members to make nominations for appointment, provided that the time during which to make a nomination shall be not less than seven days. The Notice of Appointment will identify specific qualifications or experience necessary for ABHES to effectively carry out its responsibilities in discrete program disciplines.

Upon receipt of the Notice of Appointment, members may submit nominations to the Executive Director. A sitting Commissioner serving in an appointed position who is eligible to run for a second term may be nominated in accordance with this Section. A nomination will be considered by the Commissioner Nominating Committee, established in accordance with Section 6.2.2 of these bylaws provided it is in writing, states the individual's name, qualifications, and category for which the individual is being nominated and includes an attestation that the nominee has consented to the nomination. The Commissioner Nominating Committee may also make nominations. An individual may nominate him or herself.

The Executive Director shall provide the ballot to each Commissioner. At the same time, the Executive Director will notify any nominee who was deemed by the Commissioner Nominating Committee not to meet the requirements to serve as Commissioner.

Voting by the Commission shall be by secret ballot in a manner and time determined by the Executive Director. For each seat to be filled by appointment, voting by a majority of sitting Commissioners constitutes a quorum. Each Commissioner may cast one vote for each open position. The Commission shall appoint the individual receiving the greatest number of votes. In the event two or more individuals receive the same number of votes for the same seat, the election shall be void and a new election shall be held in a time and manner set by the Executive Director. The Executive Director shall disseminate the name(s) of the newly appointed Commissioner(s).

The Commission may appoint qualified acting Commissioners to fill vacancies at upcoming meetings when sitting Commissioners are unable to attend for health reasons or otherwise. Such appointed Commissioners shall serve only for the designated meeting and must meet the qualifications set forth in either Section 4.5.1 or Section 4.6.1 of the bylaws. Such appointments shall be made upon the recommendation of the Chair and ratified by a majority vote of the Commission.

**Section 4.7. Term of Office.** Each Commissioner shall be elected or appointed for a three-year term. New Commissioners shall formally take office on July 1 following their election or appointment. A Commissioner who meets applicable qualifications may be nominated for and serve a second term. A Commissioner may not serve more than two consecutive terms. Despite the expiration of a Commissioner's term, a Commissioner continues to serve until his successor is elected and qualifies or until there is a decrease in the number of Commissioners, if any.

A Commissioner chosen to fill a vacancy, in accordance with Section 4.10 of these bylaws, subsequently may serve two terms consecutively following his or her original partial term. After a three-year hiatus, a Commissioner who has served consecutive terms shall be eligible to seek re-election or re-appointment and is eligible to again serve up to two terms consecutively.

**Section 4.8. Resignation.** A Commissioner may resign at any time by delivering written notice to the Chair. Such resignation shall take effect at the time specified therein, or if no time is specified, at the time of acceptance thereof as determined by the Chair. The Commission may, by majority vote of all other members of the Commission, deem that a Commissioner has chosen to resign if he or she fails to attend three consecutive regular meetings of the Commission.

A Commissioner who ceases to meet the applicable qualifications stated in Section 4.5.1 or Section 4.6.1 of these bylaws during his or her term must submit his or her resignation to the Chair.

**Section 4.9. Removal.** Any Appointed Commissioner may be removed from such office by a majority vote of the Commissioners at a special meeting called expressly for that purpose, at which seven (7) Commissioners shall constitute a quorum as defined in Section 4.15 of these bylaws. Any Elected Commissioner may be removed from such office by a majority vote of the members in accordance with Article III of these bylaws. Any vote to remove an Appointed or Elected Commissioner shall be by secret ballot.

**Section 4.10. Vacancies.** If a vacancy occurs among the Commissioners, whether Elected or Appointed, the Commissioner Nominating Committee shall submit a list of qualified candidates to the Chair. The Chair then shall appoint, subject to ratification by the Commission, a qualified individual to fill any unexpired term.

**Section 4.11. Regular Meetings.** At least two regular meetings of the Commission are held each calendar year, at such time, day, and place as shall be designated by the Commission, for the purpose of taking accreditation actions, discussing pertinent policies affecting ABHES and its members, and transacting such other business as may come before the Commission. Meetings are held at such time, day, and place as shall be designated by the Commission. One meeting shall be held in the summer, after July 1, and another shall be held in the winter. The annual business meeting of the Commission shall be the winter meeting. The agenda of that meeting may include consideration of the ABHES fiscal year-end audit and future budget considerations, bylaws, and the transaction of such other business as may come before the Commission.

**Section 4.12. Special Meetings.** Special meetings may be called by the Chair; to be held at such time, day, and place, including by teleconference, as shall be designated in the notice of the meeting. A simple majority of the Commissioners then in office shall constitute a quorum for the transaction of business at any meeting of the Commission, as described in 4.15, Quorum.

**Section 4.13. Remote Participation in Meetings.** Any one or more Commissioners may participate in a meeting of the Commission by means of remote telecommunications that allows all persons participating in the meeting to communicate with one another and such participation in a meeting shall be deemed present at the meeting.

**Section 4.14. Notice of Commission Meetings.** Oral or written notice of the time, day, and place of any meeting of the Commission shall be given at least thirty (30) days before a regular meeting and at least 3 days before a special meeting, in accordance with Article IX of these bylaws. The purpose(s) for which a special meeting is called shall be stated in the notice thereof. Any Commissioner may waive notice of any meeting by a written statement executed either before or after the meeting, provided however that attendance at a meeting shall constitute a waiver of notice thereof, except where attendance is for the express purpose of objecting to the call or convening of a meeting.

**Section 4.15. Quorum.** Except as otherwise provided by these bylaws, a simple majority of the Commissioners then in office and present at any meeting of the Commission shall constitute a quorum for the transaction of business. If less than a quorum of Commissioners is present at such meeting, those present may adjourn the meeting from time to time without further notice, other than announcement at the meeting, until a quorum is present. Further, if a quorum is not present, discussion may occur on any agenda item, but no action may be taken.

**Section 4.16. Manner of Acting.** Except as otherwise expressly required by law, the Articles of Incorporation, or these Bylaws, the affirmative vote of a majority of the Commissioners present at any Commission meeting at which a quorum is present, in accordance with Section 4.15 of these bylaws, shall be the act of the Commission.

**Section 4.17. Written Consent.** Action taken by the Commission without a meeting is, nevertheless, Commission action if written consent to the action in question is signed by all of the Commissioners and filed with the minutes of the proceedings of the Commission, whether done before or after the action so taken.

## **ARTICLE V. OFFICERS**

**Section 5.1. Officers.** The officers of ABHES shall be a President (referred to throughout these bylaws as the "Chair"), Vice President (referred to throughout these bylaws as the "Vice Chair"), Secretary, and Treasurer, along with any other officers and assistant officers as the Commission may from time to time deem necessary. Such officers shall have the authority to perform the duties prescribed by the Commission.

**Section 5.2. Election of Officers.** Each year prior to the summer meeting but after the conclusion of any elections and appointments of new Commissioners who will begin service on July 1, officers shall be elected by the Commission prior to the first regular Commission meeting at such time as the Commission deems appropriate. The Officer Nominating Committee, described in Section 6.2.4 of these bylaws, shall prepare a list of candidates after receiving input from each Commissioner. The Officer Nominating Committee shall conduct its deliberations on a confidential basis. Seven (7) Commissioners shall constitute a quorum for purposes of electing officers. Election shall be by a majority vote of the Commissioners voting.

**Section 5.3. Term of Office.** The officers of ABHES shall assume office at the outset of the summer meeting following their election and, with the exception of the Chair, shall hold office until their respective successors assume office at the outset of the summer meeting the following year. The Chair is elected to a two-year term. In the event the Chair's term as a Commissioner would normally expire at the time of the second year of service as Chair, that term is extended by a maximum of one year. A Chair whose original term as Commissioner has ended would be extended for an additional year to permit service in the role of Past Chair. Without limitation, an individual may be elected to any office for which he or she is otherwise eligible notwithstanding having served previously in that or another office.

**Section 5.4. Resignation.** Any officer may resign at any time by delivering written notice to the Chair. Such resignation shall take effect at the time specified therein, or, if no time is specified, at the time of acceptance thereof as determined by the Chair. The Chair may resign by delivering written notice to the Executive Director, who shall promptly notify the remaining Commissioners, such resignation to take effect at the time specified therein or if not, time is specified upon acceptance thereof by the majority of the Commission.

**Section 5.5. Removal.** Any officer may be removed by the Commission, at any meeting, provided that a quorum is present. For purposes of voting on the removal of an officer, seven (7) commissioners shall constitute a quorum.

**Section 5.6. Vacancies.** If a vacancy in the position of Chair occurs, then the Vice Chair shall succeed to the position of Chair as of the date and time that the Chair becomes vacant and shall hold the office of Chair for the remainder of the term of the previous Chair. If a vacancy in the position of Chair occurs and there is no Vice Chair

at the time the vacancy occurs, the Commission shall fill that office for the length of the unexpired term in accordance with the procedures set forth in Section 5.2 of these bylaws. If a vacancy in any other office occurs, the Commission shall fill that office for the length of the unexpired term, utilizing the Officer Nominating Committee to make a recommendation to the Chair, who will then appoint a person from a list of one or more presented by the Committee.

**Section 5.7. President.** The President shall be the Chair of the Commission. The President shall perform all duties incident to the office of Chair and such other duties as may be prescribed by the Commission from time to time. The President is ex-officio member of all standing and other committees, with voice but no vote.

**Section 5.8. Secretary.** The Secretary shall maintain custody of the minutes of the Commission and Executive Committee meetings and perform such other duties as from time to time may be assigned by the Chair or by the Commission.

**Section 5.9. Treasurer.** The Treasurer shall work with staff to advise the Commission relative to the budget and finances of ABHES, provide a fiscal report at the Annual Membership Meeting and, in general, perform all the duties as from time to time may be assigned by the Chair or the Commission (e.g., provide guidance regarding accounting services, insurance, Commission investments, employee benefits) to safeguard the financial interests of ABHES.

If requested by the Commission, the Treasurer shall furnish a surety bond procured at the Commission's expense, in such sum as to be fixed by the Commission, as security for faithful discharge of his or her duties.

**Section 5.10. Executive Director.** The Commission shall employ an Executive Director who shall be the Commission's Chief Executive Officer. The Executive Director is responsible for the administration of the Commission's affairs and for management of the staff of the Commission. The Executive Director may represent the Commission in its dealings with governmental bodies, the press and the public, and may sign or approve correspondence and other instruments on behalf of the Commission. The Executive Director is accountable to the Commission, but the Chair acting on behalf of the Commission shall oversee the Executive Director's performance of his or her duties. Except when the Commission is in executive session to discuss and review the Executive Director's compensation or the performance of his or her duties, the Executive Director shall attend all meetings of the Commission and the Executive Committee, as Assistant Secretary, and may participate in their deliberations in a non-voting capacity.

## **ARTICLE VI. COMMITTEES**

**Section 6.1. Committees of Commissioners.** The Commission may designate and appoint one or more committees, each consisting of two or more Commissioners. No committee shall exercise the authority of the Commission in the management of ABHES, absent an express grant of authority to do so in these bylaws or in a written resolution of the Commission. The designation and appointment of any such committee and the delegation thereto of authority shall not operate to relieve the Commission, or any individual Commissioner, of any responsibility imposed upon the Commission or the Commissioner by law. Unless otherwise provided in Article VI, committee appointments expire at the start of the summer meeting.

**Section 6.2. Standing Committees.** The Commission shall have standing committees comprised of Commissioners, outside members, or a combination of both whose duties are summarized in the Commission's Policy and Procedures Manual. The Commission's standing committees include, but are not limited to, those described in Section 6.2 of these bylaws. Subject to the approval of the Executive Committee, the Chair shall appoint the members of the Standing Committees in accordance with the provisions of this section and designate one member of each committee to serve as the Committee Chair for the same period. Any member of a Standing Committee may be removed by the Chair, subject to ratification by the Executive Committee whenever such action

is in the best interest of ABHES or when such member shall cease to qualify for committee membership. Vacancies will be filled only for the remainder of the term of the vacated position. Care is taken to add new members and transition seasoned members for the purposes of innovation and consistency, through a documented process. Minutes of committee meetings are promptly made available to the Commission, minimally at each regular Commission meeting.

**Section 6.2.1. Executive Committee.** Subject to the limitations on the authority of committees contained in Sections 6.1 and 6.4 of these bylaws, the Executive Committee shall possess and may, in its discretion, exercise the authority of the Commission by majority vote of all members of the Executive Committee during the intervals between Commission meetings. The Executive Committee shall implement Commission policies and transact the business of the Commission, but, specifically, shall not have the authority to grant, deny, rescind, or withdraw accreditation or to make any other final accrediting decisions. The Executive Committee shall keep the Commission apprised of its activities on a regular basis, minimally at each regular Commission meeting.

The Executive Committee shall consist of the Chair, the Vice Chair, the Past Chair, the Treasurer, and the Secretary. If the Past Chair does not serve on the Executive Committee, then the position will be filled by a Commissioner appointed by the Chair as a member at large. At least one member of the Executive Committee must be a Public Member as defined in Section 4.6.1.(d).

In the event a Public Member of the Commission is not elected to one of the officer positions on the Executive Committee, and the Past Chair is not a Public Member of the Commission, the Chair will appoint one of the Public Members serving on the Commission to the member-at-large seat on the Executive Committee.

The Executive Director shall be a non-voting member of the Executive Committee. The Chair of the Commission shall serve as the Chair of the Executive Committee.

**Section 6.2.2. Governing Committee.** The Governing Committee shall convene at least once every three years and as necessary to serve the mission and purpose of ABHES. The Committee shall consist of Commissioners appointed by the Chair of the Commission and at least one outside member. The Committee ensures ABHES operates within the construct of its bylaws but has no decision-making authority. The Committee reviews and makes recommendations to the Commission for amendments to the bylaws in response to various factors affecting ABHES operations.

**Section 6.2.3. Commissioner Nominating Committee.** The Committee is charged with preparing a list of nominations for the election and appointment of all Commissioners, in accordance with Section 4.5.3 and Section 4.6.2. of these bylaws. The Committee shall consist of five (5) members: (a) the Chair of the Commission; (b) two Commissioners, one of whom must be a representative of the public, as described in Section 4.6.1 of these bylaws, and (c) two individuals representing the members of ABHES elected by the ABHES membership. Elected committee members serve two-year terms.

**Section 6.2.4. Officer Nominating Committee.** The Committee is charged with preparing a list of nominations for the election of officers in accordance with Section 5.2 of these Bylaws. The Committee shall consist of three Commissioners, one of whom must be a representative of the public, as described in Section 4.6.1 of these Bylaws. Appointment to the Officer Nominating Committee does not preclude a Commissioner from running for an officer position.

**Section 6.2.5. Substantive Change Committee.** The Substantive Change Committee is charged with reviewing and approving substantive changes. The committee shall not have the authority to grant accreditation or to take any action that may be appealed under ABHES' Rules, deny, rescind, or withdraw accreditation. The Substantive Change Committee shall keep the Commission apprised of its activities on a regular basis, as required.

The Substantive Change Committee shall be appointed by the Chair of the Commission and consist of individuals fulfilling the Commissioner position definitions (e.g., public, practitioner) as determined by the regulations of the U.S. Department of Education (Public, Academician or Educator, Practitioner, and Administrator members) for one-year terms to begin July 1.

**Section 6.3. Other Committees.** The Chair may create, as necessary from time to time, other committees or task forces not having or exercising the authority of the Commission. Such committees shall be responsible to the Commission in the performance of their duties and shall be promptly discharged when their functions have been performed. The specific duties of these committees shall be determined by the Chair, who shall appoint members to these committees, as necessary. Membership of these committees may include Commissioners.

**Section 6.4. Limitation on Committees.** No committee shall have the authority of the Commission in reference to amending, altering, or repealing these bylaws or ABHES eligibility criteria, policies, procedures, or evaluation standards; electing, appointing, or removing any member of any such committee or any Commissioner or officer of ABHES; amending the ABHES Articles of Incorporation; adopting a plan of merger or a plan of consolidation with another corporation; authorizing the sale, lease, exchange, or mortgage of all or substantially all of the property and assets of ABHES; authorizing the voluntary dissolution of ABHES or revoking proceedings therefore; adopting a plan for the distribution of the assets of ABHES; or amending, altering, or repealing any resolution of the Commission, which, by its terms, provides that it shall not be amended, altered, or repealed by such committee.

## **ARTICLE VII. EXPENSE REIMBURSEMENT**

Any Commissioner, officer, employee, or committee member shall be reimbursed for any reasonable expenses incurred in connection with his or her performance of the Commission's duties as delegated. Requests for reimbursement must be timely and in accordance with reimbursement guidelines provided by ABHES.

## **ARTICLE VIII. PROHIBITION AGAINST SHARING IN CORPORATE EARNINGS**

No Commissioner, officer, or employee of, or member of a committee, or person connected with the Commission, or any other private individual, shall receive at any time any of the net earnings or pecuniary profit from the operations of the Commission, provided that this provision shall not prevent the payment to any such person of such reasonable compensation for services rendered to or for the Commission in effecting any of its purposes as shall be fixed by the Commission; and such person or persons shall not be entitled to share in the distribution of any of the corporate assets upon the dissolution of the Commission.

All members of the Commission shall be deemed to have expressly consented and agreed that upon dissolution or winding up of the affairs of the Commission, whether voluntary or involuntary, the assets of the Commission, after all debts have been satisfied, then remaining in the hands of the Commission, shall be distributed, transferred, conveyed, delivered and paid over, in such amounts as the Commission may determine or as may be determined by a court of competent jurisdiction upon application of the Commission, exclusively to charitable, religious, scientific, testing for public safety, literary or educational organizations which would qualify under the provisions of Section 501(c) (3) of the Internal Revenue Code and its regulation as they now exist or as they may hereafter be amended.

## **ARTICLE IX. NOTICE**

Except as otherwise provided in these bylaws, whenever notice is required to be given under the provisions of these bylaws, the Articles of Incorporation, or statute, such notice shall be communicated in person or by any form of wire or wireless communication. As stated in Section 4.14 of these Bylaws, oral notice to Commissioners of any Commission meeting is permitted.

Written notice by mail to a member becomes effective when mailed, if mailed postpaid and correctly addressed to the member's address shown in ABHES'S current record of members. Written notice in all other circumstances becomes effective at the earliest of receipt; five (5) days after deposit in the United States mail, if mailed postage prepaid and correctly addressed; or on the date shown on the return receipt, if sent by registered or certified mail, return receipt requested, and the receipt is signed by or on behalf of the addressee. Notice communicated electronically via facsimile or e-mail becomes effective when transmitted to the receiving device of the recipient to the facsimile number or e-mail address shown on the records of ABHES.

## **ARTICLE X. AMENDMENTS**

Amendments, alterations, or repeal of these bylaws, either in whole or in part, will be effective only by a two-thirds vote of the Commission, taken at a regular or special meeting, provided that the proposed changes are filed with the Executive Director at least 30 days in advance of the meeting date, and a notice of such amendments, with a copy of the proposed changes, are mailed to the Commissioners not less than 30 days in advance of the meeting at which such changes are to be considered.

## **ARTICLE XI. LEGAL RIGHTS AND RESPONSIBILITIES**

**Section 11.1. Indemnification and Insurance.** Unless otherwise prohibited by law, ABHES may indemnify any Commissioner or officer, or any former director or officer and may, by resolution of the Commission, indemnify any employee or other agent against any and all expenses and liabilities actually and necessarily incurred by him or her or imposed on him or her in connection with any claim, action, suit or proceeding (whether actual or threatened, civil, criminal, administrative, or investigative, including appeals) to which he or she may be or is made a party by reason of being or having been such Commissioner, officer, employee, or other agent; subject to the limitation, however, that there shall be no indemnification in relation to matters as to which he or she shall be adjudged in such claim, action, suit, or proceeding to be either: 1) guilty of a criminal offense; 2) liable to ABHES or to a third party for damages arising out of his or her own negligence or misconduct in the performance of a duty to ABHES; or 3) liable on the basis that personal benefit was improperly received by him or her.

Amounts paid in indemnification of expenses and liabilities may include, but shall not be limited to, counsel and other fees; costs and disbursements; and judgments, fines, and penalties against, and amounts paid in settlement by, such Commissioner, officer, employee, or other agent. ABHES may advance expenses to, or where appropriate may itself, at its expense, undertake the defense of, any Commissioner, officer, employee, or agent; provided, however, that such Commissioner, officer, employee, or other agent shall undertake to repay or to reimburse such expense if it should be ultimately determined that he or she is not entitled to indemnification under this Section.

The provisions of this Section shall be applicable to claims, actions, suits, or proceedings made or commenced after the adoption hereof, whether arising from acts or omissions to act occurring before or after adoption.

The indemnification provided by this Section shall not be deemed exclusive of any other rights to which such Commissioner, officer, employee, or other agent may be entitled under any statute, bylaw, agreement, vote of the Commission, or otherwise and shall not restrict the power of ABHES to make any indemnification permitted by law.

The Commission may authorize the purchase of insurance on behalf of any Commissioner, officer, employee, or other agent against any liability asserted against or incurred by him or her arising out of such person's status as a Commissioner, officer, employee, or agent or out of acts taken in such capacity, whether or not ABHES would have the power to indemnify the person against liability under law.

**Section 11.2. Suits against ABHES, Jurisdiction, Venue and Choice of Law.** By applying for accreditation by the Accrediting Bureau of Health Education Schools, the member agrees to exhaust all appeal opportunities and

to submit fully and faithfully to final, binding arbitration proceedings as set forth in the ABHES *Accreditation Manual* before filing any suit, claim, or proceeding relating to membership, accreditation, or accredited status, whether a claim for damages or for injunctive or declaratory relief, brought by a member, former member, or applicant for accreditation against ABHES, a Commissioner, officer, committee member, the Commission, the Appeals Panel, or staff member acting in his or her official capacity. Jurisdiction and venue of any suit, claim, or proceeding, not subject to final binding arbitration shall only be in the U.S. District Court for the Eastern District of Virginia, Alexandria Division, or the Circuit Court for the City of Alexandria, Virginia. The law of the Commonwealth of Virginia shall govern the interpretation, and performance of the terms of these bylaws and the *Accreditation Manual*, as well as any dispute between an accredited member, former member, or applicant for membership and ABHES, regardless of the law that might otherwise be applied under any principles of conflicts of laws.

**Section 11.3. Reimbursement for Legal Costs and Fees of ABHES's Litigation Expenses.**

An applicant for membership, member, or former member of ABHES shall reimburse ABHES for all costs and expenses (including attorney's fees) actually and reasonably incurred by ABHES in defending any suit, claim, or proceeding, whether for damages or for injunctive or declaratory relief, brought by the applicant, member, former member, or one or more present or former students of any of the foregoing against ABHES, the Commission, the Appeals Body, any Commissioners of the Commission, or members of the Appeals Body, or officers, employees, or agents of ABHES when ABHES, the Commission, the Appeals Body, any Commissioner of the Commission, member of the Appeals Body, officer, employee, or agent is the prevailing party in the suit, claim, or proceeding.

**Section 11.4. Other Expenses.** Each member shall reimburse ABHES for all costs and expenses (including attorney's fees) incurred by it in the production of any of the corporation's, the Commission's, or the Appeals Body's records relating to such member in response to lawful requests from parties in litigation or from state or federal agencies.

**Section 11.5. Binding Effect.** Each existing member, new member, and applicant for accreditation shall have access to these bylaws. Acceptance or continuation of membership in ABHES shall constitute each member's agreement to be bound by the provisions of these bylaws, as they may be amended from time to time, while a member of and subsequent to the termination of membership in ABHES.

**ARTICLE XII. MISCELLANEOUS PROVISIONS**

**Section 12.1. Operational and Fiscal Year.** The operational and fiscal year of the Commission shall begin on October 1 and end on September 30.

**Section 12.2. Books and Records.** ABHES shall retain correct and complete records of account and also shall retain minutes of the Commission's proceedings, including committee meeting minutes and membership meeting agendas, and shall post on its Website the names and addresses of the Commissioners.

**Section 12.3. Corporate Seal.** The official seal of the Commission shall have inscribed thereon the name of the Corporation and the date of incorporation and shall be in such form and contain such other words and/or figures as the Commission shall determine. The uses of the seal shall be those prescribed by the Commission.

**Section 12.4. Contracts.** The Commission may authorize any officer or officers, agent or agents of ABHES, in addition to the officers so authorized by these bylaws, to enter into any contract or execute and deliver any instrument in the name of and on behalf of ABHES, and such authority may be general or confined to specific instances.



**Section 12.5. Checks, Drafts, etc.** All checks, drafts, or orders for the payment of money, notes, or other evidences of indebtedness issued in the name of ABHES, shall be signed by staff designated by the Executive Director. At the Commission's discretion, such instruments shall be signed by the Treasurer and countersigned by the Chair.

**Section 12.6. Deposits.** All ABHES funds shall be deposited from time to time to the credit of ABHES in such banks, trust companies, or other depositories as the Commission may select.

**Section 12.7. Gifts.** The Commission may accept on behalf of ABHES any contribution, gift, bequest, or devise for the general purposes or for any special purpose of ABHES.

## GLOSSARY

**Academic** – An individual whose current responsibilities focus primarily on the curricular aspects of an educational institution or program. Depending on the nature of the institution, this definition may encompass designations such as dean, department head, instructor, lecturer, mentor, professor, teacher, and trainer, etc. (Note: for Commission and Evaluation Team composition, ABHES interprets the broad term “educator” as encompassing both academics and administrators).

**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, 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.

- 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.

**Additional Location** – A facility that is geographically apart from the main campus of the institution and at which the institution offers at least 50 percent of a program and may qualify as a branch campus. Facilities classified as non-main campuses and separate educational centers may be considered additional locations.

**Administrator** – An individual whose current responsibilities focus primarily on the managerial aspects of an educational institution or program. Depending on the nature of the institution, this definition may encompass designations such as president, provost, chancellor, treasurer, registrar, and financial aid officers, etc. (Note: for Commission and Evaluation Team composition, ABHES interprets the broad term “educator” as encompassing both academics and administrators).

**Adverse Action** – An action to deny or withdraw the accreditation of an institution or program.

**Ambulatory** – Any medical care delivered on an outpatient basis.

**Annual Report** – Outcome and operational data submitted yearly by every accredited institution and program for the period covering July 1 through June 30. The report contains outcome and operational data.

**Applied General Education** – Courses that involve the application of principles and concepts in communications, humanities and fine arts, mathematics, natural and physical sciences, social and behavioral sciences, and technology to the practical affairs of a specific occupation or occupational cluster. Applied general education courses enhance the ability of an individual to apply academic and occupational skills in the workplace. Only Associate of Occupational degrees may include applied general education courses.

**Asynchronous Instruction** – Instruction that eliminates boundaries of time and place. Students and instructors do not have to participate simultaneously.

**Authorized Institutional Representative (AIR)** – An individual who is designated to represent an institution or program with the authority to sign and submit reports (i.e., financial, annual, self-evaluation) to ABHES. The institution’s ownership/management will be held responsible for the accuracy of all forms submitted by the AIR.

**Blended Delivery** – See Distance Education (Blended).

**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.

**Certificate** – Credential awarded to evidence successful completion of/or graduation from an academic program, generally less than two years in length where a degree is not earned.

**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.

**Clock Hours** – A period of time consisting of:

- i. A 50- to 60-minute class, 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 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.

**Competencies** – Specialized cognitive, psychomotor, and affective domains required for successful performance in a specific occupation.

**Contact Hours** – See Clock Hours.

**Core Course** – Program course directly related to the area for which the program credential is awarded. Core courses emphasize achievement of occupational objectives.

**Correspondence Education** – Education provided through one or more courses by an institution under which the institution provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructor. Interaction between the instructor and the student is limited, is not regular and substantive, and is primarily initiated by the student. Courses are typically self-paced. Correspondence education is not distance education. ABHES does not currently accredit correspondence courses.

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

**Credit Hours** – A credit hour is an amount of student work represented in intended learning outcomes and verified by evidence of student achievement, defined by an institution, as approved by the institution's accrediting agency or state approval agency, that is consistent with commonly accepted practice in postsecondary education that reasonable approximates:

- i. Not less than one hour of classroom or direct faculty instruction and a minimum of two hours of out-of-class work each week for a minimum of fifteen weeks for one semester or trimester hour of credit, or a minimum of ten weeks for one quarter hour of credit, or the equivalent amount of work over a different period of time; or,
- ii. At least an equivalent amount of work as required in this definition for other academic activities as established by the institution, including laboratory work, externships, clinicals, internships, practica, studio work, or other academic work leading to the award of credit hours; and

In determining the amount of work associated with a credit hour, institutions are permitted to consider a variety of delivery methods, measurements of student work, academic calendars, disciplines, and degree levels.

**Curriculum** – A program of courses fulfilling the requirements for a certificate, diploma, or degree in a particular field of study.

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

**Deferral** – An extension of time granted to an institution for consideration of its application for initial or renewed grant of accreditation, usually because of the Commission's need for additional information.

**Degree** – Credential awarded for successful completion of an academic program, normally at least two academic years in length.

**Diploma** – Credential awarded for successful completion of/or graduation from an academic program, generally less than two years in length and not providing a degree.

**Direct Instruction** – Academic approaches that are structured, sequenced, and overseen by faculty, including the presentation of educational content to students by faculty, such as in a synchronous or asynchronous lecture or demonstration.

**Direct Notice** – Notification provided to an individual on a one-on-one basis through an appropriate mailing or publication, including direct mailing through the U.S. Postal Service, campus mail, or electronic mail. Posting on a website alone is not sufficient direct notice.

**Distance Education (Distance Learning)** – A formal educational process that uses one or more of the following technologies listed below (i-iv) to deliver instruction to students who are separated from instructors and to support regular and substantive interaction between students and the instructor or instructors, either synchronously or asynchronously.

- i. the Internet
- ii. one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices
- iii. audioconferencing
- iv. other media used in a course in conjunction with any of the technologies listed in i.-iii.

**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.

**Distance Education Delivery System** – See Learning Management System (LMS).

**Eligibility Requirements** – Basic requirements that institutions/programs must meet for consideration by the Commission for accreditation (see Chapter II).

**Enrollment Agreement** – A contract between institution and student that sets forth the program in which a student is enrolled, fees, expenses, and payment plan for the program, and requirements of attendance at the institution (see Appendix D for requirements).

**Enrollment** – Official registration as a student in a program. For purposes of outcomes reporting, a student must start and complete at least 10 calendar days to be considered enrolled.

**Externship** – See Clinical Experiences.

**Faculty** – Qualified individuals who provide instruction.

**Faculty Records** – Required documentation for faculty members' files (see Appendix E, Section B for requirements).

**Financial Aid** – Monetary assistance that is available to assist students in meeting educational program costs (e.g., Workforce Initiative Assistance, Title IV funds).

**Foreign Education Equivalency** – Evaluation of a transcript from an institution located outside of the United States and its territories using an agency which attests to the qualitative and quantitative equivalency of the foreign education and the specific course or courses. 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, educational institutions, and employers (e.g., 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.

**General Education** – Those areas of learning which are deemed to be the common experience of all “educated” persons, including subject matter from the humanities, mathematics, sciences, and the social sciences. Examples of general education include, but are not limited to:

- i. Arts, Humanities and Communications – Art, music, history, philosophy, logic, foreign language, English, literature, communications, speech.
- ii. Behavioral and Social Sciences – Anthropology, psychology, sociology, economics, political science, geography.
- iii. Biological and Physical Sciences – Anatomy and physiology, biology, chemistry, physics, geology, astronomy.
- iv. Mathematics – Algebra, trigonometry, geometry, statistics, calculus.

No course may be designed as both general education and core in the curriculum.

General education courses directly applicable to the specific occupation are considered applied general education courses (e.g., medication math, psychology for health professionals, and business math). These applied courses satisfy the general education requirement for AOS degree programs.

**Generally Accepted Accounting Principles (GAAP)** – Standard guidelines for preparing audited financial statements, which include as a minimum: an Independent Auditor's Report, a balance sheet, an income statement, a statement of cash flows, a statement of owner's equity, and all appropriate footnotes and disclosures to the financial statements.

**Graduate Courses** – Courses taught at the master's degree level and identified as such in the course numbering system.

**Grant** – The accreditation provided to an institution or program.

**Grievance Procedure** – A documented procedure for addressing any complaints by students, faculty, staff, or the general public.

**Hybrid Course or Program** – See Distance Education (Blended)

**Institutional Grouping** – Encompasses all campuses within a grant of accreditation, which includes the main campus and any of its assigned non-main campuses and/or separate educational centers for institutionally accredited members. For programmatically accredited members, the term refers to all campuses within the same ownership structure offering the same ABHES approved program.

**Internal Clinical Experiences** – See Clinical Experiences.

**Internship** – See Clinical Experiences.

**Laboratory** – The facility/classroom where students are actively instructed while practicing skills/procedures presented in theory. Depending upon the content, a hands-on laboratory class may be taught on or off campus, in a simulated laboratory, or by using technologies outlined under the distance education definition in the Glossary.

**Learning Management System (LMS)** – A platform or software application for the administration and management of online distance education courses, activities, and resources. Also used in a general sense to refer to any system used to deliver distance education (Distance Education Delivery System).

**Lecture** – The theory or didactic portion of courses taught as part of a program.

**Lower Level Course** – Traditionally designated as freshman and sophomore level courses and identified as such in the course numbering system.

**Market Survey** – A study done of local business and industry to assess program need to include such things as employment opportunities, externship site availability, employee skill set requirements, equipment, and credentialing preferences for graduates.

**OSHA** – Occupational Safety and Health Administration, which provides safety regulations for operation of laboratories and clinical settings.

**Outcomes** – The information by which an institution measures its effectiveness.

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

**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.

**Postsecondary** – Education provided at a post-high school level.

**Practitioner** – An individual who is currently or recently directly engaged in a significant manner as a health-care related specialist. Depending on the nature of the practice, this definition may encompass designations such as medical assistant, medical laboratory technician, and surgical technologist.

**Preceptor** – An individual with professional expertise responsible for oversight of students on clinical sites. Preceptors hold current license, certification or other credential as required by local, state and/or federal laws to work in the field.

**Probationary Equivalent** – An action to issue a show cause directive or a program specific warning.

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

**Program Effectiveness Plan** – An internal quality assessment tool that is used for evaluating each program by designing strategies to improve performance within an institution.

**Public Member** – An individual who is not (1) An employee, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that is accredited by ABHES or has applied for accreditation, (2) a member of any trade association or membership organization related to, affiliated with, or associated with ABHES, or (3) a spouse, parent, child, or sibling of an individual identified in paragraphs (1) or (2) of this definition.

**Refund** – An amount of monies paid to the institution determined to be returned to appropriate agencies and/or students using institutionally or state defined policies.

**Religious Mission** – A published institutional mission that is approved by the governing body of an institution of postsecondary education and that includes, refers to, or is predicated upon religious tenets, beliefs, or teachings.

**Residential Delivery** – All coursework within a program is delivered at an approved on-ground location.

**Scholarship** – A financial grant which does not involve repayment by a student. Financial need may or may not be a consideration as criteria when applying for a scholarship award.

**Simulation** – A technique for practice and learning that imitates and replaces real experiences with guided ones that replicate aspects of the real world in a fully interactive fashion.

**Sponsor** – A higher education institution, hospital, training facility, consortium, partnership, government agency, or other entity that meets ABHES requirements for the initiation and management of an accredited program.

**Staff** – Non-instructional personnel employed by an institution.

**State(s)** – The 50 United States of America, including the District of Columbia and the U.S. Territories.

**Student Records** – An accumulation of school related documentation that is maintained throughout a student's enrollment (see Appendix E, Section A for requirements).

**Substantive Change** – An alteration in a program's mission, status within the larger academic setting, coordination, curriculum, or other areas, that is significant enough to alter compliance with standards or affect the ability of a program to maintain compliance (see Chapter III, Section B).

**Sustaining Fee** – Money required to be paid to an accrediting agency on an annual basis, generally based on the gross tuition collected by the institution.

**Syllabi** – See Appendix F for requirements.

**Synchronous Instruction** – Real-time instruction that allows for immediate response and interaction. Simultaneous participation of students and instructor, without constraints of location. ABHES does not require distance education students and instructors to interact in real-time.

**Teach-Out Agreement** – A written agreement between institutions that provides for the equitable treatment of students and a reasonable opportunity for students to complete their program of study if an institution, or an institutional location that provides one hundred percent of at least one program offered, ceases to operate before all enrolled students have completed their program of study.

**Teach-Out Plan** – A written plan developed by an institution that provides for the equitable treatment of students if an institution, or an institutional location that provides one hundred percent of at least one program, ceases to operate before all students have completed their program of study, and may include, if required by the institution's accrediting agency, a teach-out agreement between institutions.

**Terminal Degree** – The highest credential earned in an academic or professional discipline.

**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.

**Transcript** – The permanent educational record of a student's performance.

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

**Upper Level Course** – Traditionally designated as junior and senior level courses and identified as such in the course numbering system.

**Withdrawal** – (1) The termination of a student's attendance in class or in all classes before the end of a term. (2) An action by the Commission terminating an institution's accreditation when warranted for non-compliance with requirements.