

ACCREDITATION MANUAL

16th Edition

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

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Adopted 1981
by
the Commissioners of the
Accrediting Bureau of Health
Education Schools

Revised editions printed 1982, 1983, 1987, 1989, 1995, 1996, 1998, 2001, 2002, 2003, 2004, 2005, 2006, 2007,
2008, 2009

Effective 01/01/2010

A Message from Elsevier Health Sciences

We at Elsevier would like to thank ABHES for enabling us to facilitate the production of this manual. As the world's largest publisher of health education resources, Elsevier is committed to making genuine contributions to health and science communities, and any opportunity to further health careers education is especially appreciated.

We would also like to commend ABHES for its commitment to maintaining high standards for health education programs in today's changing health care world.

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The value of accreditation to health careers schools cannot be overstated, and we admire the lengths to which ABHES and other accrediting agencies have gone to ensure that high standards are uniformly held and followed.

Our gratitude goes out to those whose dedication has resulted in this manual.

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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 basic types of accreditation: **institutional** and **specialized** or **programmatic**. Accrediting bodies that conduct accreditation are national or regional in scope and ensure that institutions that have achieved accreditation continue to meet standards. 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 in order 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 technician, and surgical technology programs.

Non-accredited institutions and programs may well have high quality and standards. They cannot, however, provide a reliable, third-party assurance that they meet or exceed standards. Accreditation provides that assurance. The process requires 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 central governing group, the ABHES Commission. Periodic re-examinations are required to ensure that standards are maintained, areas needing improvement 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.

ABHES believes that the accrediting process is the most significant means of raising the standards of institutions and that the process not only provides significant benefits to the institutions, but to individual practitioners in the occupational fields. Ultimately, the public, the community, and the nation benefit from competently trained personnel.

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 institutions as a whole, including each of their programs, and those seeking new or renewed programmatic accreditation. The accrediting policies, procedures, and standards described in this manual represent careful study, research, and continuous analysis of the best validated concepts currently in use for accreditation throughout the nation, with adaptations to institutions and programs specializing predominantly in the allied health education professions.

CHAPTER I
GENERAL INFORMATION

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:

- To enhance the quality of education and training and promote institutional and programmatic accountability in the institutions and programs it accredits.
- 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.
- 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.
- To enhance employment outcomes through quality improvement of institutions and programs.
- 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 health education programs and the programmatic accreditation of medical assisting, medical laboratory technology, and surgical technology programs leading to a certificate, diploma, Associate of Applied Science, Associate of Occupational Science, or academic associate degrees and programs offered by distance delivery.

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 – Board of Commissioners

The Board of Commissioners (Commission) is composed of 11 commissioners, including a blend of educators, both academics and administrators, practitioners, and public members. Six of the commissioners are elected by institutional personnel representing institutions and programs accredited by the Commission and five of the commissioners are appointed by the Commission itself. At least two of the appointed commissioners are representatives of the public.

The composition of the Commission, the qualifications of the Commissioners, the process for selecting commissioners, their terms of office as 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. (See Appendix L, *Bylaws*)

Subsection 4 – Conflicts of Interest and Recusal

The Commission conducts its evaluation of institutions and programs in an objective and confidential manner. In order to ensure objectivity, impartiality, and integrity in the accreditation process, individuals involved in the ABHES accreditation process, including commissioners, evaluators, staff members, committee members, appeals panelists, and consultants will not be involved in considerations or evaluations of institutions or programs that constitute a conflict of interest. Additionally, such 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. It is the responsibility of each to identify to the ABHES executive director actual or potential conflicts of interest. The executive director, legal counsel, or the Commission will then determine whether the individual should be recused from review of an institution or program.

Examples of possible conflicts of interest include:

- Ownership of stock in the company or parent organization owning the institution.
- Current or prior service as an employee of, officer or director of, consultant to, or in a business or financial relationship with the institution.
- Competition in the same service area as the institution.
- Personal friendship other than a casual business relationship with owners, operators, or senior employees of the institution.
- 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 be used solely for the purpose of evaluating the institution or program's compliance with ABHES requirements. The individuals involved in the review (e.g., commissioners, evaluators, staff) 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. The Commission will, however, notify the Secretary of Education, state licensing agency, and other state regulatory agencies of an action to deny or to withdraw the accreditation of an institution or program simultaneously with the issuance of its notice of the action taken to the institution, even if the appeal process is not complete.

SECTION B – Policies Affecting Institutions and Programs

Subsection 1 – Disclosure to Governmental and Recognition Agencies

The Commission submits to the Secretary information regarding an institution's compliance with federal student aid program requirements if (1) the Secretary requests such information, or (2) the Commission believes (a) that the institution is failing to meet its Title IV program responsibilities or (b) is involved in fraud and abuse with respect to Title IV programs. Such notification from ABHES based on (2) (a) or (b) above will be referred to the appropriate Department of Education staff through the executive director. Prior to submitting information to the Secretary based on (2) (a) above, 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 Commission also provides automatically to the Secretary, the state approving agency, and the public, information on the following actions within 30 days of the date of the action:

- Initial and renewal grants of accreditation;
- Voluntary withdrawals or expirations of accreditation; and
- Final negative Commission actions, including those subject to appeal by an outside body.

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 and recognized accrediting agencies, and the public upon request, a brief statement summarizing the reasons for the negative action determination and the comments, if any, that the institution made with regard to the Commission's decision. In addition, the Commission notifies the Secretary of an action to deny or to withdraw the accreditation of an institution that participates in the federal student aid programs simultaneously with the issuance of its notice of the action taken to the institution, even if the appeal process is not complete.

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 all accredited institutions and programs, the Secretary, 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. 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:

- Continual emphasis on the development of well-defined, outcome-specific standards, focusing on multiple measures.
- Frequent objective evaluations of compliance, based upon information gathered and verified during routine on-site assessments and administrative reports.
- Comprehensive analysis of individual and group data to identify patterns of performance.
- 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 K, *Fees*)

Subsection 5 – Complaints

Complainants must first attempt to resolve concerns directly with an institution or program. If the grievance is not resolved on an informal basis, the next step is to follow the formal process outlined in the institution's or program's published grievance procedures. If after following all an institution's or program's formal grievance procedures a concern is still unresolved, the complaint may be submitted to ABHES. To submit a complaint, access the ABHES Complaint Form at www.abhes.org.

Within 15 business days of receipt by the ABHES office of a written and signed ABHES Complaint Form, a copy of the complaint and a letter requesting a response to the complaint are forwarded to the institution against which the complaint has been lodged. The complainant receives written notification from ABHES that the complaint has been received and processed for resolution.

An institution has a maximum of 30 business days from the date of the letter from ABHES to respond to the complaint. The institution must provide documentation and/or evidence relevant to the complaint in a manner which permits a clear analysis to be made. The Commission will consider carefully any complaints from recognized accrediting, state, or federal agencies.

The ABHES Complaint Committee reviews both the complaint and response and concludes one of the following:

- The complaint has been appropriately responded to and should be closed.
- Additional information is necessary for coming to a conclusion (a list of items is included in the letter to the institution).
- Due to the seriousness of the complaint, the Committee may recommend one of the following:
 - (i) A site visit (announced or unannounced) be conducted,
 - (ii) The complaint be reviewed by the Executive Committee for decision, or
 - (iii) A show-cause directive is issued, for consideration by the Executive Committee.

The recommendation from the Committee is then forwarded to ABHES for action. A detailed monthly report of the processing and outcome of complaints and investigations is made to the Commission. A hearing, in accordance with the due process procedures of ABHES (see Chapter III.D., *Other Reviews, Notification, and Reapplication*), is arranged if further recourse is required and/or if the situation warrants such action. All parties involved are notified of the final disposition of the complaint.

The Commission also considers any complaints made in writing against it, the accrediting agency. The executive director forwards complaints made against the accrediting agency itself within 15 days to the Executive Committee for action. If the complaint cannot be resolved to the satisfaction of the complainant by the Executive Committee, the Executive Committee will forward it to the full Commission within 15 days of receipt. The Commission's decision, due 15 days after receipt of the complaint, is final. The complainant is advised of the outcome of the Executive Committee's investigation within 60 days of receipt of the complaint by ABHES.

Subsection 6 – Third-Party Contracts, Transfer Credits, and Articulation Agreements

Third-Party Contracts

Third-party contracts refers to situations in which an institution or program arranges to have some portion of its services delivered by another party. This is distinct from transfer of credit, by which the institution or program recognizes coursework completed at another accredited institution. In the case of a third-party contract, the services provided, including any coursework, are treated as if the services had been provided directly by the institution or program.

An institution or program may contract with a third party to provide a portion of an educational program or to provide other management or services required by ABHES. All such instances must be approved by ABHES prior to implementation. The institution or program seeking approval must submit a proposal that identifies the third party and the services to be provided under contract, a copy of the proposed contract, and a statement indicating that the institution or program retains responsibility for compliance with all ABHES requirements.

For degree programs, no more than 49 percent of program credits or the recognized clock-hour equivalent may be provided by any third party. Minimally, 25 percent of the coursework provided by the institution or program accredited by ABHES must consist of core courses.

Transfer Credits

An institution or program may accept credits earned at another institution accredited by an agency recognized by the Secretary or the Council for Higher Education Accreditation (CHEA) to satisfy specific requirements for completion of a program. The institution or program must demonstrate that it has evaluated the coursework accepted for transfer 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.

As is provided elsewhere in this manual, programs and institutions must clearly state their transfer of credit policies, and they are encouraged to accept transfer credits as a means to promote academic mobility and to avoid requiring students to unnecessarily repeat equivalent, prior coursework.

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 Secretary or CHEA. 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 an articulation agreement are transfer credits and must meet all provisions regarding transfer credits. The institution or program receiving transfer credits 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. Articulation agreements are encouraged to provide opportunities for academic mobility. However, all transfer of credit provisions apply to credits received pursuant to articulation agreements.

Subsection 7 – 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

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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 an institution to apply for accreditation by the Commission and to remain accredited, it must have been legally operating and continuously providing instruction as an institution for at least the prior two years, during which time it must meet the following minimum criteria:

- It is (1) an institution in the private sector at the postsecondary level whose principal activity is education, (2) a hospital or laboratory-based training school, (3) a vocational institution, or (4) a Veterans Administration hospital, rehabilitation institution, or a federally sponsored training program.
- It is an educational institution that offers programs predominantly in the health education field. An institution meets this requirement if (1) 70 percent or greater of its full-time equivalent students are enrolled in health programs, or (2) 70 percent of its active programs are in the health education field, provided that a majority of an institution's full-time equivalent students are enrolled in those programs. A program is active if it has a current student enrollment and is seeking to enroll students.
- All of its programs are vocational in nature and are designed to lead to employment.
- It is located in the United States or its territories.
- It is properly licensed, chartered, or approved to provide education beyond the secondary level under the laws and regulations of the state or territory in which it is located.
- It has enrollment in the program(s) to be included in the grant of accreditation to allow evaluation of student outcomes.
- It has at least one graduating class from at least one program(s) currently offered to determine the overall educational effectiveness of the program(s) 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 and be considered for programmatic accreditation if it meets the following criteria:

- It is (1) a public or private institution at the postsecondary level accredited by an agency recognized by the U.S. Department of Education or Council on Higher Education Accreditation (CHEA) whose principal activity is education, (2) a hospital or laboratory-based training school, or (3) a program in a Veterans Administration (VA) hospital, a rehabilitation facility, or a federally sponsored Armed Forces program.
- Its program is vocational in nature and is designed to lead to employment.
- It is located in the United States or its territories.
- At the time of the visit conducted pursuant to II.A.4. of the *Accreditation Manual*, the program will have enrolled students who have completed at least 25 percent of the program to permit evaluation of basic program operations and of student progress, satisfaction, and retention.
- The coursework required for graduation, including didactic instruction and externship, provides the following:

(i) **Medical Assisting**

(1) attainment of entry-level competencies (see Program Requirements and Curriculum for Medical Assistants in Chapter VII), and (2) consists of at least a 24-week full-time program of training.

(ii) **Medical Laboratory Technology**

(1) attainment of entry-level competencies (see Program Requirements and Curriculum for Medical Laboratory Technology in Chapter VII), and (2) at least 60 semester credit hours, 90 quarter credit hours, or its recognized clock-hour equivalent (normally two academic years) of training.

(iii) **Surgical Technology**

consistency with the current Core Curriculum for Surgical Technology, produced by the Association of Surgical Technology (www.ast.org).

C. Eligibility Outside of ABHES Scope of Recognition

ABHES may accredit institutions and programs outside the scope of recognition by the Secretary of the United States Department of Education (Secretary). The principal difference between participation in accreditation activities within ABHES' scope of recognition is that accreditation under this section and outside that scope does not provide successful applicants 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 ABHES' scope of recognition by the Secretary.
- The Executive Committee shall determine and publish the specific policies and procedures for applications for accreditation that are outside ABHES' scope of recognition, including specific limits on eligibility and fees for accreditation.
- 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.
- 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.

Subsection 2 – Application Process

If an institution or program believes it meets the applicable eligibility criteria and it desires to be accredited, it may begin the process by completing the required application, including the submission of necessary documents outlined in the application.

The application process includes workshop attendance, completion of a Self-Evaluation Report, visitation by an evaluation team, and Commission consideration. Only institutions seeking institutional accreditation must undergo a preliminary site visit, submit an audited financial statement prepared by an independent certified public accountant prior to consideration by the Commission as a means of assessing an institution's financial capability (see Chapter IV.B.1. Also, refer to Chapter III.A., *Application, Evaluation, Approval Process, and Recordkeeping*, for additional information on the application process.)

An applicant must report any current, previous, or final action of which it is the subject, including probationary status, by a recognized accrediting agency or state agency potentially leading to the withdrawal, suspension, revocation, or termination of accreditation or licensure. Action on the application will be stayed until the action by the other accrediting agency or state agency is final. A copy of the action letter from the agency must be included with the application. Further, the institution must provide evidence of compliance with ABHES requirements and standards relative to the action.

SECTION B – Classifications of Facilities

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

Subsection 1 – Main Campus

An institution includes its main, non-main, and satellite campuses, and separate classrooms. The main campus of an institution holds the accreditation for all of the locations where education is offered. All non-main campuses have their educational offerings included in the grant of accreditation of the main campus.

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

Subsection 2 – Non-Main Campus

A non-main campus meets the following requirements:

- It is within the same ownership as the accredited main campus.
- It offers at least one complete program leading to an occupational objective. It may offer programs not offered at the main campus.
- It has documented legal authorization to operate in the state where the non-main campus is located.
- It is described as a non-main campus in a common catalog.
- It uses the same name as the main campus.

Subsection 3 – Separate Classroom

A separate classroom meets the following requirements:

- Staff is limited primarily to instruction.
- Administration is from the main or non-main campus to which it is assigned.
- A complete program of instruction is not provided to ensure students spend an adequate amount of time at the main or non-main campus to avail themselves to the administrative, student, and educational services offered by the institution.
- All permanent records are maintained at the main or non-main campus.
- It has a different address from the main or non-main campus and is within customary and reasonable commuting distance of that campus. If the classroom is within reasonable walking distance, it is considered a part of the main or non-main campus.

Subsection 4 – Satellite Campus

A satellite campus meets the following requirements:

- It is licensed or otherwise approved by the appropriate state regulatory body.
- It offers only one complete program of study.
- It falls within main or non-main campus authority.
- It is located at a different address from that of the main or non-main campus.
- It provides all services that are offered at the main or non-main campus.
- It maintains permanent student records at the main or non-main campus that are readily accessible to the satellite campus and students.

CHAPTER III
GENERAL PROCEDURES

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 December 31 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 third parties the opportunity to comment on any institution's or program's application for a renewed grant of accreditation by publishing a list of institutions and programs scheduled for evaluation at least one year in advance of such evaluation.

Subsection 1 – Requests for Information and Preliminary Visits

Written materials concerning accreditation criteria, policies, general procedures, 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 request information and necessary application instructions from ABHES. An interested institution communicates as necessary with ABHES staff to become sufficiently informed.

Officials of the institution review accrediting documents and file a formal Application for Accreditation with the required application fee (Appendix K, *Fees*). The application fee is non-refundable and is valid for a period of two years from date of application. The chief executive officer of the institution must sign the application.

Upon acceptance of the application, an ABHES representative visits the applicant institution to discuss the accrediting philosophy, procedures, information/data requirements, and to evaluate the degree to which an institution currently complies with ABHES standards. While no fee is associated with a preliminary visit, the institution bears all expenses of the visit. A preliminary visit is mandatory for all new applicants for institutional accreditation.

Based upon the findings and conclusions of a Preliminary Visitation Report, one or more of the following actions will be taken:

- an institution is permitted to submit its Self-Evaluation Report in preparation for a full team visitation;
- an institution is directed to supply additional information prior to the submission of its Self-Evaluation Report; and/or
- another preliminary visitation will be required prior to submission of the Self-Evaluation Report.

If an institution is deemed unprepared to continue in the application process following a second preliminary visitation, the institution may not reapply for a period of at least 12 months, at which time a new application must be submitted with the appropriate fees.

Institutions seeking programmatic accreditation must follow the same application procedures as institutional applicants, with the following exception: programs offered at institutions holding institutional accreditation by an accrediting agency recognized by the U.S. Department of

Education or the Council for Higher Education Accreditation will not be required to undergo a preliminary visit.

Subsection 2 – Self-Evaluation Report and Analysis

The purpose of a Self-Evaluation Report is to:

- provide an institution or program an opportunity to describe and evaluate its educational processes in rigorous detail;
- allow an institution or program to take necessary corrective action to improve its organizational efficiency and the quality of educational instructional services;
- ensure an institution or program is properly oriented and prepared for evaluation; and
- provide a visitation team and the Commission with a complete and accurate description of all facets of an institution's or program's operation.

To accomplish these purposes, instructions for completing a Self-Evaluation Report are supplied for the convenience and assistance of staff members and executives charged with the responsibility of coordinating preparation of a Self-Evaluation Report. Information provided in a Self-Evaluation Report must be accurate, thorough, and fully documented. A Self-Evaluation Report, as is required for an application, must be signed by the chief executive officer. Additionally, an institution must complete an Updated Information Report, which is provided by ABHES prior to the evaluation visit to identify any changes that may have occurred since the submission of the Self-Evaluation Report.

A Self-Evaluation Report is a core component of the accreditation process. In preparing a Self-Evaluation Report, an applicant institution involves broad participation from all appropriate constituencies. This participation includes the chief executive officer, site administrator, program or education director(s), instructors, students, graduates, employers, consultants or advisors, and other appropriate constituents in the local community, including advisory board members.

An institution must forward a Self-Evaluation Report as instructed to ABHES. A Self-Evaluation Report is confidential, restricted primarily to commissioners, staff members, consultants, and visitation team members. The Commission may share the content of a self-evaluation document if required by law, if it is in the best interest of an institution and accrediting agency, or as a means of cooperation with another regulatory agency.

Failure to submit a **complete** Self-Evaluation Report in a timely manner will delay consideration of an institution's application for initial or renewed accreditation by the Commission.

Subsection 3 – Accreditation Workshop Attendance

A representative from each campus seeking an institutional or programmatic initial or renewal grant of accreditation is required to attend an accreditation workshop prior to submission of a Self-Evaluation Report and an on-site team visit. The individual(s) designated to attend the workshop is/are directly involved in the accreditation and self-evaluation process, (e.g., school director, director of education, or program coordinator). In cases where the designated workshop attendee is no longer employed by the institution, a second individual with direct involvement must be appointed to fulfill those responsibilities and attend the accreditation workshop within 12 months of the position change and preferably prior to an institution undergoing an on-site team visit. Failure to evidence attendance at an ABHES accreditation workshop will result in an incomplete Self-Evaluation Report and delay consideration of an institution's application for initial or renewed accreditation by the Commission.

Subsection 4 – Visitation Teams

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

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

- Instructs team members regarding their duties.
- Provides each team member with necessary ABHES visitation materials.
- Instructs the institution to provide its Self-Evaluation Report and other data required to ABHES and the visitation team.
- Assists in travel logistics and secures hotel accommodations for the visitation team.
- Orients the team as a group prior to the visit, or individually as required, concerning visitation procedures and reporting.
- Ensures the completion of the Visitation Team Report(s).

Visitation team members have been deemed by ABHES to be 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 visitations.

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

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

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

Subsection 5 – Post-Visit Procedures

A copy of the Visitation Team Report is sent to an institution or program within three weeks of a visit. The institution or program is afforded, not less than three weeks from the date of the cover letter to the written report, an opportunity to comment and submit any additional written materials it wishes to place before the Commission in response to the report.

A committee of experienced evaluators, former commissioners, and other specialists known as the Preliminary Review Committee reviews all information relative to an application and makes recommendations to the Commission. The Preliminary Review Committee meets several weeks prior to each Commission meeting to review the visitation report, institution's response, and other materials related to the application. ABHES then forwards all information to the Commission, together with the Committee's analysis of these materials and recommendation.

Subsection 6 – Commission Review

The following are forwarded to the reviewing commissioners prior to a Commission meeting: an institution's Self-Evaluation Report; the Visitation Team Report; the response of the institution to the visiting team's report; 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 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 prime reviewer assigned to each institution's or program's application. The executive director notifies an institution or program in writing of the Commission's decision, normally within 30 days of the meeting.

Subsection 7 – Teach-Out Requirements

The Commission may direct an institution or program to provide a teach-out plan in response to a show-cause directive, adverse action, low retention, required credentialing, and/or placement rates, or financial or other concerns that may call into question an institution's or program's ability to continue to serve its students adequately.

An ABHES-accredited institution or program ceasing operation must promptly demonstrate to ABHES that it has conformed to the following procedures:

- Notification to the Commission and to all state, federal, and other concerned agencies regarding the specific circumstances and timetables relative to the cessation.
- Cooperation with all agencies to facilitate the teach-out of students in accordance with their academic needs.
- Implementation of measures designed to ensure that academic, financial, and other records will be made available to facilitate proper handling of necessary documents for students in a teach-out situation.
- Coordination with state or local agencies for repository and maintenance of students' records.

If an ABHES-accredited institution or program enters into a teach-out agreement with a third party, the agreement must first be submitted to ABHES for its approval based on the following requirements:

- The agreement is between institutions or programs that are accredited by an agency recognized by the U.S. Department of Education or the Council for Higher Education Accreditation.
- The teach-out institution or program has the necessary experience, resources, and support services to provide an educational program that is acceptable in quality, comparably and reasonably similar in content, structure, and scheduling to that provided by the institution or program ceasing operation.
- Students are provided, without additional charge, instruction promised at the time of application by the institution or program enrolled in prior to cessation or operation, assuming tuition is fully paid.
- Students are advised of their rights and opportunities for teach-out, transfer, and refunds.
- The institution or program providing the teach-out is in close geographic proximity to the institution or program ceasing operation.

Special consideration by the Commission will be given to accredited institutions and programs teaching out other institutions and programs, and necessary approvals will be expedited.

To the extent feasible, ABHES works closely with the U.S. Department of Education, the Council for Higher Education Accreditation, other accrediting agencies, and applicable state licensing and other regulatory agencies to ensure all students are effectively taught out or have been provided necessary alternative assistance.

Institutions accredited by ABHES and entering into a teach-out agreement may only teach out those students from the institution or program ceasing operation and may not enroll new students unless the program has been formally included in the institution's grant of accreditation.

Subsection 8 – Interim Reviews and Visits

The Commission may request reexamination or written information from an institution at any time it deems necessary. Announced interim visits are conducted regularly as a means of assisting institutions and programs in continued compliance with ABHES requirements. Unannounced visits are conducted by ABHES as deemed necessary.

Subsection 9 – Recordkeeping

ABHES uses an electronic receipt and storage system for much of its accreditation activities. It retains indefinitely all electronic records of institutions and programs that it accredits. Institutions and programs are required to submit both an electronic and hard copy of materials to ABHES. In the case of older, non-electronic documents, ABHES retains records of its presently accredited institutions and programs, including the following:

- Its last two full accreditation reviews including all exhibits to Self-Evaluation Reports, Team Visitation Reports, institution or program responses to Team Visitation Reports, Periodic Review Reports, and any reports of special reviews conducted by ABHES between regular reviews, and
- All accrediting actions.

Subsection 10 – Maintaining Accreditation

To remain in an accredited status with ABHES, institutions and programs must respond to Commission directives, including responses to visitation reports, payment of fees (see Appendix K, *Fees*) or visit expenses, and submission of documents, including the complete Annual Report, supporting documentation, and financial statements. Failure to respond to directives by deadline dates identified by the Commission will result in a show-cause directive or withdrawal of accreditation.

Institutions accredited by ABHES must submit 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) on an accrual basis.

Note that 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).

SECTION B – Institutional Changes

Subsection 1 – Substantive Change

A. Reporting substantive change

Depending on the substantive change, ABHES requires either the submission of an application and fee or written notification. Visit www.abhes.org and link to “Applications.” Each application identifies the notification requirement and fee.

Substantive changes include the following:

Note: * does not apply to programmatic accreditation

- a. change in the established mission or objectives of an institution or objectives of a program;
- b. A change or expansion in method of delivery, including distance education, from that previously offered and approved;
- c. Awarding a higher level of credential than currently approved (e.g., diploma to degree);
- d. change in program length;
- e. addition of a separate classroom space;
- f. change of location;
- g. change in legal status, ownership, or form of control;
- h. change in method of academic measurement;
- i. change of name of controlling institution;

- j. a negative action, including probation, placed upon an institution or program by a recognized accrediting agency, state licensure body, or federal regulatory agency;
- k.* addition of new program;
- l.* change from non-main to main campus;
- m.* addition of non-main campus; and
- n.* satellite campus.

Institutions and programs are reminded that ABHES must receive prior notification of any educational activity undertaken, including the offering of non-Title IV or contractual programs.

During an institution's or program's first year of accreditation and for institutions or programs under a show-cause directive or negative action, prior approval from the ABHES Executive Committee for the acceptance of any substantive change application must be received. 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.

B. Evaluation of substantive change

Upon review of an institution's or program's submission, the Commission notifies an institution or program in writing of the action taken. Following approval of the application for substantive change, the following applications require a site visit, normally within six months, and final action by the Commission:

Note: * does not apply to programmatic accreditation

- a. change in legal status, ownership, or form of control;
- b. a change to a higher level credential than currently approved (e.g., diploma to degree);
- c. change in the established institutional mission or objectives of the institution or program;
- d. change or expansion in method of delivery from traditional to distance education (see Appendix H, *Distance Education*);
- e. addition of a separate classroom;
- f. change of location;
- g.* addition of a non-main campus;
- h.* addition of a program(s) outside of health education; and
- n.* satellite campus

The verification site visit to assess an institution's or program's understanding of requirements to change delivery method or to offer a degree is required only the first time an institution or program applies for such a change.

While ABHES regularly shares information relative to its accreditation actions with other regulatory agencies, it is an institution's responsibility to ensure it has reported all changes and actions to the U.S. Department of Education and appropriate state licensing agencies.

Subsection 2 – Program Modifications, Discontinuations, and Additions

Modifications in an institution's or program's academic offerings require observing the following procedures for reporting to the Commission:

Note: * does not apply to programmatic accreditation

A. Notification

The following modifications to a program require prior written notification to ABHES. Institutions and programs should be aware that review by ABHES may take up to six weeks; thus, timely notification is necessary so that changes are approved prior to implementation.

- a. A revision of under 25 percent of program content (total hours or courses)
- b.* The discontinuation of a program(s) (defined as any program that has not been in operation for a continuous 12-month period)

B. Revised program application

A modification to 25 to 49 percent of program content (total hours or courses) requires submission of an Application for Program Revision.

C. New program application

The following modifications to a program require prior submission of an Application for New Program Approval:

- a. A modification from a currently approved program to a higher degree
- b. A modification to 50 percent or more of program content (total hours or courses)
- c.* The addition of a new program, or reactivation of a discontinued program

A non-degree-granting institution or program seeking approval for the first time to add a degree program(s) must undergo a verification visit within six months of program approval.

D. Change in Delivery

Completion of the Application for Change in Method of Delivery is required for the addition of a distance education component to a currently approved program.

For those institutions or programs applying for the first time to offer program(s) by distance education (not approved and evaluated previously by ABHES to offer by distance delivery), a verification visit is conducted by a distance education specialist within six months of approval. The verification visit is used to ensure early on that the institution has in place what is necessary to deliver effectively by distance learning.

It is the responsibility of an institution to make appropriate notification of program modifications to local, state, and federal entities. If a program must be approved by a state before it can be offered, an institution or program obtains state authorization to offer the degree prior to applying for Commission approval. In cases where accrediting standards and state regulations differ, the more stringent apply.

Subsection 3 – Addition of Non-Main or Satellite Campus

An institution must submit to ABHES an Application for Non-Main Campus Inclusion or an Application for Satellite Campus Inclusion, which includes a business plan for the addition of a non-main campus or satellite campus.

Upon receipt and review of these documents, action is taken to 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 students begin instruction. In all cases, the verification visit will be conducted within nine months of the approval of the campus inclusion, or reapplication is required. The results of the verification visit are made available to the Commission at its next meeting.

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

The Commission reserves the right to require an on-site evaluation of the main campus and the proposed non-main or satellite campus prior to the inclusion of the campus. An institution may not file more than one application for a non-main or satellite campus within a 12-month period.

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

If an owner with no prior accreditation history with ABHES acquires a main campus that is ABHES-accredited, the school cannot apply for a non-main or satellite campus until a 12-month period of ownership has transpired.

A new non-main or satellite campus may be included within a main campus's grant of accreditation without the prior two-year operational period required of a new institution.

Subsection 4 – Separate Classroom(s)

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

An institution may not have more than one separate classroom assigned to any one campus (main or non-main) and no more than one per program for programmatically accredited members. If additional separate classroom(s) is/are necessary, documentation demonstrating need and administrative capabilities must be submitted to the Commission and approved prior to the submission of an application and use of the facility.

Subsection 5 – Change from Non-Main to Main Campus

A non-main campus may seek reclassification as a main campus under the same conditions and procedures required of any new applicant for institutional accreditation. Institutions seeking reclassification should be aware that reclassification might affect their eligibility to participate in federal student aid programs.

Subsection 6 – Change of Location

An institution or program must submit a completed application to ABHES of a change in location at least 15 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 7 – Change in Legal Status, Ownership, or Form of Control

An institution or program must advise 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. 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:

- Sale of an institution or the majority of its assets.
- Transfer of controlling interest of stock of an institution or its parent corporation.
- Merger of two or more eligible institutions.
- Division of one or more institutions into two or more institutions.
- Transfer of controlling interest to a parent corporation.
- Transfer of liabilities of an institution to its parent corporation.
- Change of 50 percent or more in board members within a 12-month period.
- Change in status from profit to non-profit, or vice-versa.

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.

Accreditation is not automatically transferable with a change in control; therefore, the institution's grant of accreditation is suspended on the date when a change in control occurs. A **complete** application for approval of the change in ownership/control must be submitted to the Commission within 30 days of the close of the transaction.

Based on a completed application, the Executive Committee of the Commission has the ability to approve the change of control. Once reinstated, there is no hiatus of accreditation and approval is retroactive to the date of purchase. Only the full Commission can defer or deny an application. An on-site visitation to an institution will be made within six months after Commission approval of a change in control.

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 8 – Change in Method of Academic Measurement

An institution or program seeking to change its method of academic measurement must submit the appropriate application prior to a change taking place. The institution or program must adhere to the conversion methodology described in Chapter IV.G.2.

Subsection 9 – Change of Name

An institution or program must submit the appropriate application at least 15 days prior to initiating the change.

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:

- Self-Evaluation Report;
- Team Visitation Report(s);
- Institution's Response to Team Visitation Report(s); and
- 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 can 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, licensing, or employment rates fall below 70 percent, or below the reported average on an institution's annual report. Alternatively, the Commission may at its discretion provide an opportunity for the institution or program to bring itself into compliance within a time period specified by the Commission. That time period will not exceed:

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

Subsection 1 – Grants

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 eight years.

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.

Subsection 2 – Deferrals

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 does not have sufficient information upon which to make a final accreditation decision. A deferral is not a negative action and is not appealable.

Subsection 3 – Show Causes

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. Such 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 be present at the next meeting of the Commission.

Prior approval from the ABHES Executive Committee for the acceptance of any substantive change application (see Chapter III.B.A., *Reporting Substantive Change*) from an institution under a show-cause directive is required. 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 4 – Withdrawals

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 with requirements set forth in the *Accreditation Manual* as follows:

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

The Commission has no obligation to require an institution or program to show cause why its accreditation should not be withdrawn before acting to withdraw accreditation.

An institution or program that has had its accreditation withdrawn may not reapply for accreditation until a period of one year has elapsed since the Commission's action letter. An applicant institution

or program will be treated procedurally and substantively as if it is a new applicant for accreditation. A withdrawal action is appealable to the Appeals Panel.

Prior approval from the ABHES Executive Committee for the acceptance of any substantive change application (see Chapter III.B.A., *Reporting Substantive Change*) from an institution or program under appeal is required. A request for acceptance of the application must include justification for the change and its effect on the institution's or program's operation.

Subsection 5 – Denials

An application for an initial or renewal grant of accreditation will be denied if the Commission believes that the institution or program has had the opportunity to demonstrate compliance with the eligibility criteria, procedural requirements, or accreditation standards but has failed in that task. Any reapplication is subject to the provisions of Chapter III.D.4., *Reapplication*.

An institution or program denied accreditation may not reapply for accreditation until a period of one year has elapsed since the Commission's decision and will be treated procedurally and substantively as if it is a new applicant for accreditation. A denial action is appealable to the Appeals Panel.

Prior approval from the ABHES Executive Committee for the acceptance of any substantive change application (see Chapter III.B.A., *Reporting Substantive Change*) from an institution or program under appeal is required. A request for acceptance of the application must include justification for the change and its effect on the institution's or program's operation.

Subsection 6 – Relinquishments

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

- It loses its state approval to operate.
- The Commission receives, and formally accepts, written notification from the chief executive officer of the institution or controlling entity for the program that it voluntarily relinquishes accreditation.
- It ceases operation.

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

Subsection 1 – Review of Actions by Other Oversight Agencies

Institutions and programs applying for accreditation or currently accredited by ABHES must advise ABHES immediately of any adverse or potentially adverse action, including a show-cause directive or placement on probation, by another oversight agency, including a recognized accrediting agency or state licensing body.

The Commission will not renew or initially grant accreditation to an institution or program that has had its licensure or accreditation denied, withdrawn, suspended, revoked, terminated, or placed on probation by another oversight agency unless the institution or program can provide a thorough explanation demonstrating to the Commission that the previous action by a recognized accrediting agency or the state does not preclude an ABHES grant of accreditation consistent with ABHES accreditation standards and procedures. Further, a currently accredited institution or program that has had a final negative action (as described above) imposed on it, will be directed to show cause why its current grant of accreditation should not be withdrawn. The Commission conducts a prompt review to determine if an adverse action should be taken.

Subsection 2 – Notification of Actions

The Commission provides within 24 hours written notice of a decision to withdraw, deny, or relinquish the accreditation of an institution or program. Further, the Commission will submit a copy of the letter describing the action and the reasons for that action (including initial and renewal grants, denials, withdrawals, relinquishments, and lapses of accreditation), simultaneously with notification to an institution or program, to the Secretary of Education, the applicable state licensing agency, other applicable state agencies, and the public, upon request transmittal. The Commission will give affected institutions or programs the opportunity to comment on the action and these comments will be forwarded to the appropriate agencies. Notwithstanding the foregoing, the Commission reserves the right to promptly disclose to third parties or to the general public Commission action denying or withdrawing the accreditation of an institution or program, whether or not the action is subject to appeal.

Subsection 3 – Publication of Accredited Institutions and Programs

ABHES posts on its website (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 reapply 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.

SECTION E – Appearances, Hearings, and Appeals

Subsection 1 – Show Cause Orders

If the Commission issues an order requiring an institution or program to show cause under Chapter III.C., *Commission Actions*, the institution or program has the opportunity to respond to the show-cause order 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 order.

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 K, *Fees*) and be present before a panel of commissioners who make a recommendation to the full Commission. The hearing is recorded.

Subsection 2 – Appeals to the Appeals Panel

If an institution or program appeals a final decision by the Commission not to grant or continue accreditation in accordance with the procedures outlined, the institution's file becomes the responsibility of an Appeals Panel. An institution or program remains in an accredited status while its appeal is pending. An institution or program 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 only affirm the prior decision of the Commission or remand the case to the Commission for further consideration. Should a decision be remanded to the Commission for further consideration, the Appeals Panel may make recommendations in its report to the Commission. The Commission is not bound by any recommendations that may be made by the Appeals Panel.

If the Commission takes action withdrawing accreditation or denying initial accreditation or re-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 licensing agency and other regulatory bodies of the action, as it is considered a final Commission action and is published publicly.

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

An institution or program may appeal the action of the Commission by submitting within 10 calendar days of the date of the action letter (1) a written notice of intent to appeal to the Commission, and (2) the appeal fee plus an Appeal Hearing expense deposit (see Appendix K, *Fees*). Following receipt of the appeal request, ABHES will modify the language in the public notification of the negative action to indicate the Commission's final action is under appeal.

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

The executive director will submit a list of six candidates to the institution or program in advance as the group from which the three-member Appeals Panel will be selected. This list shall be drawn from a pool of candidates possessing knowledge of accreditation purposes and procedures, such as health institution administrators and educators; public members from industry, government, and education; former commissioners; or experienced accreditation staff from other agencies. Care will be taken to avoid individuals with potential conflicts of interest.

An institution, within 10 calendar days of the letter, may strike up to two persons from the list, in the case of potential conflict of interest, which must be explained in writing to ABHES. Following final consideration, the executive director will finalize the composition of the Appeals Panel, including designating the chairperson. An alternate Appeals Panel member will be selected from those remaining individuals for each appeal proceeding in the event of a cancellation. The alternate will receive all information provided the Appeals Panel and be involved in all communication leading up to the appeal hearing.

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 and Decision 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 supportive 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 otherwise 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.

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. Ordinarily, the Appeals Panel may consider only evidence previously submitted to and considered by the Commission. However, the institution or program may request that the Panel consider evidence not previously considered by the Commission if it can demonstrate to the Appeals Panel that such new evidence was not available to the institution or program at the time of the Commission's decision. The request to introduce new evidence that was not before the Commission must be submitted not later than 14 days prior to the hearing date, must confirm that the evidence addresses facts in existence at the time of the Commission action and must include an explanation why this evidence was unavailable to the school previously and could not be presented for consideration at the time of Commission's action.

The Appeals Panel will decide whether to allow the request in accordance with the requirements set forth above and the institution or program will be advised of its decision prior to the hearing. If new evidence is submitted to the Appeals Panel and the Panel determines that such evidence shows or suggests that the Commission's decision should be reconsidered, or if the Appeals Panel otherwise determines that reconsideration is warranted, the Appeals Panel may remand the matter for further Commission consideration and action and must clearly identify in its report the acceptance of new information not previously considered by the Commission in its action.

g. Decision of the Appeals Panel

If the Appeals Panel affirms the prior decision of the Commission, there is no further remedy available to the institution or program within these procedures. The Commission action that prompted the appeal will be considered effective and final if the Appeals Panel acts to affirm the decision made previously by the Commission.

If the Appeals Panel remands the matter back to the Commission, the matter shall be deemed to be finally disposed of when the Commission takes final action on remand.

The Appeals Panel's decision must have the concurrence of the majority of the Panel. Dissenting opinions may be filed.

h. Commission Receipt of Appeals Panel Decision to Remand

Should the Appeals Panel remand the matter back to the Commission, the Appeals Panel will submit a report to the Commission based on its review within 15 calendar days of the hearing. The report will then be considered and acted upon by the Commission.

i. Notification

The Commission will provide the chief executive officer of the institution or controlling entity for the program with a written decision on the appeal and statement of specifics supporting that decision. The action, whether or not subject to remand, is considered effective within 10 days of the final written action from the Commission.

The Commission will notify the Secretary of Education and the relevant state licensing 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

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EVALUATION STANDARDS APPLICABLE TO INSTITUTIONALLY ACCREDITED MEMBERS

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

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

In order to receive and maintain a grant of institutional accreditation, an institution must:

1. Demonstrate compliance with all ABHES accreditation standards; and
2. Demonstrate that each educational program offered at the institution complies with the evaluation standards that apply to all programs set forth in Chapter V; and
3. Demonstrate that each educational program offering a degree complies with the evaluation standards set forth in Chapter VI; and
4. Demonstrate that each educational program offered in a field for which ABHES has established additional program-specific standards is in compliance with those standards. Program-specific standards are identified in the Table of Contents as additional chapters applying to particular programs.

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

SECTION A – Mission and Objectives

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

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

SECTION B – Financial Capability

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

The financial well-being of an institution requires regular oversight by management. There is demonstration that revenues and assets are available to meet the institution's responsibilities, including continuity of service and the accomplishment of overall educational objectives.

IV.B.2. An institution demonstrates that it meets the minimum current ratio, profitability, and net worth requirements.

Minimally, an institution's financial statements evidence the following:

- a. A ratio of current assets to current liabilities that is at least 1:1 for the most recent operating year;
- b. A history of operating surpluses for the most recent two years; and
- c. A positive net worth for its most recent operating year (i.e., total assets which exceed the institution's total liabilities).

SECTION C – Administration (“Administrator”) and Management

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

IV.C.1. The 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 standards of accreditation, and overall quality of curricular offerings.

The Administrator is:

- a. Responsible for the daily operation of an institution.
- b. Qualified to perform the duties of the position.
- c. Engaged in professional development activities that complement the operations of the institution.
- d. Implement policies and procedures in keeping with the mission and scope of the institution, accreditation standards, and other regulatory requirements.
- e. On-site administrators or designated representative responsible for the daily operation of an institution are required to attend an ABHES Accreditation Workshop in compliance with Chapter III.A.3.

IV.C.2. Administrative and management personnel are qualified for their positions.

Minimally, each campus evidences the following:

- a. Administrators and managers evidence training and management skills through experience and/or education to fulfill their responsibilities and functions.
- b. Administrators and managers are responsive to the needs and requirements of faculty, staff, and students.

IV.C.3. Management demonstrates integrity in the execution of its duties.

Management personnel:

- a. ensure that educational activities, admissions, student financial aid, plant and equipment, and student services are conducted in compliance with all applicable accreditation standards.
- b. assume full responsibility for the recruitment of its staff and their actions in the execution of their job-related responsibilities and provides each with training, supervision, and evaluation.
- c. ensure continued compliance with applicable local, state, and federal laws.

IV.C.4. Clerical and other support staff are available to support the institution's operations.

SECTION D – Compliance with Government Requirements

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

SECTION E – Advertising and Enrollment Practices

Subsection 1 – Advertising

IV.E.I.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:

- a. clearly indicate that education, not employment, is being offered
- b. use the correct name and address of the institution (A post office box number is not acceptable as an address.)
- c. correctly reference 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:

- a. Offer programs of instruction at “reduced tuition” from what is in fact marked up or fictitious tuition.
- b. Make offers of scholarships or partial scholarships in such a manner as to deceive students or prospective students without providing specific detailed eligibility requirements.
- c. Emphasize financial aid as the focal point.
- d. Use so-called “blind” advertisements that may be considered misleading and contrary to the ethics of an accredited institution.
- e. Use “Employment” or “Help Wanted” classifications.
- f. Represent any service as “free” when in fact such service is regularly included as part of the program of instruction.
- g. Use exaggerated or unsubstantiated claims.
- h. Make inaccurate representations about competitors.
- i. 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.
- j. Falsely represent the character or scope of any program of instruction, service offered, or its transferability of credit.
- k. 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.
- l. Advertise unapproved programs. Only those programs approved by ABHES may be included in an institution’s advertising, publications, or other promotional materials. Programs or courses excluded from ABHES accreditation, in accordance with the policy described in Chapter IV.G.1 are clearly identified as non-ABHES accredited.
- m. Advertise a non-accredited campus together with an ABHES-accredited campus.

IV.E.1.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 statement “Accredited by the Accrediting Bureau of Health Education Schools,” “ABHES Accredited,” or “Accredited by 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 nor the expectation of accreditation.

Subsection 2 – Recruiting

IV.E.2.a. Recruiting 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.2.b. Recruiting representatives present accurate information in an ethical and responsible manner.

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

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

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

IV.E.2.c. Recruiting representatives meet all applicable regulatory requirements.

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

IV.E.2.d. An institution does not provide a commission, bonus, or other non-token incentive payment based directly or indirectly on success in securing enrollments of U.S. citizens.

Subsection 3 – Admission Practices

IV.E.3. 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, including testing, advanced standing, experiential learning requirements, and transfer of credit. Remedial courses and refresher courses are not considered for credit. When accepting students, reasonable assurances

are made that applicant qualifications and background are compatible with institutional and curricular objectives to ensure the likelihood of student success.

Applicants are beyond the age of compulsory institution attendance in the state in which the institution is located and can be reasonably expected to benefit from the training offered by the institution. Institutions that accept non-high school graduates (ability-to-benefit students) must meet the additional requirements of Appendix A, *Enrollment of Ability-to-Benefit (“ATB”) Students*.

The evidence of high school graduation or its equivalent 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 information relative to ATB student admission is submitted prior to enrollment. Institutional admissions requirements meet the same 30-day requirement.

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 E, Enrollment Agreements.

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

Subsection 5 – Catalog

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

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

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

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

A catalog may be either bound or delivered electronically. A bound 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 stated in an institution's catalog and addendum as applicable and enrollment agreement.

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

Students admitted under similar circumstances are charged consistently.

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

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

Subsection 2 – Collection Practices and Procedures

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

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:

- a. 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.)
- b. 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.
- c. 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.

- d. 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.
- e. 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).
- f. 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 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. All programs are approved by the Commission.

The grant of institutional accreditation includes all programs that are vocational in nature and are designed to lead to employment. Substantive (as defined by Chapter III.B.) changes in these programs or the addition of new programs have been approved by the Commission prior to their implementation.

Institutions offering courses or short-term programs not leading to an occupational objective are not included within the scope of an institution's grant of accreditation.

Those offerings thus excluded are also subject to the following limitations:

- a. All advertising and publications (e.g., catalog) referencing ABHES accreditation clearly state that such excluded programs or courses are not included within an institution's grant of accreditation.
- b. Courses are not being combined with other excluded courses to circumvent accreditation requirements and/or those of other governmental bodies.
- c. An institution offering a Vocational English as a Second Language program (VESL), must also meet the requirements of Appendix I, *Vocational English as a Second Language*.

IV.G.2. Standard academic conversion methodology is applied in calculating and awarding academic credit.

Institutions adhere to the following definitions and use the formula in calculating credit hours awarded:

Semester – minimum of 15 weeks in length. One semester credit is equal to:

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

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

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

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

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

<u>Quarter</u>	<u>Semester</u>	
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. A clock (or contact) hour is defined as a minimum of 50 minutes of supervised or directed instruction in any 60-minute period. Care is taken in scheduling breaks.

An example of the calculation is as follows:

<u>Quarter system</u>		<u>Semester system</u>	
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.

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 the written and published institutional Satisfactory Academic Progress Policy.

An institution consistently monitors all students to ensure 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.

The complaint record includes clear documentation of the complaint and details of its resolution.

SECTION J – Physical Environment

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

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

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

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

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

CHAPTER V

EVALUATION STANDARDS APPLICABLE TO ALL
EDUCATIONAL PROGRAMS

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EVALUATION STANDARDS APPLICABLE TO ALL EDUCATIONAL PROGRAMS

SECTION A – Goals and Oversight

VA.1. Program enrollment is justified.

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

VA.2. Program goals are in keeping with the requirements of the profession.

Program goals 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.

VA.3. Resources exist to meet the educational goals and objectives.

A program documents the following:

- a. allocation of sufficient resources to support curriculum, including periodic revisions to reflect current practices, maintain equipment, procure supplies and teaching resources, and hire and retain a qualified faculty.
- b. processes are in place for annually evaluating the program resources against a program's goals and objectives.
- c. evaluation process includes input from program supervisors.

VA.4. Instructional continuity is maintained through faculty retention.

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.

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

At a minimum, the institution has an advisory board comprised of at least three community representatives, not employed by the institution, for each discipline or group of related programs (e.g., medical assisting and medical administrative assisting). These individuals collectively provide a reasonable sampling of the community and are knowledgeable about the current state of the field. Programs offering complete or partial content by distance education have a minimum of one non-school employee representative specializing in this method of delivery.

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

Prepared minutes of meetings are maintained, distributed, and used to improve curricula. Meeting minutes include member participation, topics discussed, summary of significant outcomes and activities, areas of unfinished business with projection for completion, a list of recommendations

made by the advisory board, and the program's or institution's response to these recommendations.

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, Externship, and Internal Clinical Experience

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

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

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

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

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

Prior to initial assignment of students to an externship/clinical site, a documented evaluation by an individual with background in the discipline is made to ensure that a viable environment exists for an effective learning experience and provides an opportunity for students to demonstrate required competencies. A program administrator maintains current, signed clinical affiliation agreements.

V.B.4.b. *A program has clinical externship sites and/or internal clinical experiences to meet its goals and objectives.*

Clinical externship sites are available for all enrolled students as they progress to that portion of the program. Students do not wait for externships or clinical sites and back-up sites are available to ensure that the educational process is continuous. If any clinical externship 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.

A monitoring plan exists to ensure that:

- a. Students are oriented to the facility and the daily routine of the facility.
- b. Students initially observe activities and procedures and then begin to perform tasks and procedures.
- c. A clinical externship includes assisting staff members with daily tasks, while under the supervision of staff.
- d. As their externship experience progresses, students move into an array of different tasks and procedures. Student case logs or checklists are maintained to ensure a variety of tasks performed.
- e. Students do not replace or substitute for existing staff while participating in clinical externships.
- f. There is a system in place by which completed externship hours are monitored by the student, on-site supervisor, and externship coordinator to ensure that all requirements are met.

VB.4.c. Supervision and evaluation of student performance is provided during the clinical externship experiences.

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 externship and is in regular contact with sites.

SECTION C – Instruction

Subsection 1 – Syllabi

VC.1.a Current course syllabi are maintained that fully and clearly describe the important characteristics of each course and meet the requirements of Appendix G, Course Syllabi Requirements.

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

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

Subsection 2 – Instructional Resources and Delivery

VC.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 commensurate with 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 executed to ensure that the course objectives are met. Directed study is the exception, not the rule. The number of courses that a student is allowed to take independently is limited. See the Glossary definition of *directed study* for further detail.

When distance education is used as a delivery method for all or part of a program's instruction, strict adherence to Appendix H, *Distance Education*, is required.

VC.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:

- a. The learning resources provided or used by the program promote study and research and aid faculty in delivering and improving the program.
- b. Learning resources are current and relevant to program offerings and student population and include standard reference texts, periodicals, and multi-media materials.
- c. Knowledgeable staff, possessing documented experience or related training, are available to assist students in the use of the technologies.

- d. Students are made aware of available learning resources, including location, staff, hours of operation, and materials.
- e. 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.
- f. 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.
- g. Current inventory records are maintained.

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

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

VC.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 Progress

Subsection 1 – Scheduling and Grading of Examinations

VD.1.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.

VD.1.b. Students are apprised of their academic status throughout a course through continuous evaluation and review of examination results with the instructor.

Instructors grade examinations and evaluate other educational activities and review results with students.

Subsection 2 – Student Experience

VD.2. The training 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. Training simulates the expectations of a work environment.

Subsection 3 – Advising

VD.3. 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.

SECTION E – Supervision and Faculty

Subsection 1 – Supervision

VE.1.a. A program is supervised.

A program provides for program faculty supervision, training and development, and evaluation.

At a minimum, the main and each non-main campus has one or more individuals responsible for each program who collectively meet each of the following criteria:

- a. A baccalaureate degree from an institution accredited by an agency recognized by the U.S. Secretary of Education;
- b. Graduation from an accredited program 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) in the specialty field. Exceptions to this requirement must be justified through documentation of an individual's alternative experience or education in the field (e.g., completed coursework, related professional certifications, documentation of expertise); and
- c. At least three years of teaching or occupational experience in the subject field.

VE.1.b. Program supervisors are responsible for organization, administration, quality improvement, planning, and development of the program.

The responsibilities of program supervisors include evidence of the following:

- a. Evaluation and recommendation of resources to support the program
- b. Curriculum development and revision
- c. Selection, supervision, assignment, and evaluation of faculty
- d. Assessment of facilities and equipment periodically in relation to current professional necessities and recommendation of modifications

VE.1.c. Program supervisors are provided time, resources, and opportunities for professional development.

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

VE.1.d. An annual program of training for program supervisors, either institution-wide or by program, is provided for the improvement of education-related management skills.

Documentation of training and evidence of attendance are required. Training topics focus on program management functions and administrative responsibilities as they pertain to the educational product.

VE.1.e Program supervisors are scheduled non-instructional time to effectively fulfill managerial functions.

Subsection 2 – General Faculty Requirements

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

Faculty evidence the following:

- a. Graduation from a program 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) in the specialty field or subject area in which they teach. Additionally, the faculty member possesses two years of occupational (i.e., practical) experience in the subject field in which they teach; or
- b. A minimum of three years of job-related training and experience, as described above, for those instructors who are not graduates from an accredited program in the field in which they teach.

In addition, all faculty must:

- a. 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.
- b. Hold a current license, certification, or other credential as 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.

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

VE.2.c. Faculty meetings are held and the minutes are recorded.

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

Subsection 3 – Ratios and Teaching Load

VE.3.a. Faculty number support program goals, stated educational objectives, and enrollment.

VE.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:

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

VE.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 to avoid overburdening faculty.

Subsection 4 – In-Service Training

VE.4. A program of in-service training is provided for the improvement of faculty skills in teaching methodology and is conducted at least twice annually.

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

Subsection 5 – Professional Development

VE.5. Faculty are provided time, resources, and opportunities for professional development.

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

SECTION F – Safety

VF. Programs document compliance with institutional policy and applicable local, state, and federal regulations.

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

SECTION G – Student Services

Subsection 1 – Student Assistance

VG.1. A program provides a variety of student support services.

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

Services provided to students include:

- a. orientation
- b. personal referral information
- c. employment assistance

V.G.2. Accurate records of graduate placement and related activities are maintained for the program.

Records of initial graduate placement are retained (see Appendix F, Section A).

SECTION H – Disclosures

V.H.1. A program accurately presents its accreditation status to the public.

Any reference to the programmatic accreditation (medical assisting, medical laboratory technology, surgical technology) uses the statement “Programmatically accredited by the Accrediting Bureau of Health Education Schools” or “Programmatically accredited by ABHES.”

If a program releases incorrect information regarding its accreditation status, the contents of a site visit report, or accreditation actions with respect to the program, it must expeditiously make a public disclosure of correction through the same means of advertising. No reference to ABHES accreditation can be made in reference to any program prior to final action by ABHES granting inclusion of a program within an institution’s current grant of accreditation or the granting of programmatic accreditation. Institutions or programs in the initial application stage, either for accreditation or a substantive change (see Chapter III.B.) may not make any reference to ABHES accreditation.

V.H.2. 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 context to assure that a reasonable recipient is not misled. Any information with regard to salary, employment opportunities, and employment information to students, prospective students, and the public is accurate and realistic.

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

SECTION I – Program Effectiveness

A program establishes and documents specific goals, collects outcome data relevant to these goals, analyzes outcomes against both minimally acceptable benchmarks and the program’s short- and long-term objectives, and sets strategies to improve program performance. This process of assessing program effectiveness is documented. The program effectiveness assessment is expected to result in the achievement and maintenance of outcomes.

For each of the outcomes identified by a program, the program must establish the level of performance that serves as a benchmark for acceptable program performance. These benchmarks must meet or exceed requirements established by any applicable state or federal authority or by ABHES policies or standards.

A program documents and measures as its means of program assessment success based on student achievement in relation to its mission, including consideration of retention rates; participation in and results of required licensing and certification examinations; graduation rates; job placement rates; and survey responses from students, clinical externship sites, graduates, and employers.

The assessment of program effectiveness fulfills several purposes, including:

- a. Assisting a program in establishing goals for both short- and long-term successes and criteria for measuring the accomplishment of these goals.
- b. Continuously assessing the need for change to meet goals.
- c. Documenting how a program meets ABHES requirements.
- d. Documenting how a program meets requirements of applicable regulatory agencies.

The primary vehicle to achieve these purposes is a Program Effectiveness Plan.

VI.1. *A program has an established documented plan and process for assessing its effectiveness as defined by specific outcomes which meet the requirements of Appendix C, Program Effectiveness Plan.*

Subsection 1 – Program Effectiveness Plan Content

The Program Effectiveness Plan includes clearly stated:

a. Program Objectives

Program objectives are consistent with the field of study and the credential offered and include as an objective the comprehensive preparation of program graduates for work in the career field.

b. Program Retention Rate

At a minimum, an institution maintains the names of all enrollees by program, start date, and graduation date. The method of calculation, using the reporting period July 1 through June 30, is as follows:

$$(EE + G)/(BE + NS + RE) = R\%$$

EE = Ending enrollment (as of June 30 of the reporting period)
 G = Graduates
 BE = Beginning enrollment (as of July 1 of the new reporting period)
 NS = New starts
 RE = Re-entries
 R% = Retention percentage

c. Job Placement Rate in the Field

An institution has a system in place to assist with the successful initial employment of its graduates. At a minimum, an institution maintains the names of graduates, place of employment, job title, employer telephone numbers, and employment dates. For any graduates identified as self-employed, an institution maintains evidence of employment. Documentation in the form of employer or graduate verification forms or other evidence of employment are retained.

The method of calculation, using the reporting period July 1 through June 30, is as follows:

$$(F + R)/(G - U) = P\%$$

F = Graduates placed in their field of training
 R = Graduates placed in a *related* field of training
 G = Total graduates
 U* = Graduates unavailable for placement
 P% = Placement percentage

*Unavailable is defined **only** as **documented**: health-related issues, military obligations, incarceration, death, or continuing education status.

d. Credentialing Examination Participation Rate

Participation of program graduates in credentialing or licensure examinations required for employment in the field in the geographic area(s) where graduates are likely to seek employment.

The method of calculation, using ABHES' reporting period July 1 through June 30, is as follows:

$$\text{Examination participation rate} = T/G$$

T = Total graduates eligible to sit for examination

G = Total graduates taking examination

e. Credentialing Examination Pass Rate

An ongoing review of graduate success on credentialing and/or licensing examinations required for employment in the field in the geographic area(s) where graduates are likely to seek employment is performed to identify curricular areas in need of improvement. A program maintains documentation of such review and any pertinent curricular changes made as a result.

The method of calculation, using ABHES' reporting period July 1 through June 30, is as follows:

$$F/G = L\%$$

F = Graduates passing examination (any attempt)

G = Total graduates taking examination

L = Percentage of students passing 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.

f. Program Assessment

The program assesses each student prior to graduation as an indicator of the program's quality. The assessment tool is designed to assess curricular quality and to measure overall achievement in the program, as a class, not as a measurement of an individual student's achievement or progress toward accomplishing the program's objectives and competencies (e.g., exit tool for graduation). 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 and are included in the Program Effectiveness Plan.

g. Student, Clinical Extern Affiliate, Graduate, and Employer Satisfaction with the Program Surveys

A program must survey each of the constituents identified above. The purpose of the surveys is to collect data regarding student, extern, clinical affiliate, graduate, and employer perceptions of a program's strengths and weaknesses.

For graduates and employers only, the survey used must include the basic elements provided by ABHES in Appendix J, *Surveys*. The required questions identified must be included, in numeric order, to more easily report the basic elements and specific questions provided.

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

Two goals should be established for surveys: (1) a goal for the percent of surveys returned and (2) benchmarks for the level of satisfaction desired. Accordingly, a program must document that at a minimum the survey data used in its effectiveness assessment include the following:

i. Survey Participation:

Survey participation rate:

$$SP/NS \text{ (Number Surveyed)} = TP \text{ (Total Participation by program, by group)}$$

number of students/clinical extern affiliates/graduates/employers by program who were sent and completed the survey during the ABHES reporting period (July 1–June 30).

ii. Satisfaction Benchmarks

Student:

Student evaluations are used as a composite of student views relating to course importance and satisfaction and overall class attitudes about the classroom environment.

Clinical affiliate:

Externship site evaluations include a critique of student knowledge and skills upon completion of their in-school training and reflect how well the students are trained to perform their required tasks. They include an assessment of the strengths and weaknesses, and proposed changes, in the instructional activities for currently enrolled students. The sites also 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:

A program has a systematic plan for regularly surveying graduates. At a minimum, an annual review of the results is conducted and shared with administration, faculty, and advisory boards. Decisions and action plans are based upon the review of the surveys, and any changes made are documented (e.g., meeting minutes, memoranda). The results of the survey questions required by ABHES and identified in Appendix J, *Surveys* are summarized by numeric value and reported to ABHES in the Annual Report (July 1–June 30 reporting period).

Employer:

A program has a systematic plan for regularly surveying employers. At a minimum, an annual review of the results is conducted and shared with administration, faculty, and advisory boards. Decisions and action plans are based upon the review of the surveys, and any changes made are documented (e.g., meeting minutes, memoranda). The results of the survey questions required by ABHES and identified in Appendix J, *Surveys*, are reported to ABHES in the Annual Report (July 1–June 30 reporting period).

h. Faculty Professional Growth and In-Service Activities

A program maintains data that evidences faculty participation in professional growth activities and in-service sessions that promote continuous evaluation of the programs of study, instructional procedures, and training.

Subsection 2 – Outcomes Assessment

VI.2. A program has a process for assessing effectiveness.

The Program Effectiveness Plan specifies a process and a timetable for the assessment of program effectiveness in achieving the outcomes it has identified with its objectives and criteria. The plan must:

- a. Document historical outcomes and show evidence of how these historical data are used to identify expected outcomes and to achieve expected goals (e.g., evaluations, advisory boards, credentialing, etc.).
- b. Identify and describe types of data used for assessment, how data were collected, rationale for use of each type of data, timetable for data collection, and parties responsible for data collection.
- c. Evaluate at least annually to determine initial baseline rates and measurements of results after planned activities have occurred.
- d. Provide a summary and analysis of data collected and state how continuous improvement is made to enhance expected outcomes.
- e. Identify how data were used to improve the educational process.
- f. Adjust goals as a result of the evaluation of a Program Effectiveness Plan.
- g. Identify the activities that will be undertaken to meet the goals set for the next year.

SECTION J – Student Record Management

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

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

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, and academic associate degrees. These degree programs must comply with all policies, procedures, and standards described throughout the *Accreditation Manual*, including the general evaluation standards (Chapter V), applicable program standards, 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 that institutions offering degree programs have the ability to meet this educational commitment and that they only award degrees to eligible students who, within the required time frame, complete program requirements.

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.

Catalogs and other promotional materials used for an AOS degree clearly state the purpose of the program and clarify that an AOS degree is a terminal occupational degree and the academic credits earned may or may not be transferable to another higher-level degree program.

An AAS may be awarded to students who complete an educational program that provides preparation for entry-level employment in a specific field as well as skills and knowledge that permit advancement in the field. AAS degrees include a significant component of general education courses. Institutions offering AAS degrees are encouraged to pursue articulation agreements with other institutions of postsecondary education to provide opportunities for academic mobility. Institutions offering an AOS or AAS degree must disclose in catalogs and other promotional materials that transferability of credits to other institutions is at the discretion of the receiving institution and that the institution makes no guarantees of transferability.

Subsection 1 – Basic Requirements

VI.A.1. Courses and experiences are clearly postsecondary in nature and emphasize both the achievement of vocational/occupational objectives and applied general education.

Instructional methodology, texts, supplementary materials, and technology shall support the technical courses designed to assist students in the application of skills in the workplace.

Subsection 2 – Curriculum

VI.A.2.a. A program meets the required minimum level of credit hours (or its recognized equivalent) in total content and hours of occupational and general education courses.

Associate of Occupational Science requires:

- a. 60 semester hours, 90 quarter hours, or its recognized clock hour equivalent in total content (normally two academic years);
- b. 45 semester hours, 67.5 quarter hours, or its recognized clock hour equivalent in the occupational area for which the degree is awarded; and

- c. 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:

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

See Chapter IV.G.2. for conversion methodology in calculating and awarding academic credit.

VI.A.2.b. 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.

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

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) and also satisfy 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 – Faculty

VI.A.3. Faculty consists of qualified individuals.

All instructors hold, at a minimum, an associate's degree with education in the specific courses being taught.

Additionally, instructors of occupational courses possess the following:

- a. Current licenses, certifications, or other designations as required by local, state, or federal laws to work in the field;
- b. Graduation from a program in the field in which they teach, accredited by an agency recognized by the U.S. Secretary of Education, the Council for Higher Education Accreditation, or an otherwise recognized training entity (e.g., hospital-based program) in the specialty field; or
- c. A minimum of three years of occupational experience in the subject field or in a closely related field.

Instructors of general education possess a bachelor's degree with education in specific courses being taught.

In addition, all instructors must demonstrate strength in instructional methodology, delivery, and techniques as evidenced by evaluation by a program supervisor or director of education within 30 days of beginning instruction.

The selection of faculty is not influenced by race, color, creed, national origin, gender, disability, or age.

Subsection 4 – Learning Resources

VI.A.4. Learning resources exist to complement the degree program(s).

Reference, research, and information resources must be made available to enhance, augment, and support all the degree-level curricular and educational offerings.

SECTION B – Academic Associate Degrees

Academic associate degree programs may include Associate of Art and Associate of Science degree programs or any other associate degree program that meets the requirements of this section.

Subsection 1 – Basic Requirements

VI.B.1. Courses and experiences are clearly postsecondary collegiate level in nature and emphasize both the achievement of vocational objectives and general education.

The advanced level instructional content of courses meets degree credit. Remedial courses and refresher courses are not considered for credit. Courses within the occupational professional area of concentration shall not be classified general education courses.

General education courses shall emphasize principles and theory, give balance to the total program, and complement occupational program and needs of the students.

Subsection 2 – Faculty

VI.B.2. Faculty consists of qualified individuals.

All instructors hold, at a minimum, a bachelor's degree with academic preparation in the specific courses being taught.

Additionally, instructors of occupational courses possess the following:

- a. graduation from a program in the field in which they teach accredited by an agency recognized by the U.S. Secretary of Education or the Council on Higher Education Accreditation; and
- b. a minimum of three years of occupational experience in the subject field or in a closely related field.

Exceptions to the bachelor's degree requirement may be justified for instructors teaching technical or vocational subjects in fields in which bachelor's degrees are not generally available. An institution must be able to justify the assignment of any instructor who does not hold a bachelor's degree in the assigned teaching field.

Instructors of general education possess a bachelor's degree with education in specific courses being taught.

At least 50 percent of courses offered in the degree program must be taught by faculty possessing a bachelor's degree or higher. Further, 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.

The selection of faculty is not influenced by race, color, creed, national origin, gender, disability, or age.

Subsection 3 – Learning Resources

VI.B.3.a Library resources exist to complement the program(s).

An institution has in place learning resources beyond those required for non-degree granting institutions that include (1) staff charged with assisting students and monitoring library activity, (2) a budget, and (3) holdings that reflect a degree-granting institution. These holdings include humanities, arts, sciences, and social sciences to support the general education component of educational programs. Research information is available to support programs and to enhance student learning.

Learning resources are accessible to all students during and beyond classroom hours. These learning resource materials are current and relevant to program offerings and student population. Such resources include standard reference texts, current periodicals, professional journals, and multi-media materials. A trained and knowledgeable staff is available to oversee and maintain the resources and assist students in the use of the technologies and resources provided. Students are made aware of resources available, including location, hours of operation, staff responsible, and materials.

In evaluating the use of learning resources by students, consideration is given to accessibility and to methods used by faculty to inspire, motivate, encourage, and direct the use of these resources by students. Current inventory records are maintained.

Learning resource materials may be provided through hard copy reference materials and/or full-text virtual libraries. Exclusive reliance upon virtual libraries will be deemed adequate only upon demonstration that these resources meet ABHES requirements and that all students, faculty, and relevant personnel have been trained in use of the library and that adequate learning resources are available to support each program offered by an institution. Interlibrary agreements may supplement but not replace these resources.

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 – Student Services

VI.B.4. Institutions offering degree programs provide comprehensive student services appropriate to the number of programs and size and characteristics of the student body.

Services provided to students include admissions and orientation, financial assistance, academic advising, and employment assistance. An institution designates qualified individuals to oversee these

respective areas and provides such services during regularly scheduled hours to accommodate student schedules. Students are advised of the services available and use is encouraged.

Services are coordinated by an individual with professional educational qualifications. These services encompass relevant coping skills (e.g., life skills, career development skills, budget and personal financial planning skills), and general development appropriate to higher education students.

Subsection 5 – Advertising of Degree Programs

VI.B.5. Appropriate advertising is used for degree program(s).

Advertising, promotional materials, and literature accurately state the academic nature of the degree.

Subsection 6 – Curriculum

VI.B.6.a. The program meets the required minimum level of credit hours (or its recognized equivalent) in total content and hours of occupational and general education courses:

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

See Chapter IV.G.2. for conversion methodology in calculating and awarding academic credit.

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

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

VI.B.6.b. Program curricula reflect the achievement of vocational objectives with a concentration on general education.

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

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 7 – Admissions

VI.B.7. An institution adheres to its admissions policies and enrolls students who possess, at a minimum, a high school diploma or a recognized equivalency certificate.

SECTION C – Baccalaureate Degrees

Important Note: ABHES is not currently recognized by the U.S. Department of Education to accredit programs leading to a baccalaureate degree, which affects Title IV eligibility.

Subsection 1 – Basic Requirements

VI.C.1. The institution publishes in its catalog a stated mission that encompasses achievement of vocational objectives and general education.

The objectives of a bachelor's degree program reflect the application of an institution's mission to its constituencies.

Programs at collegiate institutions emphasize both the achievement of vocational objectives and general education. This emphasis requires courses in general education that are both quantitatively and qualitatively relevant to the chosen degree.

Subsection 2 – Program Supervision and Faculty

VI.C.2.a. A qualified individual supervises the program(s) offered by the institution.

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

- a. An earned master's degree;
- b. a minimum of three years teaching or occupational experience in the subject field or a closely related field; and
- c. where applicable, certification in the appropriate occupation and meets state requirements.

VI.C.2.b. Faculty consists of qualified individuals.

The institution has a competent faculty in numbers to support the enrollment working under conditions that encourage the best efforts of each individual. In judging competence, consideration must be given to the academic preparation and experience of each instructor.

Instructors hold bachelor's degrees at a minimum, and instructors teaching general education and other academic courses are assigned based on their major and minor academic preparation and related experience. Exceptions to the bachelor's degree requirement may be justified, however, for instructors teaching technical or vocational subjects in fields in which bachelor's degrees are not generally available who have demonstrable alternative expertise in the field, such as educational preparation at other than the bachelor's degree level, professional certification, or significant related work experience. The institution must be able to justify the assignment of any instructor who does not hold a bachelor's degree in the assigned teaching field.

In addition to the bachelor's degree requirements outlined above, at least one-half of all lower-division courses and all upper-division courses, including those core courses common to non-academic degree or non-degree programs, must be taught by faculty members holding graduate degrees, professional degrees such as J.D. or M.D., or bachelor's degrees plus professional certification. This calculation does not apply, however, to courses in fields in which graduate degrees, professional degrees, or professional certifications are not generally available.

VI.C.2.c. Faculty assignments and teaching loads must be reasonable.

During any academic term, a faculty member must not be assigned to teach in more than three fields of instruction and preferably in not more than two fields. The size of the faculty must be of such size as to support the total student enrollment.

Teaching loads are reasonable and are justified by factors such as the number of different preparations required; the type and method of instruction; the size of classes; the level of instruction; the qualifications of the instructor; the academic advising, committee membership, and

guidance and student organizations assigned; and the other administrative, research, publication, and community relations responsibilities of the instructor.

VI.C.2.d. Instructional continuity is maintained through faculty stability.

The proportion of faculty employed on a full-time basis must be sufficient to ensure sound direction and continuity of development for the educational programs. The institution demonstrates through outcomes and other measures that the proportion of full-time faculty and the faculty's average length of service to the institution allow the institution to meet its stated mission. The institution must promote stability in the faculty through compensation, fringe benefits, professional growth opportunities, and other incentives.

Subsection 3 – Library and Instructional Resources

VI.C.3.a. Library resources exist to complement the program(s).

An annual library budget, to support the size and scope of the institution and the programs offered, must be established and the allocation expended for the purchase of books, 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 made available to provide basic support for curricular and educational offerings and to enhance student learning.

The collegiate library must contain up-to-date titles in a quantity that supports the size of the institution and the breadth of its educational programs. The library collection must include holdings on the humanities, arts, and sciences; magazines and professional journals and periodicals; and, when available, on-line data networks and retrieval systems, CD-ROMs, and interactive research systems.

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

A professionally trained librarian supervises and manages library and instructional resources, facilitates their integration into all phases of the institution's curricular and educational offerings, and assists students in their use. A professionally trained librarian is one who holds a bachelor's 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 appropriate system of classification should be 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 appropriateness 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 acquisitions are the joint responsibility of the faculty and library staff, with the greater amount emanating from the faculty.

Subsection 4 – Student Services

VI.C.4. *Institutions offering degree programs provide comprehensive student services appropriate to the number of programs and size and characteristics of the student body.*

These services encompass relevant coping skills (e.g., life skills, career development skills, budget and personal financial planning skills), and general development appropriate to higher education students. An individual with professional educational qualifications in the skills coordinates these services.

Subsection 5 – Advertising of Degree Programs

VI.C.5. *Advertising is used for the degree program(s).*

Advertising, promotional materials, and literature accurately state the academic nature of the degree.

Subsection 6 – Curriculum

VI.C.6.a. *The program meets the required minimum level of credit hours (or its recognized equivalent) in total content and hours of occupational and general education courses:*

- a. 120 semester hours, 180 quarter hours, or their equivalent normally earned over a period of 8 semesters, 12 quarters, or their equivalent. Transfer and award of credit for appropriate work at other institutions may be granted.
- b. 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
- c. 36 semester hours, 54 quarter hours, or its recognized clock hour equivalent in general education courses.

The catalog identifies the courses that satisfy the concentration and general education requirements and those that are upper-division courses, and it must provide an explanation of the course numbering system. The catalog states the expectations for all four years of the bachelor's degree curriculum and complies with Appendix D, *Catalogs*. If the institution offers only the last two years of the bachelor's degree program, the catalog and all advertising materials must clearly describe the requirements for admission, including requirements for the completion of necessary prerequisite courses and general education courses to ensure that the student will complete all of the requirements for the bachelor's degree upon graduation.

General education and academic subject offerings are distinguished from the professional or vocational offerings and place emphasis on principles and theory and not on practical applications associated with a particular occupation or profession. General education courses give balance to the total program and complement the program and the needs of the students. The Bureau's expectations for general education, humanities, mathematics and the sciences, and social sciences are outlined in the Glossary section.

VI.C.6.b. Program curriculum approximates the standards found at other institutions offering bachelor's degrees.

The curriculum must quantitatively and qualitatively approximate the standards at other institutions offering bachelor's degrees. It is designed to help students acquire necessary skills such as reading, writing, communicating, critical thinking, and the basic use of computers. Instructional procedures, texts, materials, and technology contribute to the purposes, curriculums, and standards of collegiate institutions. Evidence is provided that curricular offerings require use of library resources.

VI.C.6.c. Program enrollment in upper-division courses is sufficient to support regularly scheduled classes and laboratory work.

Enrollment in upper-division courses is sufficient to support regularly scheduled and conducted classes and laboratory work. Upper-division work is offered and is based upon prerequisites.

Subsection 7 – Admissions

VI.C.7. Students admitted to bachelor's degree programs possess a high school diploma or recognized equivalency certificate (e.g., GED). Proof of the high school diploma or its equivalent is received prior to the end of the first semester or quarter of attendance.

Students who do not have a high school diploma or its equivalent, but demonstrate an ability to benefit from the degree program, may be admitted to a certificate or diploma program first and then transferred to the degree program upon receiving a high school diploma or its equivalent.

PROGRAMMATIC CHAPTERS

CHAPTER VII
MEDICAL ASSISTANT PROGRAM

CHAPTER VII – MA

Programmatic Evaluation Standards for Medical Assisting

The Accrediting Bureau of Health Education Schools is recognized to accredit Medical Assisting programmatically. With the exception of Chapter IV, *Evaluation Standards Applicable to Institutionally Accredited Members*, the program seeking or holding programmatic accreditation by ABHES must comply with remaining accreditation standards described throughout the *Accreditation Manual*, including Chapter V for all programs and Chapter VI for degree-granting programs, and all appendices. 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” in the title.

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. Duties may vary, depending upon location and size of the practice and the physician’s specialty, but medical assistants typically answer telephones, prepare patients for examination, update and file patient medical records, fill out insurance forms, handle patient billing and bookkeeping tasks, telephone prescriptions to a pharmacy, schedule appointments, arrange hospital admissions, and purchase supplies and equipment.

Medical assistants may also take vital signs and medical histories, assist the physician or nurse during patient examinations, collect and prepare laboratory specimens or arrange for laboratory services, perform electrocardiograms, remove sutures, and change dressings.

Medical assistants are primarily employed in private physician’s practice, but may also be employed by medical centers, medical specialty clinics, insurance billing agencies, medical transcription agencies, laboratories, and emergency rooms.

CREDENTIALING

Credentialing in medical assisting is encouraged for graduates of ABHES-accredited programs. Programs are expected to prepare students for national credentialing examinations available in this field of study.

SECTION A –Curriculum, Competencies, and Externship

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

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

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

1. General Orientation

An introduction and review of the program curricular component includes:

- a. Employment conditions
- b. The allied health professions
- c. Credentialing of the medical assistant
- d. General responsibilities of the medical assistant
- e. The scope of practice within the state of employment

Students will:

- a. Comprehend the current employment outlook for the medical assistant
- b. Compare and contrast the allied health professions and understand their relation to medical assisting
- c. Understand medical assistant credentialing requirements and the process to obtain the credential; comprehend the importance of credentialing
- d. Have knowledge of the general responsibilities of the medical assistant
- e. Define scope of practice for the medical assistant, and comprehend the conditions for practice within the state that the medical assistant is employed

2. Anatomy and Physiology

- a. Diet and nutrition
- b. Introduction to anatomy and physiology
- c. Body systems
- d. Common diseases, diagnoses, and treatments

Graduates:

- a. Comprehend and explain to the patient the importance of diet and nutrition; effectively convey and educate patients regarding the proper diet and nutrition guidelines; identify categories of patients who require special diets or diet modifications
- b. Identify and apply the knowledge of all body systems; their structure and functions; and their common diseases, symptoms, and etiologies
- c. Assist the physician with the regimen of diagnostic and treatment modalities as they relate to each body system

3. Medical Terminology

- a. Basic structure of medical words
- b. Word element combinations
- c. Medical terms for specialties
- d. Medical abbreviations

Graduates:

- a. Define and use entire basic structure of medical words and be able to accurately identify in the correct context; i.e., root, prefix, suffix, combinations, spelling, and definitions
- b. Build and dissect medical terms from roots/suffixes to understand the word element combinations that create medical terminology
- c. Understand the various medical terminology for each specialty
- d. Recognize and identify acceptable medical abbreviations

4. Medical Law and Ethics

- a. Documentation

- b. Federal and state guidelines
- c. Established policies
- d. Liability coverage
- e. Risk management
- f. Health laws and regulations

Graduates:

- a. Document accurately
- b. Institute federal and state guidelines when releasing medical records or information
- c. Follow established policies when initiating or terminating medical treatment
- d. Understand the importance of maintaining liability coverage once employed in the industry
- e. Perform risk management procedures
- f. Comply with federal, state, and local health laws and regulations

5. *Psychology of Human Relations*

- a. Abnormal behavior patterns
- b. Patients with special needs
- c. Empathy for terminally ill patients
- d. Support groups for terminally ill patients
- e. Being a patient advocate
- f. Developmental stages of life
- g. Heredity, culture, and environment

Graduates:

- a. Define and understand abnormal behavior patterns
- b. Identify and respond appropriately when working/caring for patients with special needs
- c. Use empathy when treating terminally ill patients; identify common stages that terminally ill patients go through and list organizations/support groups that can assist patients and family members of patients struggling with terminal illness
- d. Identify common stages that terminally ill patients go through and list organizations/support groups that can assist patients and family members of patients struggling with terminal illness
- e. Advocate on behalf of family/patients, having ability to deal and communicate with family
- f. Identify and discuss developmental stages of life
- g. Analyze the effect of hereditary, cultural, and environmental influences

6. *Pharmacology*

- a. Math and metric conversions
- b. Use of drug references
- c. Common abbreviations
- d. Legal aspects
- e. Laws and regulations

Graduates:

- a. Demonstrate accurate occupational math and metric conversions for proper medication administration
- b. Properly utilize *PDR*, drug handbook, and other drug references to identify a drug's classification, usual dosage, usual side effects, and contraindications

- c. Identify and define common abbreviations that are accepted in prescription writing.
- d. Understand legal aspects of writing prescriptions, including federal and state laws
- e. Comply with federal, state, and local health laws and regulations

7. *Basic Keyboarding/Computer Concepts*

- a. Keyboarding skills
- b. Office systems and software

Graduates:

- a. Perform basic keyboarding skills including:
 - (1) Locating the keys on a keyboard
 - (2) Typing medical correspondence and basic reports
- b. Identify and properly utilize office machines, computerized systems, and medical software such as:
 - (1) Efficiently maintain and understand different types of medical correspondence and medical reports
 - (2) Apply computer application skills using variety of different electronic programs including both practice management software and EMR software

8. *Medical Office Business Procedures/Management*

- a. Clerical duties
- b. Medical records
- c. Appointments
- d. Office procedures
- e. Information and resources
- f. Admissions scheduling
- g. Bank statements and deposits
- h. Day sheets
- i. Billing
- j. Accounts payable
- k. Accounts receivable
- l. Petty cash
- m. Adjustments
- n. Credit balance
- o. Refunds
- p. Non-sufficient funds
- q. Collections
- r. Third parties
- s. Referrals
- t. Coding
- u. Insurance claims
- v. Fee schedules
- w. Bookkeeping systems
- x. Office management duties (y–z below)
- y. Effective communication (aa–ll below)

Graduates:

- a. Perform basic clerical functions
- b. Prepare and maintain medical records
- c. Schedule and manage appointments
- d. Apply concepts for office procedures

- e. Locate resources and information for patients and employers
- f. Schedule inpatient and outpatient admissions
- g. Prepare and reconcile a bank statement and deposit record
- h. Post entries on a day sheet
- i. Perform billing and collection procedures
- j. Perform accounts payable procedures
- k. Perform accounts receivable procedures
- l. Establish and maintain a petty cash fund
- m. Post adjustments
- n. Process credit balances
- o. Process refunds
- p. Post non-sufficient funds (NSF)
- q. Post collection agency payments
- r. Apply third-party guidelines
- s. Obtain managed care referrals and pre-certification
- t. Perform diagnostic and procedural coding
- u. Prepare and submit insurance claims
- v. Use physician fee schedule
- w. Use manual or computerized bookkeeping systems
- x. Maintain medical facility
- y. Perform routine maintenance of administrative and clinical equipment
- z. Maintain inventory equipment and supplies
- aa. Are attentive, listen, and learn
- bb. Are impartial and show empathy when dealing with patients
- cc. Communicate on the recipient's level of comprehension
- dd. Serve as liaison between physician and others
- ee. Use proper telephone techniques
- ff. Interview effectively
- gg. Use pertinent medical terminology
- hh. Receive, organize, prioritize, and transmit information expediently
- ii. Recognize and respond to verbal and non-verbal communication
- jj. Perform fundamental writing skills including correct grammar, spelling, and formatting techniques when writing prescriptions, documenting medical records, etc.
- kk. Adapt to individualized needs
- ll. Apply electronic technology

9. *Medical Office Clinical Procedures*

- a. Patient history
- b. Aseptic technique
- c. Vital signs
- d. Treatment protocols
- e. Emergencies and office surgical procedures
- f. Test results
- g. Records for medications and immunizations
- h. Wrapping for sterilization
- i. Standard precautions
- j. Parenteral medications
- k. Maintenance of treatment and examination area
- l. Patient preparation
- m. Assisting the physician with examinations and treatments

- n. Assisting the physician with minor surgical procedures
- o. Electrocardiograms, respiratory testing, screening, sterilization, first aid, and CPR
- p. Patient instructions (p–r below)

Graduates:

- a. Obtain chief complaint, recording patient history
- b. Apply principles of aseptic techniques and infection control
- c. Take vital signs
- d. Recognize and understand various treatment protocols
- e. Recognize emergencies and treatments and minor office surgical procedures
- f. Screen and follow up patient test results
- g. Maintain medication and immunization records
- h. Wrap items for autoclaving
- i. Use standard precautions
- j. Prepare and administer oral and parenteral medications as directed by physician
- k. Prepare and maintain examination and treatment area
- l. Prepare patient for examinations and treatments
- m. Assist physician with routine and specialty examinations and treatments
- n. Assist physician with minor office surgical procedures
- o. Perform:
 - (1) Electrocardiograms
 - (2) Respiratory testing
 - (3) Telephone and in-person screening
 - (4) Sterilization techniques
 - (5) First aid and CPR
- p. Advise patients of office policies and procedures
- q. Instruct patients with special needs
- r. Teach patients methods of health promotion and disease prevention

10. Medical Laboratory Procedures

- a. Quality control
- b. CLIA-waived tests
- c. Biohazards
- d. Specimens
- e. Patient instructions (collection of urine and feces)

Graduates:

- a. Practice quality control
- b. Perform selected CLIA-waived tests that assist with diagnosis and treatment
 - (1) Urinalysis
 - (2) Hematology testing
 - (3) Chemistry testing
 - (4) Immunology testing
 - (5) Microbiology testing
 - (6) Kit testing
 - (a) Pregnancy
 - (b) Quick strep
 - (c) Dip sticks
- c. Dispose of biohazardous materials
- d. Collect, label, and process specimens
 - (1) Perform venipuncture

- (2) Perform capillary puncture
- (3) Perform wound collection procedures
- (4) Obtain throat specimens for microbiologic testing
- e. Instruct patients in the collection of a clean-catch mid-stream urine specimen.
- f. Instruct patients in the collection of a fecal specimen

II. Career Development

- a. Essentials for employment
- b. Professionalism

Graduates:

- a. Perform the essential requirements for employment such as résumé writing, effective interviewing, dressing professionally, and following up appropriately
- b. Demonstrate professionalism by:
 - (1) Exhibiting dependability, punctuality, and a positive work ethic
 - (2) Exhibiting a positive attitude and a sense of responsibility
 - (3) Maintaining confidentiality at all times
 - (4) Being cognizant of ethical boundaries
 - (5) Exhibiting initiative
 - (6) Adapting to change
 - (7) Expressing a responsible attitude
 - (8) Being courteous and diplomatic
 - (9) Conducting work within scope of education, training, and ability

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

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

1. Assignment

Clinical externships include placement at a facility that performs various types of activities that will expose the student to the necessary skills required of the profession and includes a minimum of 160 clock hours.

2. Activities

An externship experience includes assisting clinical staff members with daily tasks while under the supervision of staff. Students are oriented to the facility and the daily routine of the facility. They initially observe administrative and clinical procedures and then begin to perform tasks and procedures. As their externship experience progresses, they move into more advanced tasks and procedures. Student case logs/checklists are maintained to ensure a variety of tasks are performed and attendance is documented.

3. Supervision

(no additional requirements beyond Chapter V)

4. 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 credentialed and experienced in the field.

A program supervisor has:

- a. a minimum of an associate degree;
- b. a minimum of three years of full-time experience in a health care facility, including a minimum of 40 hours in an ambulatory health care setting;
- c. classroom teaching experience; and
- d. a current medical assistant registration or certification through a nationally recognized and accredited certifying agency, unless a faculty member is so credentialed and is involved in program development and evaluation.

Subsection 2 – Faculty and Consultation

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

All instructors work under the supervision of the program supervisor. In addition to teaching responsibilities if any, the program supervisor is allowed necessary time for managerial and administrative responsibilities.

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 must be served by an individual consultant or advisory board of program-related specialists to assist administration and faculty in fulfilling stated educational objectives.

A physician, physician assistant, or nurse practitioner currently licensed in a jurisdiction within the United States is associated with the staff and faculty in a consulting capacity.

SECTION C – Laboratory Facilities and Resources

MA.C.1.a. The institution's laboratory facilities include the following:

- a. Student stations to accommodate the number of students enrolled
- b. Lighting, electrical outlets, ventilation, and storage space
- c. A physical environment conducive to instruction and learning
- d. Laboratory areas are sufficient in size and safely accommodate students, faculty, and equipment during instruction

MA.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 minimally include:

EKG machines, microscopes, refrigerator, surgical instruments for minor procedures, biohazard sharps containers, eye wash station, centrifuge, Mayo stands, sphygmomanometers, stethoscopes, adult/child weight scales, eye chart, hemocytometers, exam tables, model skeleton, autoclave, and thermometers.

MA.C.1.c. The institution's laboratory facilities are available for students to develop required skills with faculty supervision.

CHAPTER VII
MEDICAL LABORATORY
TECHNOLOGY PROGRAM

CHAPTER VII – MLT

Program Evaluation Standards for Medical Laboratory Technology

The Accrediting Bureau of Health Education Schools is recognized to accredit Medical Laboratory Technology programmatically. The program seeking or holding programmatic accreditation by ABHES must comply with the *Accreditation Manual* in its entirety, with the exception of Chapter IV, *Evaluation Standards Applicable to Institutionally Accredited Members*, including Chapter V for all programs and Chapter VI for degree-granting programs and all appendices. This chapter contains additional specific requirements for a Medical Laboratory Technology program.

DESCRIPTION OF THE PROFESSION

Medical laboratory technicians use a variety of precise equipment, technologies, and methodologies to examine and analyze the body fluids, cells, and tissues of the human body to identify pathogens. These laboratory analyses assist physicians in patient diagnosis and treatment and disease prevention in patients. Medical laboratory technicians are educated in the various disciplines of hematology, microbiology, clinical chemistry, immunology, and immunohematology.

In addition to preparing blood, urine, and tissue specimens for analysis, medical laboratory technicians also match blood for transfusions, test for drug levels to show how a patient is responding to treatment, and are thoroughly trained in the use of sophisticated equipment and instruments such as microscopes and cell counters.

Medical laboratory technicians are primarily employed in hospital laboratories, but are also employed in clinics, research laboratories, blood centers, physician's offices, medical industry and biotechnology companies, and regulatory agencies.

CREDENTIALING

Credentialing in medical laboratory technology 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 available in this field of study.

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

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

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

In order to complete the subject matter necessary for completion of this program and to meet the stated objectives of the program, at least 60 semester credit hours, 90 quarter credit hours, or its recognized clock-hour equivalent (normally two academic years) hours of training are usually required, including at least 800 hours of clinical experience. A minimum of 660 hours of bench-level clinical experience takes place at an externship affiliate. Each program will be assessed for its effectiveness in achieving the program objectives and state requirements may dictate differently.

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

1. *General Orientation*

- a. Introduction and review of the program
- b. Employment outlook
- c. General responsibilities
- d. General math and metrics
- e. Laboratory safety
- f. Laboratory instruments
- g. Glassware
- h. Microscope
- i. Introduction to computers
- j. Laboratory information systems

Graduates:

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

2. *Professionalism*

Graduates:

- a. Exhibit dependability through attendance, punctuality, and reliability
- b. Project a positive attitude
- c. Maintain patient confidentiality at all times (HIPAA)
- d. Exhibit adaptability, initiative, and responsibility
- e. Conduct work within scope of education, training, and ability
- f. Adhere to clinical rules and regulations
- g. Are adept at résumé writing, interviewing techniques, and follow-up

3. *Communication*

Graduates:

- a. Practice attentiveness
- b. Are impartial and empathetic with patients
- c. Serve as liaison among lab, physician, and other allied health professionals
- d. Practice telephone techniques
- e. Perform effective interviewing skills
- f. Use correct medical terminology
- g. Receive, organize, prioritize, and transmit information expediently
- h. Use correct grammar, spelling, and formatting techniques in written communications
- i. Perform entry-level computer skills

- j. Instruct patients:
 - (1) In urine, stool, and semen collection procedures
 - (2) With special needs

4. *Medical Law and Ethics*

- a. HIPAA regulations/patient confidentiality
- b. OSHA regulations
- c. Legal and ethical implications in the laboratory
- d. Chain of custody

Graduates:

- a. Adhere to all HIPAA compliance rules and regulations
- b. Complete chain of custody form for specimens
- c. Are cognizant of ethical boundaries in the field of medical laboratory technology
- d. Adhere to OSHA compliance rules and regulations

5. *Anatomy and Physiology*

- a. Introduction to anatomy and physiology
- b. Body systems:
 - (1) Skeletal
 - (2) Muscular
 - (3) Blood
 - (4) Cardiovascular
 - (5) Respiratory
 - (6) Urinary
 - (7) Lymphatic
 - (8) Immunity
 - (9) Nervous
 - (10) Endocrine
 - (11) Digestive
 - (12) Special senses
 - (13) Integumentary
 - (14) Reproductive

Graduates:

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

6. *General Chemistry*

- a. Introduction to chemistry (organic and inorganic)
- b. Automated chemistry procedures
 - (1) Spectrophotometry
 - (2) Color reactions

Graduates:

- a. Understand inorganic and organic chemical reactions

- b. Understand clinical chemical reactions performed by automated chemistry analyzers
- c. Calculate clinical results using standard curves

7. *Urinalysis – Body Fluids*

- a. Urinalysis – physical, chemical, and microscopic examinations
- b. Gastric analysis
- c. Synovial fluid
- d. Pleural fluid
- e. Spinal fluid
- f. Other body fluids

Graduates:

- a. Perform urinalysis and gastric analysis
 - (1) Collect specimens and perform studies
 - (2) Identify physical, chemical, and microscopic properties
- b. Perform procedures for analysis of synovial, pleural, and spinal fluids
- c. Perform procedures for analysis of other relevant body fluids

8. *Hematology*

- a. Manual cell counts
- b. Hematocrits
- c. Automated cell counts
- d. Cellular morphology and differentials
- e. Sedimentation rates
- f. Various hematology stains
- g. Coagulation
 - (1) Protime/INR
 - (2) Fibrinogen
 - (3) Activated partial thromboplastin time (PTT)
 - (4) Factor assays
 - (5) D-Dimer assays
 - (6) Bleeding times
- h. Blood cultures

Graduates:

- a. Perform procedures for hematology
 - (1) Hemoglobin and hematocrit
 - (2) RBC and WBC counts (platelet counts)
 - (3) Blood smears and differentials
- b. Perform specimen collection
- c. Perform routine venipuncture and dermal puncture
- d. Perform special procedures
- e. Perform coagulation procedures (PT, PTT)

9. *Immunohematology*

- a. ABO and Rh blood group systems
- b. Other major blood groups and antibody screening
- c. Compatibility testing
- d. Transfusion medicine
- e. Prenatal and newborn screening

Graduates:

- a. Perform procedures for immunohematology utilizing precipitation and agglutination including:
 - (1) Selected test procedures for immunology and serology
 - (2) Titering and dilutions

10. Microbiology

- a. Bacteriology
 - (1) Culture and identification
 - (2) Antibiotic sensitivity testing
- b. Parasitology
- c. Mycology
- d. Virology

Graduates:

- a. Perform staining techniques
 - (1) Gram
 - (2) Acid fast
 - (3) Negative
 - (4) Variations
- b. Use culture media
- c. Differentiate culture methods
 - (1) Aerobic
 - (2) Anaerobic
 - (3) Microaerophilic
- d. Recognize normal flora versus significant growth
- e. Use multi-test methods of ID
- f. Differentiate serological ID methods
- g. Perform antibiograms
- h. Perform phage typing

11. Serology

- a. Basic immunologic mechanisms
- b. Theory and practice of serologic procedures
- c. RPR
- d. VDRL
- e. Rubella
- f. Mono
- g. Fluorescent techniques
- h. Serologic dilutions/titers
- i. Other serologic procedures

Graduates:

- a. Understand basic immunologic mechanisms
- b. Perform serological testing procedures including:
 - (1) RPR
 - (2) VDRL
 - (3) Rubella
 - (4) Monospot

- (5) Fluorescent techniques
- (6) Perform serological dilution titers

12. Clinical Chemistry

- a. Automated principles
- b. Acquisition and application of laboratory data
- c. Analytes
 - (1) Proteins
 - (2) Enzymes
 - (3) Carbohydrates/glucose
 - (4) Lipids/lipoproteins
 - (5) Vitamins/hormones
 - (6) Trace elements
 - (7) Electrolytes, blood gas analysis, and acid-base balance
 - (8) Therapeutic drug monitoring
 - (9) Toxicology
 - (10) Electrolytes
 - (11) Heme compounds
 - (12) Non-protein nitrogen compounds
 - (13) Point of care
 - (14) Blood gases
 - (15) Quality control/quality assurance program

Graduates:

- a. Perform routine blood chemistries
 - (1) Principles and procedures for chemistry analyzers
 - (2) Electrolytes
- b. Recognize normal values and indications for blood and body fluid analytes
- c. Perform specific analyte testing

13. Quality Control

- a. Importance of quality control
- b. Means of tracking
 - (1) Terms
 - (2) Levy Jennings charts
 - (3) Laboratory statistics

Graduates:

- a. Understand the use and importance of quality control in the laboratory
- b. Utilize Levy Jennings charts and statistical analysis to track quality control
- c. Troubleshoot “out of control” results

14. Special Laboratory Procedures

Overview of histology, cytology, and other special laboratory procedures

Graduates:

Apply basic concepts of histology, cytology, and other special laboratory procedures

15. Specimen Collection

- a. Routine venipunctures
- b. Special procedures
- c. Dermal punctures

Graduates:

- a. Perform routine venipunctures
- b. Perform special procedures
- c. Perform dermal punctures

16. Career Development

- a. Instruction regarding internship rules and regulations
- b. Job search, professional development, and success
- c. Goal setting, time management, employment opportunities
- d. Résumé writing, interviewing techniques, and follow-up

Graduates:

- a. Understand externship rules and regulations
- b. Understand the importance of passing national certification exam and holding membership in a professional organization
- c. Set goals, manage time, and search for employment
- d. Write a résumé and interview for job

MLTA.2. An externship and/or internal clinical experience is required for completion of the program.

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

a. Assignment

The program provides a clinical laboratory experience for the students with an approved laboratory, and the students' progress is evaluated through a formal procedure. Clinical externship 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.

All approved laboratory experience credited toward certification is in a laboratory that examines materials derived from the human body and is in a:

- (1) clinical 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**
- (2) research laboratory (a) operated by an accredited college or university, or (b) directed by the holder of an earned doctorate degree; **or**
- (3) hospital laboratory accredited by the (a) Joint Commission on Accreditation of Health Organizations, (b) Commission of Hospitals of the American Osteopathic Association, or (c) College of American Pathologists.

b. Activities

- (1) Students are oriented to the facility and the daily routine of the facility.
- (2) Students initially observe activities and procedures and then begin perform tasks and procedures.

- (3) The laboratory experience covers the major sections of clinical laboratory testing; chemistry, hematology/coagulation, urinalysis, serology, immunohematology, and microbiology.
- (4) An externship includes assisting clinical staff members with daily tasks, while under the supervision of staff.
- (5) As their externship experience progresses, students move into more advanced tasks and procedures. Student case logs/checklists are maintained to ensure a variety of tasks are performed.

c. Supervision

Program supervision for this portion of the program may be performed by program director or clinical coordinator.

d. Requirements for completion

(no additional requirements beyond Chapter V)

SECTION B – Program Supervision, Faculty, and Consultation

Subsection 1 – Supervision

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

The program supervisor holds a nationally recognized generalist certification and holds, at a minimum, a bachelor's degree in the sciences. The program supervisor has five years of practical experience in the field or a closely related field, and has knowledge of education methods and administration.

The program supervisor is responsible for the organization, administration, periodic review, planning, development, evaluation, and general effectiveness of the program. The program supervisor also has input into budget preparation.

The program supervisor may have limited teaching assignments, but the assignments allow for adequate time for administrative responsibilities.

Subsection 2 – Faculty and Consultation

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

Faculty designated by the program must demonstrate knowledge and proficiency in their content areas and the ability to teach effectively at the appropriate level. Faculty hold a credential as a medical laboratory technologist or technician with a minimum of two years of practical experience of the subject area.

The faculty must participate in teaching courses, supervising applied laboratory learning experiences, evaluating student achievement, developing curriculum, formulating policy and procedure, and evaluating program effectiveness.

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

The program limits class size to ensure instruction without risking student or faculty safety.

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

The advisory committee is composed of individuals from the community of interest (i.e., pathologists, other physicians, scientific consultants, academic professionals, administrators, practicing clinical laboratory scientists/medical technologists, practicing clinical laboratory technicians/medical laboratory technicians) who have knowledge of clinical laboratory science education.

SECTION C – Educational Facilities and Resources

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

- a. Laboratory areas are of a size to accommodate students, faculty, and equipment during instruction.
- b. Equipment and instruments are available in quantity and quality to accommodate students during instruction.
- c. Faculty/student ratio does not exceed program-specific requirements. Student to instructor ratio in the laboratory does not exceed 10:1.

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

MLT.C.1.c. The institution's laboratory facilities are available for students to develop required skills with faculty supervision.

CHAPTER VII
SURGICAL TECHNOLOGY PROGRAM

CHAPTER VII – ST

Program Evaluation Standards for Surgical Technology

The Accrediting Bureau of Health Education Schools is recognized to accredit Surgical Technology programmatically. The program seeking or holding programmatic accreditation by ABHES must comply with the *Accreditation Manual* in its entirety, with the exception of Chapter IV, *Evaluation Standards Applicable to Institutionally Accredited Members*, including Chapter V for all programs, and Chapter VI for degree-granting programs and all appendices. 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 basic sciences, especially microbiology, anatomy and physiology, pathophysiology, and surgical pharmacology; surgical procedures and case management; wound care and closure; and 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 may be employed in hospital operating rooms or central sterile processing departments, outpatient surgical units, or medical companies as sales representatives. They may also be employed by physicians in private practice. They are less frequently employed in cardiac catheterization units or endoscopic departments.

CREDENTIALING

Credentialing in surgical technology 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 available in this field of study.

SECTION A – Curriculum, Competencies, Externship, 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.

Competencies required for successful completion of the program are delineated, and the curriculum ensures achievement of these entry-level competencies through coursework and skills. 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 and to increase employability.

The program's goals are documented and 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, physicians, the public), and that students obtain appropriate hands-on

training that enables them to obtain viable employment in the field. Competencies required for successful completion of the program must be clearly delineated. Students are informed of certification requirements and opportunities to obtain employment or to increase employability in the field.

The program clearly states as its goal the preparation of competent entry-level surgical technologists in the cognitive, psychomotor, and affective learning domains.

Minimally, all programs require commonly accepted competencies and adhere to the current Core Curriculum for Surgical Technology, produced by the Association of Surgical Technology (www.ast.org).

The program complies with the Core Curriculum and meets stated program objectives and competencies. While the desire for degreed surgical technologists has become more widespread, normally, a minimum of 1,100 clock hours, including a 500 clock-hour externship, is required for program completion. While each program will be assessed for its effectiveness in achieving program objectives and competencies, justification for deviations from the lengths identified above may require addressing such issues as student outcomes and employer satisfaction.

The program administers a valid, nationally recognized program assessment examination developed through an accredited testing organization in the field of surgical technology. The examination is used as the program's primary quality indicator, producing relevant and usable data. It is designed to assess curricular quality and to measure the students' overall achievement in the program according to the Core Curriculum. It is not to be used in any manner as a measurement of an individual student's achievement or progress toward achieving the program's objectives and competencies (e.g., exit tool for graduation). The examination may be used for credentialing purposes provided it has been developed for the dual purpose of curricular assessment and certification for employment. A program may not change or supplement the testing instrument during the ABHES annual reporting period (July 1–June 30). The examination is completed by each student prior to the conclusion of the program and is to be administered one time only per student. In all cases, a third-party proctor is used to provide direction and monitor the students during testing, following commonly accepted practices. The group scores will measure the quality of the program's curriculum.

STA.2. *An externship experience is required for completion of the program.*

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

a. *Assignment*

Externship 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 and includes a minimum of 500 clock hours. In all cases, the clinical externship site used is properly licensed and regulated.

Appropriate externship sites include placement at a hospital 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 outpatient surgical facilities. Clinical/externship rotation assignments must allow the student to fulfill all of the requirements set forth in the current Core Curriculum for Surgical Technology, produced by the Association of Surgical Technology (www.ast.org).

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

b. *Activities*

- (1) Students are oriented to the facility and the daily routine of the facility.
- (2) Students initially observe department activities and procedures and then begin functioning in the first scrub role with assistance.

- (3) The structure of the externship includes assisting team members with daily preoperative, intraoperative, and postoperative duties
- (4) An externship includes assisting clinical staff members with daily tasks, while under the supervision of staff.
- (5) As their externship experience progresses, they move into first scrub solo role for surgical procedures. Student case logs/checklists are maintained to ensure a variety of tasks are performed.

Students may not replace existing staff or be compensated while participating in clinical externships and this fact is made known to the student. The student is clearly in addition to the team and not a substitution.

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

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

- a. Supervisors of a surgical technology program hold a credential in the surgical technology field from a nationally recognized and accredited certifying agency.
- b. Supervisors 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.
- c. Supervisors evidence continued education and training intended to maintain and enhance their professional knowledge of surgical technology instruction and the administrative requirements of the program. The pursuance of advanced academic degrees is encouraged and it is expected that supervisors actively participate in related state and national membership associations designed to promote the necessary education, standards, and credentialing required in the surgical technology field.

Supervisors may also serve as clinical coordinators and must be free from additional educational and administrative responsibilities that may impede them in effectively fulfilling their managerial role.

Subsection 2 – Faculty and Consultation

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

All instructors work under the supervision of the program supervisor. In addition to teaching responsibilities, the program supervisor is allowed adequate time for managerial and supervisory administrative responsibilities.

- a. Instructors assigned to in-school and clinical core courses of a surgical technology program hold and maintain a credential in the surgical technology field from a nationally recognized and accredited certifying agency.
- b. Instructors assigned to in-school and clinical core courses of a surgical technology program 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.

A clinical coordinator is responsible for supervision of clinical instructors and students and is employed by the program. Clinical coordinators meet the qualifications of faculty as outlined above.

Instructors who teach the non-core curriculum (e.g., medical terminology, pharmacology, anatomy and physiology) are qualified as outlined in Chapter IV, *Evaluation Standards Applicable to Institutionally Accredited Members* and Chapter VI, *Degree Program Standards*. Core courses are found in the Core Curriculum and include the components Fundamentals and Practice.

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 12:1.

ST.B.2.c. A program must be served by an individual consultant or 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 representative from the following communities of interest: graduates, faculty, employers, surgeon, and public members. The advisory board may include a student. In determining committee composition, the program should ensure some relationship to the clinical sites used in an effort to continually assess the effectiveness. The 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 institution's laboratory facilities include:

- a. Lighting, electrical outlets, ventilation, and storage space.
- b. Physical environment is conducive to instruction and 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 most current Core Curriculum for Surgical Technology, produced by the Association of Surgical Technology (www.ast.org).

ST.C.1.c. The institution's laboratory facilities are available for students to develop required skills with faculty supervision.

PROGRAM-SPECIFIC CHAPTERS

CHAPTER VIII

PROGRAM REQUIREMENTS AND EVALUATION STANDARDS FOR DIAGNOSTIC MEDICAL SONOGRAPHY

CHAPTER VIII – DMS

Program 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 the accreditation standards described throughout the *Accreditation Manual* (Chapters IV–VI), including Chapter V for all programs and Chapter VI for degree-granting programs, and all appendices. This chapter contains additional specific requirements for a Diagnostic Medical Sonography program.

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

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

DESCRIPTION OF THE PROFESSION

A diagnostic medical sonographer is a health care 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, as well as various other subspecialties. The diagnostic medical sonographer records and processes anatomic and pathophysiologic data for integration with medical history, and properly communicates those findings to a licensed physician. In addition, the diagnostic medical sonographer educates patients in matters that involve medical ultrasound procedures, and promotes basic principles of good health.

CREDENTIALING

Credentialing in diagnostic medical sonography 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 Externship

DMS.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 diagnostic medical sonography 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. 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 and to increase employability.

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

a. Curricular Components

Courses are defined as either core or non-core courses. Non-core courses are categorized as General Education and Curricular Requisites. Core educational courses are categorized as Applied Ultrasound Sciences and Learning Concentrations. Requirements for General Education (communication skills, mathematics, anatomy and physiology, and physics) are met before core educational courses are presented; and 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.

A program resulting in a certificate or diploma is typically 18 months in length. An academic associate, applied associate, or occupational associate degree program is typically two academic years in length. However, each program will be assessed for its effectiveness in achieving the program objectives and outcomes. Programs offering multiple concentrations typically exceed single concentration lengths by approximately six months; however, each program will be evaluated for its effectiveness in achieving the program objectives and outcomes.

Courses include the following components:

1. General Education

a. Communication Skills

Graduates demonstrate knowledge and understanding of:

- Communication skills
- Patient education, including interviews, chart evaluations, and diagnostic testing protocols
- Writing and public speaking
- Preparation of technical reports
- Physician interaction for communication (oral and written) of clinical findings
- Telecommunications
- Basic computer usage
- Workplace effectiveness sufficient to perform in a traditional medical work environment
- Clinical information

b. Mathematics

Graduates:

- Solve applications using algebraic equations and analysis
- Understand the mathematics underlying acoustical and light wave theory and their application to imaging
- Perform metric conversion through the use of dimensional analysis

c. Physics

Graduates demonstrate a working knowledge and fundamental understanding of acoustic, ultrasound, and Doppler physics that include:

- Principles of motion, work, and heat
- Principles of acoustic and light waves
- Sound production and propagation
- Interaction of sound and matter

- Principles of Doppler techniques
- Methods of Doppler flow analysis
- Apply physics theories to the medical workplace

d. Anatomy and Physiology

Graduates:

- Identify structures of all of the following major body systems:
 - Cardiopulmonary/cardiovascular
 - Central nervous
 - Gastrointestinal
 - Musculoskeletal
 - Reproductive (male/female)
 - Urinary
 - Endocrine
 - Blood
 - Immunity
 - Integumentary
- Recognize the sonographic appearance of normal tissue structures of each major body system
- Demonstrate an understanding of the primary physiologic reactions of the human body through practical and didactic assessment

2. *Curricular Requisites*

a. Medical Terminology

Graduates understand and apply:

- Structure of medical words (roots, prefixes, and suffixes)
- Abbreviations and symbols
- Sonography-specific terminology

b. Development

Graduates:

- Prepare for the job search
- Apply time management and goal setting
- Acquire knowledge, skills, and professional behaviors
- Apply employment search skills, professional development, and oral and written communications
- Understand résumé writing, interviewing, and follow-up
- Understand professional registries and credentials
- Understand continuing education for credential maintenance and current professional trends
- Understand the importance of passing national certification exams and holding membership in a professional organization
- Understand procedures for research and publishing

c. Medical Law and Ethics

Graduates demonstrate knowledge and understanding of:

- Ethical decision-making
- Pertinent legal principles
- Patient confidentiality
- Patient Bill of Rights
- Advance directives
- Legal terminology

- Professional codes of conduct
- Professional scope of practice

d. Basic Patient Care

Graduates demonstrate:

- Knowledge and understanding of:
 - Patient safety and communication
 - Strategies for dealing with difficult patients
 - Infection control and universal precaution procedures
 - Principles of psychological support
 - Emergency situations and procedures, including first-aid and resuscitation
 - Transfer/transportation techniques
 - Diagnostic testing protocols
 - Patient positioning
 - Legal/ethical issues
- Ability to care for and interact with patients:
 - Providing comfort and compassionate care to patients
- Applying ergonomic principles

e. Pathophysiology

Graduates demonstrate:

- Knowledge and understanding of:
 - Immune response
 - Inflammation and infection
 - Neoplasms (benign, malignant)
 - Acquired vs. congenital disease
 - Vascular complications
 - Trauma
- Recognition of abnormal sonographic pattern in the following pathologic processes:
 - Congenital
 - Degenerative
 - Inflammatory
 - Traumatic
 - Immunologic
 - Obstructive
 - Infectious
 - Iatrogenic
 - Neoplastic
- Knowledge of the normal anatomy, anatomic variants, normal physiology, and pathologic conditions of the organs of the abdominopelvic cavity which include the:
 - Digestive system (liver, gallbladder and biliary tree, pancreas, stomach, intestines)
 - Reticuloendothelial (spleen, lymph nodes)
 - Urinary system (kidneys, ureters, bladder)
 - Endocrine system (pancreas, adrenals)
 - Vascular system (abdominal aorta and inferior vena cava)
 - Female reproductive system (uterus, ovaries)
 - Gravid female pelvis and maternal/fetal circulation
 - Male reproductive system (prostate, ducts)
 - Anterior abdominal wall
- Identification of the potential spaces within the pelvic cavity where fluid collections and pathologies may be located.
- Knowledge of the normal anatomy, anatomic variants, normal physiology, and pathologic conditions of the superficial structures, which include the following:

- Breast
- Thyroid
- Parathyroid
- Scrotum
- Tissue masses and fluid collections
- Knowledge of the normal anatomy and potential complicating conditions of the first trimester gravid female pelvis to include the following:
 - Uterine location, size, and vascular changes
 - Ovarian location and associated cysts of early pregnancy
 - Fluid collections associated with early pregnancy
 - Amniotic fluid
 - Placental location
 - Fetal location
 - Embryonic/fetal identification
 - Fetal cardiac activity and documentation
 - Biometry in the first trimester
 - Associated measurements of maternal organs
 - Maternal complications
 - Multiple pregnancies
 - Fetal complications
 - Sonographic markers of early pregnancy
- Knowledge of the normal anatomy, abnormal anatomy, and physiologic indications of fetal well-being or distress during the second and third trimester of pregnancy to include:
 - Embryology and fetal cardiac development
 - Heart (structure, motion, circulation)
 - Vertebral column and spinal cord
 - Head and brain
 - Abdominal wall
 - Intra-abdominal contents
 - Stomach
 - Structures of the genitourinary system
 - Skeleton
 - Umbilical cord and cord insertion
- Knowledge of the biophysical profile, pertinent measurement techniques, and Doppler applications for fetal well-being or distress during the second and third trimesters of pregnancy.
- Knowledge of the normal anatomy, physiology, congenital abnormalities, and pathologic complications of the neonate and pediatric patient, to include the following:
 - Brain and spine
 - Structures of the genitourinary system
 - Gastrointestinal tract
 - Hips
 - Head and neck
- Knowledge of the pathologic conditions of the heart and great vessels:
 - Cardiomyopathy
 - Pericardial disease
 - Diseases of the pulmonary vasculature
 - Neoplasms of the heart
- Knowledge of the pathologic conditions of the cerebrovascular and peripheral vascular system
- Knowledge of the pathologic conditions of the musculoskeletal system, including the joints most commonly investigated by ultrasound
- Analysis of the correlation between sonographic findings and clinical history

3. *Applied Ultrasound Sciences*

Applied ultrasound science courses prepare the student for sonographic clinical experiences. Students demonstrate competence procedures performed in a clinical setting.

a. Ultrasound Equipment Function and Maintenance

Graduates demonstrate:

- Knowledge and understanding of:
 - Transducer architecture and selection
 - Knobology
 - Receiver functions
 - Imaging modes
 - Harmonic imaging
 - Acoustical artifacts
 - Quality assurance
 - Bio-effects and safety
 - Resolution
 - Displays
 - Storage, PACS
- Knowledge and understanding of scanning techniques:
 - Scanning methods
 - Purpose and function of various scanning techniques and their appropriate selection
 - Ergonomics, including supports, tools, devices, and adjustments
- Ability to set up an ultrasound system for the appropriate examination including the following:
 - Patient name and information
 - Type of examination (pre-sets)
 - Transducer selection
- Knowledge and understanding of adjustments to 2-D grayscale controls including:
 - Power
 - Overall Gain
 - TGC
 - Depth
 - Focus
- Knowledge and understanding of necessary adjustments to M-mode, color flow Doppler, and spectral Doppler to include:
 - Angle correction
 - Color box size and direction
 - Scale
 - Baseline position
 - Wall filter
 - Gate placement
- Ability to utilize an ultrasound system to make calculations, including the following:
 - Distance
 - Area
 - Circumference
 - Volume
 - Spectral measurements
- Ability to obtain hard-copy documentation of examinations using the following:
 - Photograph
 - Radiographic film
 - Video
 - Digital archiving
- Ability to recognize imaging artifacts and appropriate system and/or scanning adjustments

- Knowledge and understanding of the potential biological hazards of diagnostic ultrasound and techniques to minimize patient exposure to acoustic energy
 - Knowledge of exposure parameters including:
 - ALARA principle
 - MI
 - TI
- b. Ultrasound Laboratory
- Graduates demonstrate:
- Knowledge of general laboratory function
 - Implementation and use of quality assurance methods and procedures, appropriate maintenance of records, and conformity to regulatory procedures
 - Knowledge of laboratory policies, procedures, and protocols
 - Understanding of administrative functions
 - Understanding of fiscal and personnel management

4. *Learning Concentrations*

The graduate demonstrates the ability to properly perform sonographic examinations utilizing diagnostic equipment for each of the primary learning concentrations: general (including abdominal, obstetric, gynecologic, and superficial), cardiac (adult and fetal), and vascular.

a. General Learning Concentration

For General Learning Concentrations, sonographic examinations of the abdomen, superficial structures, non-cardiac chest, and the gravid and non-gravid pelvis are adequately performed. The graduate demonstrates an understanding of the pathologic conditions, clinical indications, imaging techniques, and reporting procedures for the General Learning Concentration.

- The graduate recognizes and identifies the sonographic appearance of normal anatomic structures, including anatomic variants and normal Doppler patterns, of the following structures:
 - Liver
 - Gallbladder and biliary tree
 - Pancreas
 - Urinary tract
 - Adrenal glands
 - Scrotum
 - Prostate
 - Spleen
 - Peritoneal cavity and retroperitoneal space
 - Anterior abdominal wall
 - Neck
 - Brain and spinal cord
 - Gastrointestinal tract
 - Appendix
 - Abdominal vasculature
 - Extremities
 - Breast
 - Thyroid
 - Non-cardiac chest
 - Musculoskeletal
- The graduate recognizes and identifies the sonographic appearance of normal anatomic structures, including anatomic variants and normal Doppler patterns, for obstetric and gynecologic specialties:
 - Gynecologic
 - Reproductive system

- Pelvic muscles
 - Suspensory ligaments
 - Pelvic vasculature
 - Peritoneal spaces
- Obstetrics
 - Normal
 - First trimester
 - Second and third trimester fetal anatomy
 - Placenta and umbilical cord
 - Amniotic fluid
 - Fetal circulation
 - Clinical indications
 - Assessment of gestational age
 - Assessment of fetal well-being
 - Fetal monitoring
 - Postpartum indications
 - Complications – maternal and fetal
 - Fetal abnormalities (congenital and genetic)
- The graduate recognizes and identifies the sonographic appearance of normal anatomic structures, including anatomic variants and normal Doppler patterns, for neonatal and pediatric specialties.

Graduates demonstrate:

- Knowledge of clinical indications necessary to perform the specific ultrasound examination to include signs and symptoms, predisposing conditions and risk factors, associated lab values, other imaging, and diagnostic studies
- Identification of normal sonographic appearances to include M-Mode, 2-D gray scale, 3-D as applicable, 4-D as applicable, color flow and spectral Doppler characteristics
- Identification of abnormal sonographic appearances indicative of the associated pathologic conditions and classification of the disease processes
- Knowledge of the sonographer's role in assisting the physician in the preparation, performance, and postprocedure responsibilities of interventional and invasive procedures to include:
 - Thoracentesis
 - Paracentesis
 - Chorionic villus sampling
 - Amniocentesis
 - Fine needle aspiration
 - Biopsy
 - Umbilical cord sampling
 - Infertility procedures
- Ability to perform a thorough protocol of the organs/systems/structures of the abdominopelvic cavity, superficial structures, and gravid female pelvis. The protocol includes the following:
 - A logical and thorough survey with optimization of screen images
 - Documentation of landmark images
 - Use of measuring techniques
 - Investigation using grayscale, color flow, and spectral Doppler
 - Completion within a reasonable period of time
 - Compliance with professional organizations and clinical site standards
 - Utilize acceptable protocol for documentation of sonographic findings
 - Presentation of findings to the interpreting physician
- Ability to document any abnormal findings to include:
 - Tissue abnormalities
 - Vascular flow abnormalities
 - Measurement of abnormal findings
 - 2-D grayscale, color flow and spectral Doppler technique

- Application of critical thinking skills necessary to determine additional views and/or the use of novel positioning or transducer approach techniques necessary to thoroughly document all potential findings related to the identified abnormality.
- Utilization of techniques for patient preparation for all sonographic examination and the ability to explain the examination to the patient.
- Explanation includes the following:
 - Nature of the procedure, techniques of breath-holding, transducer pressure, and positioning related to an abdominal study
 - Use of the endovaginal transducer for a pelvic study
 - Use of the endorectal transducer for a prostate study
 - Proper positioning for the anatomy to be scanned for a breast, thyroid, and scrotal study
 - Process for an invasive procedure
 - Obtaining informed consent, as applicable
- Ability to confirm the requisition order and determination of whether the scheduling of any other examinations may interfere with the quality of the ultrasound examination.
- Ability to protect the safety, confidentiality, modesty, and security of the patient.
- Ability to seek additional assistance either through the use of professional reference material, review of previous studies, or consultation with the sonologist whenever necessary.

b. Cardiac Learning Concentration

- The graduate recognizes and identifies the sonographic appearance of normal anatomic structures, including anatomic variants and normal Doppler patterns, of the following:
 - Embryology and fetal cardiac development
 - Chambers and septation of the heart
 - Valves and valve dynamics
 - Right and left coronary arteries
 - Great vessels
- The graduate demonstrates an understanding of the pathologic conditions, clinical indications, imaging techniques, and reporting procedures for the Cardiac Learning Concentration.

Graduates demonstrate:

- An understanding of principles of electrocardiology, including:
 - ECG measurements and waveform recognition
 - Identification of arrhythmia
 - Identification of conduction defects
 - Determination of axis
 - Recognition of patterns of ischemia, injury, and infarction
 - Recognition of hypertrophy
 - Identification of electrolyte imbalance changes
 - Identification of valve abnormalities
 - Identification of pacemaker rhythms and ICDs
 - Practice of basic life support principles
 - Completion of 12-lead EKGs of high technical quality on one channel and three-channel machines
- Knowledge of the basic principles of pharmacology specific to cardiology:
 - ADME of cardiac-specific drugs
 - Use of drugs for cardiac emergency
 - Recitation of medical/legal requirements and classifications
 - Listing of pharmacodynamics and pharmacokinetics:
 - Adrenergic
 - Cholinergic
 - Vasopressors and vasodilators

- ACE inhibitors
 - Anticoagulants/thrombolytics
 - Nitrates
 - Antiarrhythmics
 - Diuretics and antihypertensives
 - Cardiac glycosides
 - Calcium channel drugs/beta blockers
 - Oxygen
 - Contrast agents
 - Analgesics
 - Antibiotics
- Understanding of the pathologic mechanisms, clinical manifestations and appropriate therapeutic measures, of diseases and congenital anomalies that affect the heart and vascular systems with:
 - Acquired cardiovascular diseases
 - Atherosclerosis
 - Coronary artery disease (CAD)
 - Valvular heart disease
 - Cardiomyopathy
 - Pericardial, myocardial, and endocardial disease
 - Hypertension/stroke
 - Infections
 - Tumors
 - Heart failure
 - Aneurysms
 - Congenital cardiovascular diseases
 - Acyanotic
 - Cyanotic
 - Obstructive
- Knowledge of the correlation of diagnostic data obtained during various non-invasive tests/procedures, including:
 - Holter monitoring and scanning
 - Phonocardiography
 - Graded exercise stress test (GEST)
 - Pacemaker function, cardioversion, and defibrillation
 - Telemetry
 - Radionuclide tests
 - Utilization of hemodynamic principles by:
 - Definition of laws of flow
 - Identification of types of flow
 - Recitation of principles of flow
 - Listing of measurements and normal values
- Understanding of the principles of cardiovascular technology involved with the collection, application, and interpretation of basic ultrasound imaging using: 2-D grayscale imaging, M-mode, spectral and color flow Doppler imaging
- Proficiency with M-mode, two-dimensional echocardiography, and Doppler imaging, in addition to the recognition of sonographic changes related to pathologic conditions:
 - Utilization of advanced techniques of scanning
 - Recitation and measuring of cardiac structures and ventricular function
 - Completion of qualitative evaluation of cardiac chambers and wall segments, and valve motion
 - Utilization of acceptable protocol for documentation of sonographic findings
- Identification of disease states with the use of M-mode, two-dimensional, and Doppler studies:
 - Coronary artery disease and ischemic heart diseases
 - Cardiomyopathies
 - Valvular diseases

- Pericardial, myocardial, and endocardial diseases
 - Aneurysms
 - Congenital defects and disease
 - Tumors
 - Pulmonic and systemic hypertension
 - Prosthetics
 - Thrombi
 - Understanding of the indications, contraindications, limitations, and procedures for related sonographic tests:
 - Stress echocardiography
 - Transesophageal echocardiography
 - Intraoperative echocardiography
 - Contrast echocardiography
 - Three-dimensional echocardiography
 - Echo-guided procedures
 - Assessment techniques for the cardiac patient:
 - Basic assessment techniques
 - History and physical
 - Vitals
 - Cardiac assessment
 - Rhythm
 - Heart sounds/auscultation
 - Murmurs
 - Percussion
 - Respirations
 - Cyanosis/diaphoresis
 - Edema/dependent/pitting
 - Pulse oximetry
 - Lab results – enzymes
 - Level of consciousness
- c. Vascular Learning Concentration
- The graduate recognizes and identifies the sonographic appearance of normal anatomic structures, including anatomic variants and normal Doppler patterns, of the following:
 - Cerebrovascular
 - Extracranial cerebrovascular system
 - Transcranial/intracranial cerebrovascular system
 - Aortic arch branches
 - Upper extremity venous
 - Subclavian veins
 - Deep veins of the upper extremity
 - Access grafts
 - Vein mapping
 - Superficial veins of the upper extremity
 - Upper extremity arterial
 - Subclavian arteries
 - Arteries of the upper extremity
 - Palmar arch
 - Digital arteries
 - Abdominal and pelvic vasculature
 - Aorta
 - Celiac axis
 - Superior mesenteric artery
 - Renal arteries
 - Vena cava
 - Portal system
 - Iliac arteries and veins

- Penile arteries and veins
- Lower extremity arterial
 - Arteries of the dorsal arch
 - Digital arteries
- Lower extremity venous
 - Iliac veins
 - Deep veins of the lower extremity
 - Superficial veins of the lower extremities
 - Perforator veins
- The graduate demonstrates an understanding of the pathologic mechanisms, clinical manifestations and appropriate therapeutic measures, of diseases and congenital anomalies that affect the peripheral vascular system with:
 - Atherosclerosis
 - Hypertension
 - Ischemia
 - Diabetes
 - Infections
 - Tumors
 - Aneurysms
 - Thrombosis
 - Embolism
- The graduate demonstrates an understanding of the imaging techniques and reporting procedures for the Vascular Learning Concentration.

Graduates demonstrate:

- Understanding of basic physical principles of vascular ultrasound and demonstration of knowledge of basic hemodynamics
- Ability to elicit patient history and recognize signs and symptoms of vascular disease, including review of patient's chart and comparison with previous medical testing
- Appropriate use of noninvasive vascular equipment controls (e.g., scale, gain, size, filter, angle correction, electronic steering, invert, sample volume size, power output, color amplitude, b-flow, flow measurement, etc.) in instruments and techniques including:
 - Duplex ultrasound
 - Color flow Doppler
 - Continuous wave (CW) Doppler and zero-crossing detector
 - Pulsed wave Doppler and spectral analysis
 - Arterial plethysmography
 - Segmental blood pressures
 - Photoplethysmography
- Understanding of the appropriate uses of noninvasive vascular testing; perform extracranial carotid and vertebral artery exams using:
 - Duplex imaging
 - Duplex PW Doppler with spectral analysis
 - Duplex color Doppler
 - Calculation measurements
 - Peak systolic/end diastolic velocities
 - ICA/CCA ratio
- Understanding of transcranial Doppler and/or imaging
 - MCA, ACA, PCA, basilar artery
- Performance of arterial exams of the lower and upper extremities including:
 - Continuous wave (CW) Doppler waveforms
 - Segmental pressures (SBPs, ABIs)
 - Segmental plethysmography (PVRs)
 - Digital pressures using photoplethysmography (PPG)
 - Exercise testing
 - Duplex scanning of native arteries of the upper and lower extremities

- Duplex scanning of bypass grafts
- Thoracic outlet testing
- Palmar arch testing
- Pseudoaneurysm identification and compression
- Arteriovenous fistula identification
- Penile artery testing
- Performance of venous exams of the lower and upper extremities using duplex ultrasound by:
 - Duplex imaging
 - Color Doppler
 - Pulsed Doppler spectral analysis
 - PPG venous reflux exam
- Performance of abdominal and visceral duplex exams of the:
 - Aorta and iliac arteries
 - Celiac axis
 - Renal arteries and kidneys
 - Superior mesenteric arteries
 - Inferior vena cava
 - Hepato-portal system
- Ability to analyze data collected from vascular exams and to create a preliminary interpretation/summary of findings
- Ability to identify the capabilities, accuracy, and limitations of noninvasive vascular exams
- Ability to collect pertinent data and calculate basic test validation statistics
- Ability to describe other diagnostic tests used to assess vascular disease such as:
 - Angiography
 - Venography
- Understanding of magnetic resonance angiogram and flow meters
- Knowledge of computed tomography
- Ability to describe treatment options for patients with various levels of vascular disease including:
 - Conservative
 - Medical/pharmacology
- Understanding of vascular surgery and interventional vascular procedures
 - Intravascular ultrasound
 - Angioscopy
 - Percutaneous transluminal angioplasty (with and without stenting)
 - Endarterectomy (with and without patch grafting)
 - Vascular bypass (venous and synthetic grafting)
 - Embolectomy
 - Thrombectomy
 - Atherectomy

DMS.A.2. An externship is required for completion of the program.

The majority of the students' core clinical experiences are spent at sites that are accredited by a recognized agency or that meet similar standards.

The following is considered for externship site affiliations:

a. Assignment

Externship 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 externship site used is properly licensed and regulated.

For the program's **general sonography concentration**, the majority of the students' clinical experiences are performed at sites that perform a minimum of 1,500 completed patient examinations per year. At least two-thirds of a student's experience with clinical procedures is

balanced between abdominal and obstetric-gynecologic procedures. If multiple sites are used, the volume and variety of procedures interrelate/combine to meet this volume and variety.

For the program's **cardiac concentration**, the majority of the students' cardiac clinical experiences are spent at sites that perform at least 800 exams 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.

For the program's **vascular concentration**, the majority of the students' vascular clinical experiences are spent at sites that perform at least 1,000 exams 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.

b. Activities

(no additional requirements beyond Chapter V)

c. Supervision

There is direct supervision of all students in the field while participating in an externship. Programs clarify their role in how their students will be supervised, by whom and visited how often while at their externship site. There is clear and documented communication between the program and the externship site. The supervisor is (i) a registered sonographer credentialed by a nationally recognized and accredited agency, (ii) demonstrates either completion of a formal educational program in the field in which he or she is instructing and a minimum of two years of occupational experience in the specific field (or closely related field) or demonstrates a minimum of four years of job-related training and experience in the subject field, and (iii) understands the program expectations.

Students may not replace existing staff or be compensated while participating in externships and this fact is made known to the student. The student is clearly in addition to the staff/team and not a substitution.

Staff visits clinical sites to ensure validity of the clinical experience. Staff may monitor the clinical training of students through telephone contact, written reports and any other methods deemed necessary to ensure the validity of the clinical experience. Evidence of such validation is maintained for each student. There is regularly scheduled documentation of student attendance and progress by assigned clinical preceptors. Preceptors are registered sonographers.

The ratio of students to preceptors is one to one. The ratio for student to workstation is not greater than one to one.

If an institution utilizes eight or more externship sites for its program, it hires an additional faculty member designated as a full-time clinical coordinator.

d. Requirements for Completion

Upon completion of the externship, students demonstrate entry-level proficiency in all areas of the curriculum. Students also fulfill requirements in accordance with distributions for general and specialty areas and level of complexity.

SECTION B – Program Supervision

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

The program supervisor demonstrates academic and experiential background in the Diagnostic Medical Sonography profession, and possesses an active registration/credential from a nationally

recognized sonography credentialing agency. The program supervisor holds an academic credential that is at least one level higher than the credential that is awarded by the program offered at the institution.

The program supervisor may have teaching or clinical oversight assignments, but the assignments allow adequate time for administrative and program oversight responsibilities.

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

Faculty possesses active registries/credentials in the specific areas in which they are instructing.

DMS.B.3. Faculty numbers and ratio support the goals of the program.

(no additional requirements beyond Chapter V)

DMS.B.4. A program must be served by a medical advisor and advisory board of program-related specialists to assist administration and faculty in fulfilling stated educational objectives.

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 is experienced in the use of medical ultrasound.

SECTION C – Laboratory Facilities and Resources

DMS.C.1. The institution's laboratory facilities include the following:

- a. Student stations suitable to number of students
- b. Lighting, electrical outlets, ventilation, and storage space
- c. Physical environment is conducive to instruction and learning

DMS.C.2. Equipment and instruments are available within the institution's laboratory facility to achieve the program's goals and objectives.

DMS.C.3. The institution's laboratory facilities are available for students to develop required skills with faculty supervision.

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. proper screening of each applicant;
 - b. a signed recommendation by an appropriate individual(s) making the acceptance determination;
 - c. 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);
 - d. practicum examinations, if applicable;
 - e. complete records of adequate pre-admission and continuous advising; and
 - f. 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 among test scores, student retention, and employment outcomes. Results of these evaluations are used in setting admission entrance requirements, including minimum test scores.

These requirements may be in part different from those of the U.S. Department of Education. Institutions are urged to adhere to all requirements.

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.

The Commission has determined that the institutional policy, which applies to all students, must include the following requirements. Institutions are encouraged to be familiar with the regulations specified by the U.S. Department of Education for student eligibility for receiving Federal Title IV financial assistance.

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

1. (a) An institution has written standards of satisfactory academic progress for all students published in appropriate institutional literature, and (b) these standards are consistently applied to all students within categories of students and academic programs as established by an institution, regardless of financial aid status. An institution may maintain separate standards for academic quality and attendance requirements, but standards must be applied to all students equally.
2. A satisfactory academic progress policy provides quantitative and qualitative standards, grade point average, or completion of work projects, which can be measured against a norm.
3. The policy defines a maximum time frame, not to exceed 150 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, non-credit courses, remedial courses, or non-punitive (pass/fail) grades.
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 probation, the requirements of placement on and removal from such probation must be defined.

APPENDIX C

PROGRAM EFFECTIVENESS PLAN

While each program must represent each element required of the Program Effectiveness Plan (PEP), the plan may be a comprehensive one which collectively represents all programs within the institution, or may be individual plans for each distinct program.

The following items are to be incorporated into a Program Effectiveness Plan (PEP):

Subsection 1 – Program Effectiveness

1. Describes the objectives of the program(s).
2. Describes student populations.
3. Describes types of data used for assessment.
4. Identifies expected outcomes.
5. States how continuous improvement is made to enhance expected outcomes.
6. The following elements are evaluated for program effectiveness:
 - a. Its relevance to the objectives of the program(s)
 - b. Program retention rates
 - c. Job placement rates in the field by program(s)
 - d. Credentialing examination(s) participation and pass rates by program, when required for employment
 - e. Student, clinical extern affiliate, graduate, and employer ABHES-required satisfaction and survey participation rate, by program(s)
 - f. Faculty participation in professional growth and in-service activities
7. A program evaluates its PEP at least annually.

Subsection 2 – Outcomes Assessment

1. Program(s) documents historical outcomes and shows evidence of how these historical data are used to achieve expected outcomes and goals (e.g., evaluations, advisory boards, credentialing).
2. Identifies and describes types of data used for assessment, how data were collected, rationale for each type of data, timetable for data collection, and parties responsible for data collection.
3. Evaluate at least annually to determine initial baseline rates and measurements of results after planned activities have occurred.
4. Provides a summary and analysis of data collected and states how continuous improvement is made to enhance expected outcomes.
5. Identifies how data were used to improve the educational process.
6. Adjusts program goals as a result of the evaluation of a PEP.
7. Identifies the activities that will be undertaken to meet the goals set for the next year.

APPENDIX D

CATALOGS

The following items are to be incorporated:

1. Name, address, and telephone number.
2. Date of catalog printing.
3. Statement of history and ownership.
4. Names of the officers (may be included as an insert).
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 (this may be included as an insert).
9. Listing of administrative staff and faculty (full- and part-time) that includes each faculty member's level of education, degrees, and name of institution conferring same. If a faculty member is on a part-time basis, or is considered a consultant or adjunct, such facts are clearly stated. The names of the management team of an institution and their titles are listed (this may be included as an insert).
10. Admission requirements and procedures (if applicable, include a clear statement of requirements for students to be admitted under the ability-to-benefit standard).
11. Educational programs offered, which includes the following information:
 - a. **Program objectives:** clearly defined statement of goals of program, type of instruction, level of occupation for which training is intended, and for whom the training is intended. The courses and academic standards required for successful completion of the programs and the credential given for successful completion are also stated.
 - b. **Program schedule:** the number of total weeks and contact hours for the program. If credit hours are awarded, the credits are listed. A separate statement for the definition of credit (quarter or semester and its equivalent to clock hours) is included in the catalog.
 - c. **Course Descriptions:** sufficiently detailed to define the scope and sequence, hours, and credit awarded, if applicable (subject or "course" descriptions appear in the catalog but may be listed in a separate section).
 - d. **Program delivery:** an institution must identify the type of instructional delivery (i.e., residential, distance learning, or a combination of both.)
12. A general description of the facility, including classrooms, laboratories, and equipment. All pictures used must be identified in the institutional catalog, brochures, and other printed material and clearly and explicitly state if they are not actually a part of the institution's facilities. All

laboratories, classrooms, and other physical facilities pictured are those actually used by an institution in the instruction of its students and are properly labeled.

13. Standards of Satisfactory Academic Progress.
14. Grading scale (system).
15. Student services describing available services to students, such as academic advising, tutoring, career advising, placement assistance, and facilities, specifically regarding accessibility for disabled students.
16. Cancellation and refund policies (see ABHES requirements for minimum standards) and policies for refunds to Title IV programs.
17. Tuition breakdown, including registration fee, tuition, and any other fees charged for each program. Any other costs such as books, supplies, and any/all costs of equipment and materials required to complete the program must be listed unless included in the tuition charges. Tuition payment plans and financial aid information and policies are listed (may be included as an insert).
18. A clear statement that an institution does not guarantee employment.
19. Nondiscrimination statement.
20. Rules and regulations (may be included in a student handbook with proper references made in the catalog).
21. A policy and published criteria addressing advanced placement and credit for experiential learning.
22. Full and complete disclosure of any portion of a program that is delivered in a language other than English.
23. A policy for transfer of credit that requires consideration of credit from other institutions accredited by an agency recognized by the United States Department of Education (USDE) or the Council for Higher Education Accreditation (CHEA.)

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

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

APPENDIX E

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. Clock hours, credit (quarter or semester) awarded upon completion of the program, including number of weeks required for completion.
5. Credential (degree, diploma, certificate) awarded upon completion.
6. Program tuition, the tuition period that the agreement covers, and the length of such periods required for completion.
7. Costs of books, supplies, and any/all other costs of equipment and materials required to complete the program, unless included in the tuition charges.
8. Program start/end dates.
9. Grounds and procedures for cancellation or termination of a program by an institution.
10. Policies related to the withdrawal, dismissal, or termination of a student.
11. Institution's cancellation and refund policies.
12. Employment guarantee disclaimer.
13. Acknowledgement that a student has received and read the agreement.
14. Signature of applicant, parent, or guardian, as applicable, and date signed.
15. Signature of institution's administrator responsible for making admission determination (excludes admission representative) and date signed.

APPENDIX F

RECORDS MAINTENANCE

Institution(s) 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, Leave of Absence)

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.
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 years after the end of the institution's most recent fiscal year during which the student was last enrolled.

B. Faculty

1. Employment application.
2. Signed job description appropriate to position and level of responsibility.
3. Résumé or curriculum vitae.
4. Evidence of all degrees, other education, and/or certifications.
5. Annual performance evaluations by supervisor.
6. Evidence that classroom evaluation for new instructors was completed within 30 days of beginning instruction.
7. Documentation of continued professional development, as applicable to employment position (e.g., continuing education, membership in professional organizations, attendance at related workshops or seminars).
8. Fully completed and signed ABHES Faculty Data Sheets.
9. Completed hepatitis B immunization or declination forms for at-risk faculty.

APPENDIX G

COURSE SYLLABI REQUIREMENTS

The following items must be incorporated into course syllabi:

1. Course title
2. Course description, including methods of instruction
3. Course objective
4. Clock and/or credit hours awarded
5. Prerequisites required (if none are required, this fact must be stated)
6. Key instructional resources and materials to be used
7. Method of evaluation (i.e., quizzes, examinations, presentations, participation) and weight (percentage) provided to each
8. Grading scale, including requirements for successful completion
9. Print date and/or date of revision
10. Course delivery methods (e.g., residential, distance)

APPENDIX H

DISTANCE EDUCATION

This appendix has been developed for institutions engaged in distance education delivery methods. NOTE: Requirements identified in Chapter III, *General Procedures* and Chapter IV, *Evaluation Standards Applicable to Institutionally Accredited Members*, of the ABHES *Accreditation Manual* apply in their entirety to distance delivery methods. The following is a list of guidelines to be applied to such delivery methods.

1. An institution's published objectives identify or incorporate the utilization of distance education delivery systems (synchronous or asynchronous).
2. Course or program objectives accurately describe the distance education delivery methods used.
3. An institution assesses the educational effectiveness of its distance education delivery systems through the use of its Program Effectiveness Plan.
4. An individual with professional expertise in distance education serves as a member of an institution's advisory board.
5. The person responsible for oversight and administration of distance education activities possesses relevant experience or training in distance education delivery methods.
6. An institution maintains documentation of ABHES approvals for distance education activities. Institutions are in compliance with all applicable local, state, and federal regulations and laws.
7. Delivery methods are properly disclosed and explained in institutional publications (i.e., websites, catalogs, advertising, and syllabi).
8. Evidence of third-party contractual arrangements in regard to delivery of distance education must be on file, as applicable.
9. Specialized or different fees associated with distance education are properly disclosed.
10. There is documentation of interaction activities between faculty and students and among students in distance education courses. Monitoring activities provide an appropriate record for evaluating student progress.
11. Externship requirements, if applicable, are properly maintained in regard to student placement, supervision, and evaluation.
12. Orientation activities specific to distance education activities are provided to distance education students.
13. Faculty is adequately trained in use of distance education technologies.
14. Qualitative and quantitative measures of student achievement document that student-faculty ratios and teaching loads are appropriate to achievement of required educational outcomes.
15. All student technology resources required for successful program completion are properly disclosed in institutional catalogs, websites, syllabi, and other published materials.

16. Instructional resources used to deliver distance education courses or programs are appropriate.
17. Facilities used to provide distance education methods of delivery are not required to meet Chapter III requirements for separate classroom space.

APPENDIX I

VOCATIONAL ENGLISH AS A SECOND LANGUAGE

The following requirements are for institutions offering stand-alone Vocational English as a Second Language (VESL) programs and/or VESL coursework as part of an approved program. A stand-alone VESL program is considered outside of health education; thus, the institution must ensure continued adherence to the predominance requirement described in II.A.1.A. of the *Accreditation Manual*.

STAND-ALONE VESL PROGRAMS

The requirements for reporting information on stand-alone VESL programs are the same as for all other programs (see Chapter III.B. of the *Accreditation Manual*).

The objective of a stand-alone VESL program offered at an ABHES-accredited institution is to enhance the English-language proficiency of individuals who have pre-existing training or skills in a health care profession. Students are enrolled in the VESL program because they cannot use that training or skills due to their English-speaking deficiency. No vocational training is provided in a stand-alone VESL program.

In order to receive approval from ABHES to provide stand-alone VESL programs, the institution shall:

1. Adhere to the stated mission of the program when developing the curricula.
2. Administer, at entrance and exit, a nationally recognized exam of English comprehension (e.g., Test of English as a Foreign Language, Test of Spoken English).
3. Provide documentation that all admitted students are enrolled in accordance with ABHES requirements (Chapter IV.E.3. of the *Accreditation Manual*).
4. Verify through documentation or other assessment at entrance that the enrolling student already has the pre-existing vocational training to become employable in the field.
5. Describe the placement services, if different from those in place for graduates of other programs.
6. Employ faculty who have instructional experience in ESL or VESL.

Compliance with this appendix does not ensure that a program will be determined by the U.S. Department of Education to be eligible for Title IV participation. Should the institution desire Title IV funding for a VESL program, it should discuss program eligibility with the appropriate Department of Education representative.

APPENDIX J

SURVEYS

The following graduate and employer surveys include a set of questions which must be included in the order presented. The institution or program may use the survey exactly as provided in this appendix or include additional questions.

GRADUATE SURVEY

(To be provided to graduates no sooner than 10 days following graduation)

Name of Graduate: _____ Date of Graduation: _____

Name of Program: _____ Job Title: _____

Place of Employment: _____

Are you continuing your education? Yes ☐ No ☐

If yes, what institution are you attending? _____

In what program? _____

Please respond to the following:

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle or highlight the rating that indicates the extent to which you agree with each statement. Please do not skip any item.

5 = Strongly Agree 4 = Agree 3 = Acceptable 2 = Disagree 1 = Strongly Disagree

1. I was informed of any credentialing required to work in the field.
5 4 3 2 1
2. The classroom/laboratory portions of the program adequately prepared me for my present position.
5 4 3 2 1
3. The clinical portion of the program adequately prepared me for my present position.
5 4 3 2 1
4. My instructors were knowledgeable in the subject matter and relayed this knowledge to the class clearly.
5 4 3 2 1
5. Upon completion of my classroom training, an externship site was available to me, if applicable.
5 4 3 2 1
6. I would recommend this program/institution to friends or family members.
5 4 3 2 1

Additional comments: Yes ☐ No ☐ If yes, please describe on reverse side of paper.

Print Name of Graduate: _____

Signature of Graduate: _____

Date: _____

Effective Date

EMPLOYER SURVEY

(To be provided to employer no fewer than 30 days following employment)

Name of employer (completing this survey) and title: _____

Date: _____

Name of employee (graduate): _____ Job title: _____

Date of hire: _____

Place of employment: _____

Is the graduate still employed? Yes ☐ No ☐

Please respond to the following:

INSTRUCTIONS: Consider each of the following two items separately and rate each item independently of all others. Circle or highlight the rating that indicates the extent to which you agree with each statement. Please do not skip any item.

5 = Strongly Agree 4 = Agree 3 = Acceptable 2 = Disagree 1 = Strongly Disagree

1. The employee demonstrates acceptable training in the area for which he/she is employed.

5 4 3 2 1

2. The employee has the skill level necessary for the job.

5 4 3 2 1

3. I would hire other graduates of this program.

Yes ☐ No ☐

Additional comments: _____

Name of Employer: _____

Signature of Employer: _____

Date: _____

Effective date

APPENDIX K
FEES
(Effective October 1, 2008)

ACCREDITATION USER FEES

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

Application for Accreditation	
Initial (first location)	\$3,000
Initial (each non-main campus)	
<i>(includes change in status from programmatic to institutional)</i>	\$3,000
Recycle (each main and non-main campus)	\$2,000
Application for Non-Main Campus Inclusion	\$3,000
Application for Satellite Campus Inclusion	\$3,000
Application for Separate Classroom Space Inclusion	\$800
Application for New Program Approval [including substantive change (50% +)]	\$1,000
Each additional location, identical program, submitted at same time	\$500
Application for Substantive Program Revision (change of 25% – 49%)	\$500
Each additional location, identical program, submitted at same time	\$250
Application for Minor Program Revision (under 25% change)	\$150
Application for Change in Method of Delivery	\$400
Application for Excluded Continuing Education Courses/Program	\$200
Application for Change in Ownership	
Main campus	\$3,000
Each non-main campus	\$2,000
Programmatically accredited, per campus	\$1,000
Application for Change in Location	\$500
Application for Change in Name	\$300
Application for Change in Academic Measurement	\$750
Change of Status (institutional to programmatic)	\$300
Commission-Directed Focus Visit	\$2,000
Show-Cause Appearance Fee	\$2,000
Expense deposit (commissioners)	\$2,000
(\$2,000 expense deposit fee waived for “appearance” conducted by teleconference)	
Show-Cause Teleconference Meeting	\$2,000
Appeal Fee (denial, withdrawal)	\$5,000
Expense deposit	\$5,000

Late Submission Fee	
if received after Commission-directed deadline	\$500
(Note: a show-cause directive will be issued after 60 days)	
Accreditation Workshop Fees	\$500
School-sponsored (per 10 attendees; \$200 per additional attendee)	\$6,000
Visit Cancellation Fee	\$500 + cost of team member expenses

Annual Sustaining Fees

Institutional Accreditation:

	<u>Gross Annual Tuition (\$)</u>	<u>Fee (\$)</u>
Group I	0–199,000	2,000
Group II	200,000–399,000	2,500
Group III	400,000–599,000	3,500
Group IV	600,000–799,000	5,000
Group V	800,000–999,000	6,000
Group VI	1,000,000–2,999,000	7,500
Group VII	3,000,000–4,999,000	8,000
Group VIII	5,000,000—and up	9,500

Programmatic Accreditation

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

	<u>Number of Students Enrolled</u>	<u>Fee (\$)</u>
Group I	1–25	1,200
Group II	26–75	1,500
Group III	76–150	2,500
Group IV	151–250	3,500
Group V	251—and up	4,000

APPENDIX L

BYLAWS

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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 administrative 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

- (a) To establish, implement, and apply eligibility criteria and evaluation standards for accreditation of institutions and programs specializing exclusively or predominantly in allied health education.
- (b) To identify and accredit institutions and programs specializing exclusively or predominantly in allied health education and meeting ABHES’ eligibility criteria and evaluation standards.
- (c) To ensure that the eligibility criteria and evaluation standards used are adequate, relevant, valid, and reliable, and predictive of successful qualitative outcomes through a comprehensive program of systematic review and follow-up.
- (d) To promote the health, safety, and welfare of the public through the improvement of member-accredited institutions and programs and the quality of their graduates.
- (e) To establish sound business and ethical standards for implementation and application in the accreditation of institutions and programs.
- (f) To encourage and recognize institutions in their pursuit of educational excellence and institutional integrity.
- (g) To cooperate with various organizations representing segments of allied health and other industries for the purpose of maintaining and further improving the education and training provided by institutions and programs.
- (h) To comply with the criteria for nationally recognized accrediting agencies, as established by the U.S. Department of Education.

- (i) To engage in other activities as necessary and proper for the accomplishment of these purposes, consistent with the public interest and with the interests of member accredited institutions and programs.

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 in good standing and compliance with these Bylaws and with the requirements stated in the ABHES *Accreditation Manual*, including the timely response to directives by ABHES.

Section 2.2. Withdrawal of Accreditation. ABHES may withdraw a member's accreditation if, at any time, it fails to meet ABHES' eligibility criteria or any procedural requirement, or comply with evaluation standards. ABHES may require a member to show cause why accreditation should not be withdrawn. An institution that has had its accreditation withdrawn may not re-apply until a period of one year has elapsed since ABHES' decision.

Section 2.3. Relinquishment of Accreditation. A member automatically relinquishes its accreditation if: (a) the institution loses its state approval to operate; (b) ABHES receives, and formally accepts, written notification from the chief executive officer of the institution that it voluntarily relinquishes accreditation; or (c) the institution ceases to operate.

Section 2.4. 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 administrative 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 policies, processes, and procedures for accreditation;
- (e) consider and act on applications for accreditation;
- (f) issue 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) coordinate, assess effectiveness, and take final action on the strategic plan;
- (l) assess the effectiveness of ABHES in fulfilling its mission and meeting its goals and objectives;
- (m) 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 eleven (11) individuals. Six (6) of the individuals shall be nominated and elected by the members in accordance with Section 4.5.3 of these Bylaws (hereinafter referred to as “Elected Commissioners”). Five (5) individuals shall be appointed in accordance with Section 4.6.2 of these Bylaws (hereinafter referred to as “Appointed Commissioners”). In order to assure that the Commission maintains an appropriate blend of qualifications, each Commissioner, whether elected or appointed, shall occupy a particular seat on the Commission that has specific eligibility criteria. Only an individual meeting the criteria for a specific seat may be nominated for or appointed to that seat. The specific seats on the Commission and their associated criteria are set forth in Section 4.5.1 for elected seats and in Section 4.6.1 for appointed seats. The number of Commissioners may be increased or decreased by amendment to these Bylaws. No decrease in the number of Commissioners shall 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 entity, institution, 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. Specific Elected Seats and Qualifications.

- (a) **Elected Seat 1 – Academician in a Health care-related area.** Requires at least five (5) years of academic experience in 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 years may count toward the five-year experience requirement).
- (b) **Elected Seat 2 – Administrator in a Health care-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 years may count toward the five-year experience requirement).
- (c) **Elected Seats 3 and 4 – Ownership Representative.** Requires current status as: (i) a sole or majority owner of a member institution or sponsoring institution holding programmatic 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 and who, therefore, has a direct and abiding interest in its performance and the quality of education it offers; OR (iv) an officer of a publicly held corporation that owns a member institution or sponsoring institution holding programmatic accreditation.
- (d) **Elected Seats 5 and 6 – Commissioner-at-large.** Requires at least five (5) years of administrative or academic experience or a combination of administrative and academic experience in a member institution or program, including active participation in day-to-day operations of a member institution or program during the three (3) years immediately preceding election (those three years may count toward the five-year experience requirement).

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 record as having one or more accredited programs receives one (1) vote.

Section 4.5.3. Procedures for Election by the Members. When the term of one or more Elected Commissioners is set to expire, the Commission will set the time, date, and place for an election. At least thirty (30) 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 of Commissioners to be elected; (c) the

specific seat or seats to be filled and the qualifications required for nomination and election for each seat; and (d) who is eligible to vote.

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 and must state the individual's name, employment, and qualifications for office. The Commissioner Nominating Committee shall determine whether each nominee meets the requirements for the seat to which he or she is nominated. For each seat to be filled, the Commissioner Nominating Committee shall prepare a list of qualified nominees with a brief biographical sketch for each, provided that the nominee has consented in writing 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 notice of this list to each member. 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. Notice, including provision of the list of nominees may be made in accordance with Article IX of these Bylaws or by posting on the ABHES website and shall be deemed as delivered when posted.

Section 4.6. Appointed Commissioners. Following the procedures set forth in Section 4.6.2, The Commission shall appoint five (5) Commissioners, each of whom must meet the specific criteria for the specific seat to which he or she is appointed.

Section 4.6.1. Specific Appointed Seats and Qualifications.

- (a) **Appointed Seat 1 – Practitioner in Specialty Area.** Must be currently and primarily employed 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) **Appointed Seat 2 – Educator in Specialty Area.** Must be currently and primarily employed 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.
- (c) **Appointed Seat 3 – Commissioner-at-Large.**
- (d) **Appointed Seats 4 and 5 – Public Member.** An individual who is neither a health care–related practitioner nor directly affiliated with health care–related education as defined in the Glossary of Definitions to the ABHES *Accreditation Manual* as provided for in the Secretary of Education's Recognition Regulations for Accrediting Agencies, 34 C.C.R § 602.3.

Section 4.6.2. Procedures for Appointment by the Commission. When the term of an Appointed Commissioner is near its end, the Executive Director will set the time and manner for an election by the Commission to fill that Appointed Commissioner's seat. At least thirty (30) days before the date of that election, the Executive Director shall provide to all members a notice of appointment, which shall state: (a) the number of Commissioners to be appointed, (b) the specific seat or seats to be filled (c), the qualifications required for nomination and appointment for each seat, and (d) 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 (7) days.

Upon receipt of the notice of appointment, members may submit nominations to the Executive Director. A sitting Commissioner serving in an appointed seat to be filled who is

eligible to run for a second term may do so in accordance with this Section. Nominations will be considered by the Commissioner Nominating Committee, established in accordance with Section 6.2.2 of these Bylaws. A nomination must be in writing and must state the individual's name and qualifications for which the individual is nominated. The Commissioner Nominating Committee shall determine whether each nominee meets the requirements for the seat to which he or she is nominated. For each seat to be filled, the Commissioner Nominating Committee shall prepare a list of qualified nominees, which may include individuals nominated by the Committee, with a brief biographical sketch for each, provided that the nominee has consented in writing to the nomination. An individual may nominate him- or herself.

The Executive Director shall provide notice of this list 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 six (6) Commissioners constitutes a quorum. Each Commissioner may cast one vote for each seat to be filled. The Commission shall appoint the individual receiving the greatest number of votes to fill each vacant position on the Commission. 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 reasons of health or otherwise. Such appointed Commissioners shall serve only for the meeting designated 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 by written ballot of the Commission at least two (2) weeks before the commencement of the meeting during which the appointed Commissioner would serve.

Section 4.7. Term of Office. Each Commissioner shall be elected or appointed for a term of three (3) years. New Commissioners shall formally take office on July 1 following election or appointment. A Commissioner may serve a second term consecutively, provided that he or she meets the applicable qualifications for the seat to which he or she is elected or appointed, as stated in Section 4.5.1 or Section 4.6.1 of these Bylaws. However, a Commissioner may not serve more than two terms consecutively. 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 six (6) 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 shall include review of ABHES' financial report.

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.

Section 4.13. Remote Participation in Meetings. Any one or more Commissioners may participate in a meeting of the Commission by means of remote telecommunication that allows all persons participating in the meeting to communicate with one another and such participation in a meeting shall be deemed presence 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 three (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 shall constitute a quorum for the transaction of business at any meeting of the Commission. 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 at such meeting as the Commission deems appropriate. The Officer Nominating Committee, described in Section 6.2.3 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. Six (6) 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 shall hold office until their respective successors assume office at the outset of the summer meeting the following year. Without limitation, an individual may be elected to any office for which he or she is otherwise eligible, notwithstanding having previously served 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 no 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 5.6 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 and shall be the chief executive officer of ABHES. The President (Chair) shall give active direction to and have control of the business and affairs of ABHES, subject to the overall guidance and supervision of the Commission. Specifically, he or she may sign any contracts or other instruments authorized by the Commission, except in cases where the signing and execution thereof is expressly delegated by the Commission, by these Bylaws, or by statute to some other officer or agent of ABHES. He or she also 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.

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 input 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.

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 these Bylaws. 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. 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.

Section 6.2.1. Executive Committee. Subject to the limitations on the authority of committees contained in Section 6.1 of these Bylaws, the Executive Committee shall possess and may, at 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 Commissioners apprised of its activities on a regular basis.

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. 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. Commissioner Nominating Committee. The Commissioner Nominating 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 Commissioner Nominating Committee shall consist of three members: (a) two Commissioners, one of whom must be a representative of the public, as described in Section 4.6.1 of these Bylaws, and (b) one individual from the ABHES membership.

Section 6.2.3. Officer Nominating Committee. The Officer Nominating Committee is charged with preparing a list of nominations for the election of officers in accordance with Section 5.2 of these Bylaws. The Officer Nominating 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 6.2.4. Financial Review Committee. The Financial Review Committee is charged with reviewing financial statements from member institutions and presenting findings to the full Commission. The Financial Review Committee shall consist of a minimum of two Commissioners and may include a representative from the public (e.g., certified public accountant).

Section 6.2.5. Standards Review Committee. The Standards Review Committee conducts a review at least annually of accreditation standards to assess their adequacy and relevance and recommends to the Commission amendments to accreditation standards and policies for action by the Commission. The Standards Review Committee shall consist of a minimum of seven members, including at least two sitting Commissioners. The terms of members will be three (3) years on a staggered basis, with a maximum of two full terms permitted, to ensure both continuity and innovation.

Section 6.2.6. Programmatic Accreditation Committees. Programmatic Accreditation Committees are appointed for each program ABHES accredits programmatically. The Committee has no decision-making authority and recommends to the Standards Review Committee amendments to programmatic accreditation standards and policies for action by the Commission. Each Programmatic Accreditation Committee will consist of a minimum of three members, each possessing an in-field credentials, education, and experience. The terms of members will be three (3) years staggered, with a maximum of two full terms permitted, to ensure both continuity and innovation.

Section 6.3. Other Committees. The Chair may create, as necessary from time to time, other committees not having and 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 postage prepaid and correctly addressed to the member's address shown in ABHES' 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. ACCREDITING STANDARDS AND PROCEDURES

Section 10.1. Eligibility Criteria and Accrediting Standards. The Commission shall establish, approve, interpret, and apply the eligibility criteria for ABHES accreditation as well as the evaluation standards, policies, and procedures for accreditation, continued accreditation, and appeals by members of adverse accreditation actions.

Section 10.2. Evaluation and Revision of the Accreditation Standards. The Commission shall ensure that a formal evaluation process exists for establishing the adequacy, relevance, validity, and reliability of its eligibility criteria, policies, procedures, and evaluation standards. The Commission shall regularly and systematically evaluate the eligibility criteria, policies, procedures, and evaluation standards on an annual or more frequent basis. The Commission shall revise the eligibility criteria, policies, procedures, and evaluation standards as desirable and necessary.

Section 10.3. Public Participation. The Commission shall give all accredited member institutions and programs and other interested parties an opportunity to comment on proposed new evaluation standards or changes to existing evaluation standards to which ABHES members must adhere.

Section 10.4. Appeal Procedures. Except where accreditation has been relinquished in accordance with Section 2.3 of these Bylaws, a member institution or program may appeal a final decision by the Commission not to grant or not to continue accreditation to the Appeals Panel. The composition of the Appeals Panel and the appeals process shall be governed by the published procedures set forth in the *ABHES Accreditation Manual*.

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 and Venue. Jurisdiction and venue of 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 an accredited member, former member, or applicant for membership and accredited status against ABHES or a Commissioner, officer, committee member, the Commission, the Appeals Panel, or a member or staff member acting in his or her official capacity 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. Accredited members, former members and applicants must exhaust all administrative remedies provided for in the ABHES Bylaws and *Accreditation Manual* before initiating any suit, claim, or proceeding in a court of law.

Section 11.3. Reimbursement for Legal Costs and Fees of ABHES' Litigation Expenses. An applicant for membership, member, or former member of ABHES shall reimburse ABHES for all costs and expenses (including attorneys' 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 Panel, any Commissioners of the Commission, or members of the Appeals Panel, or officers, employees, or agents of ABHES when ABHES, the Commission, the Appeals Panel, any Commissioner of the

Commission, member of the Appeals Panel, 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 attorneys' fees) incurred by it in the production of any of the corporation's, the Commission's, or the Appeals Panel'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.

Section 12.8. 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 published for comment to all ABHES members and filed with the Executive Director at least thirty (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 thirty (30) days in advance of the meeting at which such changes are to be considered.

GLOSSARY OF DEFINITIONS

The following definitions are provided for informational purposes only to assist institutions and programs in understanding and interpreting the *Accreditation Manual* and are not to be considered separate standards. The definitions include some of the most commonly used terms and are defined to reflect their most common usage. These definitions are drawn from no single resource and are offered by way of example rather than limitation.

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 Visitation Team composition, ABHES interprets the broad term “educator” as encompassing both academics and administrators.)

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 Visitation Team composition, ABHES interprets the broad term “educator” as encompassing both academics and administrators.)

Advisory Board – A group composed of skilled and knowledgeable individuals from business, industry, and the community organized to advise on current jobs, societal needs, and relevance of the program offerings in meeting the needs of students, society, and the employing community. Recommendations made by the committee are used to design, develop, operate, assess, and support the educational program.

Ambulatory – Any medical care delivered on an outpatient basis.

Applied General Education – Applied general education is defined as 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.

Asynchronous Instruction – There is no requirement for learners and instructor to interact in real time.

Clinical Experiences – Planned activities (non-paid) promoting the acquisition of knowledge by providing opportunities for the application of theory through assignments in a health care setting such as a hospital, long-term care facility, clinic, community health agency, or other approved health care provider as part of a program.

Clock (or Contact) Hour – A minimum of 50 minutes of supervised or directed instruction including allowable break(s).

Competencies – specialized knowledge, skills, and attitudes required for successful performance in a specific occupation.

Contractual Arrangements – Contracts between the institution and any agency, corporation, institution, or individual which involve instruction, recruiting, or consulting services.

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

Criterion – A characteristic of an institution that must be possessed or demonstrated as evidence of compliance with an accreditation standard.

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 the successful completion of an academic program, normally at least two academic years in length.

Diploma – A document issued to evidence completion of an academic program, generally less than two years in length and not providing a degree.

Directed Study – Directed study is limited to didactic courses within a currently approved program and involves a high level of self-directed learning. 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 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.

Discontinued Program – Any program that has not been in operation for a continuous 12-month period.

Distance Education (Distance Learning) – A formal educational process in which the majority of instruction occurs when student and instructor are separated by place and/or time. Instruction may be synchronous or asynchronous and may employ audio, video, or computer technologies.

Eligibility Requirements – Basic requirements that institutions/programs must meet before consideration is given by the Commission to an application 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 E for requirements).

Externship – A field-based, supervised practical experience that involves the application of previously studied theory. This is accomplished through assignments in a health care setting such as a hospital, long-term care facility, clinic, community health agency, or other approved health care provider. A written agreement between the institution and the externship site includes specific learning objectives and evaluation criteria.

Faculty – Individuals who provide instruction.

Faculty Records – Required documentation for faculty members' files (See Appendix F, Section B for requirements).

Financial Aid – Monetary assistance available to students in meeting educational program costs (e.g., Workforce Initiative Assistance, Title IV funds).

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:

Humanities – Literature, philosophy, logic, foreign languages, art, music appreciation, and communications, including composition and speech.

Mathematics and the Sciences – Biology, chemistry, physics, geology, astronomy, algebra, trigonometry, geometry, calculus, and other advanced mathematics courses.

Social Sciences – History, economics, political science, geography, sociology, anthropology, and general psychology.

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 Associate of Occupational Science (AOS) degree programs.

Generally Accepted Accounting Principles (GAAP) – Standard guidelines for preparing financial statements, which include as a minimum: Accountants' Report, balance sheet, income statement, statement of cash flows, and all appropriate footnotes to financial statements and relevant disclosures.

Grant– (v.) 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.

Information Technology – Method or modes of delivering training, education, or research information via current or new telecommunications technologies, such as television broadcasts, closed-circuit television systems, cable television, satellite transmissions, computers and computer-based access to external learning resources, videotape, and interactive video disc, audio by disc, tape, or broadcast, and other such information and telecommunications systems that alone or in combination assist in teaching and learning.

Institutional Accreditation – A grant of accreditation provided to an institution that meets the accrediting body's standards.

Institutional Effectiveness Plan – A written plan that outlines a systematic process for evaluation of institutional outcomes.

Institutional Mission – The educational purpose to which the institution is committed, in terms of which it provides its programs and services.

Internal Clinical Experiences – Planned activities promoting the acquisition of knowledge by providing opportunities for the application of theory within the confines of the educational facility, not outside of it, and are not part of laboratory training.

Internship – See Externship.

Laboratory – The facility/classrooms in which students practice skills/procedures presented in theory.

Last Day of Attendance – Projects, clinical experience, lecture, or examination completed by a student.

Lecture – The theory or didactic portion of courses taught as part of a program.

Lower-Level Course – Freshman- and sophomore-level courses (100 or 200 level) found in degree programs.

Main Campus – The main campus of an institution holds the accreditation for all of the locations where education is offered.

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.

Objective – Explication in more specific terms of ideas and activities inherent in the statement of mission and the goals to which an institution aspires.

Orientation – A scheduled time during which students are provided direction on dealing with the many facets of school experiences, including time management, note-taking, study techniques, and use of applicable technology as appropriate.

OSHA – Occupational Safety and Health Administration, which provides safety regulations for operation of laboratories and clinical settings (see Chapter V.F. for requirements).

Outcomes – The information by which an institution measures its effectiveness.

Part-Time Student – A student enrolled for either 11 or fewer semester credits, 11 or fewer quarter credits, or fewer than 24 contact hours per week each term.

Placement – (1) An active service provided for students in their search for employment and (2) a graduate of a program who is employed in the field or related field of training.

Postsecondary – Education provided at a post-high-school level.

Practicum – See Externship.

Preceptor – An individual responsible for instruction and oversight of students on clinical sites.

Practitioner – An individual who is currently and primarily employed 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.

Professional Development – The process of developing and improving instructor or staff competencies regarding rigorous and relevant content, strategies, and organizational supports that ensure the preparation and career-long development of instructors and others whose competence, expectations, and actions influence the teaching and learning environment (e.g., attendance at professional seminars, professional organizations, and/or continuing education courses related to courses assigned to teach).

Program – A combination of courses and related activities (e.g., laboratory, externship, competency achievement) that lead to the awarding of a credential.

Programmatic (Specialized) Accreditation – A grant of accreditation for a specific program (e.g., Medical Assistant, Medical Laboratory Technician, Surgical Technology).

Public Member – An individual serving on the ABHES Commission who is neither a health care-related practitioner nor directly affiliated with health care-related education.

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.

Retention – (1) A system put in place by an institution which facilitates completion of a program by students who enter it. (2) Housing student records in a safe place that is accessible.

Satisfactory Academic Progress – The progress of students in their educational program toward successful completion of a program of academic study (see Appendix B for requirements).

Scholarship – A financial grant which does not involve repayment by a student. Financial need may or may not be considered as a criterion when applying for a scholarship award.

Staff – The supervisory and non-instructional personnel employed by an institution.

Standards – (1) General conditions determined to be essential for objectives to be realized. (2) Characteristics or outcomes which state a level of expectation against which institutions or programs can be assessed.

Student Records – An accumulation of school-related documentation that is maintained throughout a student's enrollment (see Appendix F, 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.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.

Syllabus – A description of how a course will be taught with a planned sequence of content, materials, and activities. A course syllabus must reflect the most recent trends, developments, and instructional materials for the specific subject areas (see Appendix G for requirements).

Synchronous Instruction – Synchronous literally means "at the same time." Instructor and students are able to communicate with each other in "real time;" for example, a classroom setting, through video conferencing, or interactive television.

Telecommunication – The use of television, audio, or computer transmission (e.g., open broadcast, closed circuit, cable, microwave, satellite audio conferencing, computer conferencing, video cassettes or discs) to teach.

Term – A block of time during which a course or series of courses takes place (i.e., academic term, semester, or quarter).

Terminal Degree – The highest credential generally available in a discipline (e.g., advanced degrees such as an earned doctorate or a master's degree in some disciplines, a baccalaureate degree in some fields, or a two-year degree in occupational areas).

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 academic (educational) record of a student's achievement.

Upper-Level Course – Junior- and senior-level courses (300 or 400 level) found in degree programs.

Virtual Library – A full-text library available to students and staff via computer.

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 (see Chapter III.C.4).